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REDEMPTION AND RECOVERY

An Ethnographic Comparison of Two Drug Rehabilitation Programs, a Faith Community and a Therapeutic Community

by

Daniel E. Hood

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2000

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This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

REDEMPTION AND RECOVERY:
An Ethnographic Comparison
of Two Drug Rehabilitation Programs,
a Faith Community and a Therapeutic Community

by
Daniel E. Hood

Adviser: Professor Charles Winick

This ethnography of long-term residential programs for drug users compares a therapeutic community (TC) with an evangelical Christian "training program." Using participant observation and life history interviews, it pursues three themes. The first is comparative and descriptive. It poses a basic similarity between the ideologically disparate programs. Parallels in program process and personal experience of "identity transformation" (conversion) are described. Despite the religious/secular divide, important similarities in anthropological assumptions are also identified. Contrary to earlier research, the singularity of the clientele is demonstrated. Other parallels include the ritual function of prayer and encounter, the centrality of selective biographical reconstruction, and the uses of "vocabularies of motive."

These comparisons suggest that any significant difference between the TC "treatment" and "discipleship training" will be largely rhetorical. Both programs employ analogous social and psychological methods, but construct their meanings differently. One uses a supernatural rationale; the other, a scientific one. This leaves the TC open to criticism for employing science ideologically to mask its (latent) social control and moral re-education functions, not unlike the

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faith community. This is further bolstered by a descriptive analysis of the TC's use of an exclusivistic religious outlook to re-socialize residents.

A second comparative theme is the role of the doctrine of abstinence as both method and goal. It is suggested that this is a reflection of both regimes' grounding in earlier movements for moral reform: temperance, revivalism, perfectionist utopianism, and the inebriate asylum's "moral treatment." The centrality of this "zero tolerance" rhetoric suggests the TC is no alternative to the "drug war," but a player in the prohibitionist regime. The treatment industry's abstinence-based monopoly impedes reliable alternative approaches, e.g., Harm Reduction. This further casts the TC as an ideological movement rather than a genuine medical or scientific treatment.

The concluding theme compares the effectiveness of the "modalities." Using a quasi-statistical analysis, similar completion rates (ca. 10 %) are demonstrated in strict program terms, i.e., abstinence. That abstinence is not the industry's standard of evaluation for its more sanguine conclusions poses another ideological obfuscation. The claim that "treatment works" is considered the practical equivalent of the slogan "Jesus Saves."

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Acknowledgements[1]

The Residents

Early on in the time I spent participating in Recovery House treatment process, I found myself in an orientation seminar on "gratitude." I was sitting in a circle with about fifty other participants while the leader roamed about the center of the circle. At brief intervals he would stop and point to someone who would then be expected to identify what he or she was grateful for. When he suddenly thrust his finger in my direction, I was flabbergasted. I was busy "observing" and did not expect to be asked to participate so soon or so directly! I had no idea how to respond, but mumbled something about agreeing with the person just ahead of me.

I now know how to respond. I am "eternally" and "globally" grateful to the men of Redemption House and the men and women of Recovery House who graciously provided the substance for this dissertation. Despite the fact that they were experiencing a particularly tense and confusing period in their lives, almost without exception they allowed me to intrude on their privacy in ways that most people would consider rude, or worse. They were patient with my naïve questioning and p olite whenever I pressed them to "tell me more about that."

Almost from day one, most residents included me in their discussions, encounters, prayers, and recreation, as if I belonged. Stereotypes about "drug users" suggest that they are incapable of

[1]No one acknowledged herein should be held responsible for any errors of judgement, scholarship, or format that may be found in this manuscript.

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empathy or consideration for others, that they are narcissistic and lacking in basic social skills. In my experience nothing could be further from the truth. Throughout my stays at Redemption House and Recovery House, I was shown precisely the kind of friendliness, kindness, and consideration these stereotypes suggest would be missing.

My only regret about this project is that many, if not most, of its *dramatis personae* will not have access to its results. Both programs requested copies of the finished product, and I will happily comply. However, the vast majority of the men and women who people this ethnography no longer have any connection with those programs. That is one of the great failings of drug rehabilitation.

It was a great privilege to be allowed into the lives and thoughts of both staff and residents of these programs. Most of the residents I got to know to varying degrees have moved back into the street life they hoped to escape. Some few are building new lives and careers for themselves, perhaps as staff members of these or other rehabilitation facilities. I wish them all the best, and hope that the results of their good work reflected in these pages can contribute to improving the lot of people in their circumstances in the future. God bless them all.

The Committee

All three members of my dissertation committee made important contributions to the development and completion of this thesis.

I am privileged to have Professor Charles Winick, a distinguished and internationally known drug researcher and author, as the chairman of my thesis committee. I was struck with the basic notion that forms the core of this dissertation -- the similarity between therapeutic community treatment process and religious conversion -- in the context of Professor Winick's seminar on Substance Use and Abuse. This initial idea was further encouraged and shaped in a seminar on

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Therapeutic Community Treatment presented by Professor Winick and George DeLeon, the Director of The Center for Therapeutic Community Research.

I am also fortunate to have the distinguished M. Herbert Danzger as a member of the committee. The ideas that form the religion side of the equation at the heart of this thesis were strongly influenced and encouraged by his unique theoretical synthesis on conversion developed in his research on Jewish return to tradition (Danzger, 1989). I first encountered this notion of conversion in Professor Danzger's graduate seminar on the sociology of religion. Among other things, Professor Danzger's course introduced me to a vast array of relevant literature on conversions, both secular and religious.

Professor Harry G. Levine is the third distinguished member of the committee. He, too, is an internationally recognized expert in the field of addiction studies. After my graduate course work was finished, I audited a new seminar at the Graduate Center on the Social Construction of Drugs led by Professor Levine and his "partners," Professor Lynn Zimmer and Doctor John P. Morgan. This experience confirmed for me many of the ideas I had developed independently about the shortcomings of drug (prohibitionist) policies in the United States and the misperceptions of the public and the media about drug use and drug treatment. It also introduced me to an intellectual community that not only shares this outlook, but works to change the current harmful and destructive drug policies.

Professor Winick's assistance was also crucial in obtaining access to the therapeutic community population that makes up half of the story I tell here. Without his knowledge about and respect among the drug treatment community in New York, this work would have suffered a quiet demise before a word of it was written. He also provided important counsel and practical advice in the preparation of my thesis proposal, which won a departmental award, and in the preparation of

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several grant proposals, one of which landed a university fellowship that supported part of the research for this project.[2]

Professor Levine was instrumental at various stages of the writing process, reading and critiquing several early chapters and offering invaluable editorial and organizational advice. The latter was readily available at the "production" end of the project. To the degree that this tome is "available to the reader" (i.e., readable), Professor Levine is largely responsible. To the degree it is not, I am responsible for failing to take his sage advice.

Professor Danzger also read several early chapters and provided important theoretical and bibliographical counsel. He also graciously agreed to read this lengthy tome during an academic semester that made unusually heavy demands on his time.

Professor Winick read each chapter as it came off the word processor. Moreover, he is due hazardous duty pay, my eternal thanks, for gently shepherding this project, despite my tendency to make promises about deadlines that I rarely, if ever, kept. Through it all he never lost patience, nor did he fail to be encouraging and supportive.

I am indebted to all three of these men for sharing with me their time, their knowledge, and their enthusiasm for learning as a vocation. I hope this work may in some small way repay them for their contributions to its, and my, completion.

Early Mentors

There were many others who contributed to this volume in various ways. First, I would be greatly remiss if I failed to express my gratitude and debt to other mentors. Professor Sidney

[2]I also gratefully acknowledge the Harold M. Proshansky Dissertation Fellowship, 1995-96, from the City University of New York, which helped support the research at Recovery House and the early formulation of this treatise.

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Aronson was a member of my original thesis committee. Sadly, he did not live to see the completion of the project, an early precursor of which was read in his seminar on historical sociology. Without his assistance, it is unlikely I would have survived even the oral examination.

I have had many mentors over the course of a long and oft-interrupted journey to doctor-hood. I am compelled to mention two from a previous life at the New School for Social Research. Emil Osterreicher, who also taught at CUNY, was the first graduate professor to demonstrate to me that sociology and history were not strangers but intimates, and that social theory could speak to the history of here and now. That sense of the affinities of history and sociology was further expanded by Benjamin Nelson. Ben taught me many things as an academic novice, among the most significant, especially for this work, was the importance of the study of religion -- "in all times and climes" -- to an understanding of human social life in general. Ben also talked about "particular peoples in particular places," by which he meant base your sociology not on straw men or models, but on actual people who inhabit actual social worlds." Throughout this work, I have tried to keep in mind these bits of "directorial advice." Both of these men also helped me find my academic voice in a place that was not congenial to my "poverty of certitude." Both died too soon, but the major legacy of both is the student lives they touched – in mind and heart.

Academic Friends

Peers are another category of people who have provided indispensable aid and comfort in the process that resulted in this manuscript. Again there are several people who deserve special mention, but two – one individual and one group – stand out.

The dissertation writing seminar created and led for several semesters by Professor William Kornblum was instrumental in the formulation and writing of my proposal and two chapters of the present work. My proposal was one of several from the seminar group to be

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awarded the department's Joseph Bensman Award for best proposal of the academic year. The opportunity to be a part of that group of scholars-in-the-rough made the process of "doing" a dissertation not only accessible but enjoyable. Along with many others, I was sorely disappointed when the University administration, in its infinite wisdom, effectively shut us down. It decided Bill's time was too valuable to the University to be wasted on this unpaid (and apparently unnecessary) task. Among the members of the seminar, many of us "late bloomers," I am especially grateful to the original group that included Judy Lilleston, Joan Liebmann-Smith, Paul Tainsh, Angela Cordero, Jessica Bloom, Patti Ivey, and Jerry Woods. Each made crucial contributions by their incisive comments and their encouragement. Through it all, Bill Kornblum gave each of us the benefit of his extensive experience with the mechanics of composition, his unending patience in the face of our sociological naivete, and his quiet assurance that we were welcome as peers in the circles of academe. Thanks Bill.

When the seminar ended, what had begun as a great joint adventure became an isolated and isolating task. Writing a dissertation at this point in life (the sixth decade) entails a loneliness that rivals that of the long distance runner, something with which I am also familiar. Fortunately, the withdrawal entailed in writing the last several chapters was punctuated by a number of diversions including: climbing one of California's "fourteeners" (White Mountain, 14,250 feet above sea level), snorkling off the coast of the Dominican Republic -- with Linda and Michael, my wife and (now 12 year-old) son -- and rock climbing in "the Gunks" with Michael and Uncle Willie. Others included abdominal surgery and teaching regularly at Queens College, but these are not at all in the same category!

The academic camaraderie that I lacked following the demise of the seminar was partially supplied by my most consistent reader and persistent critic of that period, my friend Jack Levinson. Jack closely read and commented extensively on all but the final two chapters. His insights were

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brilliant (mostly), his criticisms apt and incisive (though not always followed), his amity appealing (always), and his choice of restaurants impeccable (even on the spur of the moment). Jack's intellectual comradeship was a mainstay in this endeavor. Perhaps most important was his moral support. No matter how frustrated he got at my continual self-denigration, Jack never failed to bolster my spirits and sense of accomplishment with each new chapter "in the can." I only hope I will have the opportunity to repay my debt now that he has embarked on his own dissertation writing adventure.

Life Conversants

The ideas that end up in dissertations, like all knowledge, are constructed from conversation, especially ongoing conversations over years. There are several people with whom I have shared such idea-shaping long-term conversations, both academics and others. Both categories are made up of good friends.

I owe a special debt of gratitude to two long-time colleague-conversants who are also sociologists, Professor Charles Lawrence of Seattle University and Professor Ernest Kilker of SUNY at Oswego. Our continuing conversations about life, sociological and otherwise, started when we were graduate assistants of Benjamin Nelson at The New School. And, I suspect, they will not end until we rejoin him in the ultimate "roads to modernity" seminar. Our life-long "chats" have brought me much knowledge and pleasure over the years, for which I am deeply grateful. Much of the credit for whatever sociological wisdom can be found in this volume must be placed in the continuing circle of our ongoing conversations.

Chuck also read and commented on three early chapters when we visited in Seattle two years ago, and his constant interest and moral support have been crucial to the completion of this project.

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Other conversations of note have occurred with two non-academic friends, David Pavlick and William T. Hunter, Jr. Our conversations began as undergraduates in a Midwestern Bible college and have, thankfully, continued for some thirty years.

Dave is a knowledgeable and experienced social worker and skilled psychotherapist who deals with troubled adolescents. Although he has not read a line of this tome, his influence is evident throughout. Over the years, his practical and clinical experience has often tempered my idealism with a touch of the real world. Whatever ability I have developed for "thick description" and "taking the role of the other," which are the heart of this work's methodology, is due in large part to Dave's influence. Much of that has come during intense conversation over his backyard barbecue and around the magnificent campfires he created on our visits to the mountains of Colorado and the forests and molehills of New Jersey.

Willie is another fellow conversant over many years, perhaps the only one to pre-date Dave. Because Willie resides in the Dominican Republic, where he created a hospital and medical clinic system that serves poverty neighborhoods, our conversations have been more limited over the years. However, as a "resource" on the state of evangelicalism and service to the world's poor, his insights have given shape and depth to my perspective on the issues of this project. Despite a busy schedule that takes him from Honduras to Azerbaijan regularly, Willie offered sage advice on two early chapters and has been an enthusiastic supporter of this work from the beginning.

I have saved my expressions of gratitude for the influence of another mentor until this point, because he fits this category of fellow conversant equally well and would likely prefer it to mentor. Nevertheless, Ed Augsburger has been and continues to be my mentor, as a professor in a previous life and a dear friend in our current incarnations. Ed is the father of my intellectual curiosity, the man who first interested me in academics and challenged me to think rationally and

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systematically without fear or shame over the outcome. This was no mean task in the context of a Midwestern Bible college. In this respect, he is also responsible for much of my knowledge about both topics I consider here, religion and drugs.

Doctor Sharon Stancliff is another friend and colleague, of more recent acquaintance, who has helped me hone my ideas about drug use, users, and treatments. We began our conversation as volunteers at the Lower East Side Needle Exchange. A physician of intelligent compassion, who works with users on the street and in treatment programs, she has shown me as much about "street ethnography" as any anthropologist.

I am grateful, as well, to my friend and colleague, C. Carlson, for her excellent editorial advice on two central chapters.

Family

Dissertations are not built on scholarship alone. Plain determination may be even more important. To finish a task like this, one needs the support and understanding of family, friends, and, on occasion, the kindness of strangers. The love, support, and prayers of my parents, Benjamin and Mary Hood, have enabled me to persevere long enough to actually finish this time around! I am, happily, eternally in their debt. My brothers, Bill, Joe, Tim, Randy, and Rob, have also lent encouragement, interest, and (occasionally) principle at various points along the way. I am grateful for their love and friendship over the years and across too many miles.

As to the kindness of strangers. Elizabeth Carson was a stranger when this project began, but no longer. Especially during the last semester push, Elizabeth and her son Nicholas have spent untold hours with my son Michael when I was reluctantly unavailable. They regularly included him in their cross-town ventures to the skate park. They invited him for numerous weekend "sleep-overs," which allowed me the isolation necessary to complete this task.

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I am not narcissistic enough to think that this was something they did for me. I know how much they enjoy Michael's company and find spending time with him not a task but a pleasure -- something they would do "anyway." Nevertheless, their pleasure has been my gain -- in time in front of the word processor. I am in their debt, one I hope to repay soon, in kind. I have no illusions, however, about who was the real winner in this trade-off. I am only too aware that this project has cost me a wealth of time with my son -- as well as my wife -- hours which I may be able to make up for, but will never retrieve.

Finally, I come to my most significant acknowledgement, the one most difficult to capture in mere words. I cannot adequately express my undying gratitude and devotion to the two people who provide the most basic meaning and inspiration for this and all my projects, Linda and Michael, my wife and son. Their continual love and companionship are why life goes on and this dissertation is, finally, finished. Their support never wavered, even in the final months when it was severly tested by late nights, locked doors, usurped PCs, piles of books and papers seemingly everywhere (so what else is new?), emotional extremes, absences, absent-mindedness, unfulfilled household responsibilities, and more.

Linda's professional expertise was also crucial to this work. As a software manager and trainer, she brought the first PC into our apartment and encouraged me to find my way into the world of electronic wordsmithing and cyberspace. Her moral and technical support throughout the process have made writing not only possible but adventurous. (The crash that lost most of one early chapter was my fault alone!) Her help with the final proofreading was invaluable.

Henry, thank you for everything. You may be the only one who knows just what this project has cost and what "intangible dividends" it will pay.

To Vito and Jack, thank you both for the access. I hope I have done it justice.

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Redemption and Recovery:
An Introduction

> I want [the men] to have [their] minds washed with the Word of God. Salvation is the primary goal.
>
> Harry Evans, Director of Redemption House

> The principle goal is global change in lifestyle; . . . the encounter group is the cornerstone [treatment] method, . . . it uses positive coercion to raise client awareness.
>
> George DeLeon, Director
> Center for Therapeutic Community Research

This is a comparative ethnography of two residential programs for the correction of drug abusers. One of the programs is a faith community, which I call Redemption House. One is a therapeutic community, which I call Recovery House. The former is explicitly religious and conversionist; it is grounded in a faith rationale. The latter is secular and empirically oriented; it is grounded in a scientific rationale. Both programs offer a means of rehabilitation from drug "abuse."[1] Both are long-term *residential* programs; clients live in the program facilities seven days a week, for a year or more, and may leave program grounds only with staff permission. Both programs require complete abstinence from the offending psychoactive substances. Both programs promise a discipline they claim will maintain the former abuser in abstinence and general life amendment after completion of the program and "reentry" into society. In both settings the rehabilitation process includes a personal transformation of the "addict." It is this process of identity change and commitment formation in two different residential, drug free, rehabilitative contexts that is my central focus.

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The Sociological Question

The treatment regime at Recovery House and the training regime at Redemption House project profound differences between their approaches to rehabilitating drug users. Harry Evans, the Director of Redemption House, says that the ultimate goal of training is to get men to heaven; stopping their drug use and other associated sinful activities is a by-product of that aim. His method, as he understands it, is to change hearts and minds through exposure to the Gospel message of salvation by faith in Jesus Christ. Harry is confident that a change in drug using habits, crime, and other immoral behavior will follow.

The leadership of the therapeutic community movement projects the more mundane goals of abstinence from drug use and other antisocial activities, a "global" but not a heavenly change. Their method entails changing the drug user's behavior. This is said to occur through direct confrontation and community with "role models" who are, themselves, in the process of transition from "addiction to recovery," and who challenge all residents to "act as if" they are too. In contrast to the position taken at Redemption House, the Recovery House leadership is confident that its behaviorist approach will ultimately result in "cognitive-emotional" changes as well.

The drug research community also views the faith community and the therapeutic community as studies in contrast. This contrast is captured in the following statement from one of the first -- and few -- teams of veteran drug researchers to evaluate a faith community rehabilitation program like Recovery House (Langrod et al., 1972: 172, 175):

> [At the faith community] drug addiction is a moral problem, not a social or psychological problem. Therefore, *insight* into one's own character is not an important treatment tool . . . as it is at a therapeutic community. The objective of prayer [in contrast] is to bring about spiritual rebirth. . . . Only the Pentecostal branch of Protestantism and the Black Muslims make use of [religious] beliefs to cure addiction. Both see . . . ardent belief, conversion and subsequent involvement with the church [as] the integral components of [personal] change.

This team also noted that "both religious experience and encounter experience are emotional and cathartic." However, they concluded that the two are not the same order of

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experience: "genuine conversion is an act of faith which leads to behavior and attitude change without requiring . . . deep self-analysis required in therapeutic communities (ibid.: 186).

On its face, the theological doctrine that formulates the training theory at Redemption House seems utterly foreign to the psychological and behaviorist theories that shape the Recovery House process. What has the supposedly universal condition of original sin to do with inadequate self-development or character disorder (or a "disease of the brain")? Perhaps the former is a primitive and inadequate formulation of the latter, modern understanding of this human circumstance? That is the interpretive frame used by the drug treatment researchers who have bothered to look at the faith community form of rehabilitation with any objectivity (Langrod et al., 1972; Muffler et al., 1997). But is redemption through a "right relationship with Jesus Christ" the same as recovery by "emotional maturation achieved through heightened self-awareness and self-discipline?" Are the professional drug researchers correct? Are faith and self-discovery different orders of experience? These are among the questions I address in this volume.

Broadly put, my interests in this study are: How does the faith community "convert" its members and how does the therapeutic community "rehabilitate" its clients? In what ways can the two processes be seen to be similar and different? In addition, taking a social constructionist perspective, I assume that inherent in this question is the equally necessary one: How does the individual resident of each program "construct" (i.e., actively participate in or negotiate) and experience (i.e., perceive or make sense of) his transformation? This study could be described as an investigation into the "social construction of conversionary rehabilitation."

I have consciously positioned my investigations at the intersection of two inherently related (albeit too seldom conversant) sociological disciplines: the sociology of religion and the sociology of deviance and social control. Poised here, and posed in a comparative framework, the study is a response to research agendas established in the immediately relevant subdisciplines

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of the sociology of conversion and drug abuse treatment research. In a review of research on conversion, Snow and Machelak (1984:185) conclude with a "brief agenda of research questions." In the middle of the list of questions (number five of nine) they ask:

> Can the transformative processes that comprise religious conversion be observed in other [non religious] contexts? For example, can knowledge about religious conversion be generalized to explain radical transformation of political allegiances, life-style preferences and practices [such as substance abuse], or occupational commitments [such as drug-related criminal pursuits]?

From the other direction, the Director of the Center for Therapeutic Community Research identifies a "need to clarify treatment process" (DeLeon, 1990a:130).

> [The] interplay between treatment elements [e.g., therapy groups] and client change . . . defines process. Notwithstanding its importance, treatment process has been the least investigated problem in drug abuse treatment research. . . . [T]he process [of change] itself remains to be studied directly.

In responding to these challenges, I hope this investigation will make a contribution not only to a wider understanding of recovery and redemption from drug "addiction," but also to a greater comprehension of the social dynamics of resocialization and identity transformation in these two settings. Moreover, I hope this research will help to shed light on the larger question of whether and to what degree the process of "radical resocialization" can be seen to consist of generalizable, transcontextual social dynamics rather than context-specific particular processes that vary significantly across social and cultural settings.

I believe that this study also has relevance for current social policy debates. Critiques of the current trend toward medicalizations of the means of social control and deviance designation argue that the trend poses a serious threat to democratic traditions and institutions (Conrad and Schneider, 1985). Ideological medicalizations, it is claimed, like all "technifications" of communicative or moral-practical knowledge (Habermas, 1970), reduce political decision-making about moral and ethical norms to technical problems to be decided by interested professional -- often "scientific" -- elites. That is, complex questions of social behavior and

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social policy (e.g., connections among individual drug use, poverty, and economic and criminal justice policies) are removed from public arenas of popular debate by "expert" claims that they are really matters of technique (e.g., what therapies to apply to induce sobriety in individuals who are determined to have the *condition* of addiction) to be solved by appropriately trained experts (e.g., physicians, therapists, social workers).

Is it possible that alternative treatment approaches exist which do not depend on psychological, mental health, or medical models and therefore are not dependent on their professional cadres? Should treatment policy -- as well as other drug policies -- be subject to an open political debate not unlike that occurring today in connection with the medical uses of marijuana? Is it possible that what happens to addicts in the process of becoming ex-addicts is equally well -- or better -- comprehended by a religious model as by a psychological or mental health model? Integral to any discussion of this sort is the question of the role of abstinence as the means and end of treatment or training. Is this requirement a medical or mental health determination, or is it simply an unquestioned assumption carried over from earlier notions of rehabilitation that were shaped by images of moral perfection traceable to our Puritan cultural foundations?

Faith community training employs no scientific rationales or personnel; therapeutic communities are based on scientific rationales and increasingly employ professionally and scientifically trained experts.[2] To the degree that similarities (including success rates) between faith community training and therapeutic community treatment outweigh differences, treatment claims to scientific superiority will appear to be ideological -- furthering the interests of professional, organizational, and intellectual elites rather than those of public health and democratic choice. To the degree that differences between the two modes of rehabilitation predominate, treatment claims to scientific superiority may be reinforced. My several months of intimate observation, participation, and conversation at these two representative programs suggest

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the former conclusion. Has the therapeutic community movement scientifically adapted an ancient communitarian ethos to help solve a serious public health problem? Or, is it, perhaps unwittingly, a mechanism of the Iron Law of Oligarchy, a harbinger of some scientistic, proto-fascist future, more like "A Clockwork Orange" than a "Yellow Submarine?" Or, is it somehow a combination of the two -- however contradictory that may seem? While this study cannot decide these questions ultimately, it does address them in a way that is, I believe, unprecedented.

The sociological perspective most appropriate to this analysis of recovery and redemption is the "creative sociologies" (e.g., social interactionisms, a social constructionist sociology of knowledge, phenomenology). These have been characterized as creative because the

> common strands stringing [them] together are that [they] all have an image of human beings as creating reality in interaction with others. . . . They all call into question the [simple] deterministic notion that the "solid structures" of society act as forces on the individual, deciding his fate. . . . They all use methods of study that are different from the natural-science methods of positivistic sociology. (Morris, 1977: 42)

Creative sociologies are widely used in the study of religion (see Berger; 1967; McGuire, 1992) and of deviance and social control (see Becker, 1963, 1964; Schur, 1971; Rubington and Weinberg, 1999). This is in part because they view social identity, its formation, de-formation, and re-formation, as a dialectic of individual and collectivity. Although the particulars and research emphases vary among the different "creative" outlooks, these sociologies attempt to discover the individual's role in constructing the social formations that in turn constrain the individual's thought and action.

Taken broadly, this perspective on social reality tries to reconcile the conflicting notions of individual freedom (championed by modern existentialisms) and notions of social determinism (championed by classical sociologists like Durkheim). They attempt -- collectively at least -- to grasp identity, including the transformation or alternation of identity, as a social process -- something *more* than a straightforward individual *achievement* (a psychologistic reductionism)

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and something *less* than simple organizational or institutional *ascription* (an *over*socialization). Thus, the creative sociologies promote a demystification of the processes of identity formation and a debunking of institutionalized mythologies in general. Also, they do not retreat in awe at the notion of the supernatural, but rather take this belief as another human experience to be understood *from the perspective of the actors.*[3]

The Design of the Dissertation

The first chapter is in many ways an extension of this introduction. In it I describe at more length the processes and disciplines that make up the daily realities of treatment and training. I am particularly interested, however, in those elements of the program and personnel that, on first glance, appear to be parallel constructions or realities -- and a few that are, but do not appear so at the very first glance. Thus, in Chapter 1 I detail a *prima facie* case for my overriding theme throughout the work, that is, that these parallels and similarities are not merely surface appearances. They run extensively throughout day-to-day life in the programs, and deep into cultural or shared meanings of drug use and user and of the nature and process of rehabilitation.

Chapter 2 introduces a number of men who reside in these two programs. This chapter explores who they are, what their lives were like prior to treatment or training, what backgrounds they come from, and particularly what was the character of their experience as drug users. I find that the two programs, in the demographics of their residents, are more alike than different. In this respect, I challenge earlier research that suggests that residents of faith communities and therapeutic communities are drawn from two distinctly different populations. On the contrary, I suggest that, prior to treatment or training, the two resident populations were, in fact, one.

Chapter 3 discusses the stories the informants tell me and each other about why they came to treatment and training. Here, also, I discuss the nature of informant accounts, whether or not they are reliable, and what kind of resource they provide researchers. Yet again, the

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"vocabularies of motive" I encountered at Redemption House and Recovery House are in many ways more alike than different.

Chapters 4 and 5 explore in detail the process of conversion or identity transformation as it is experienced by the residents at both programs. Chapter 4 looks at the earliest stages of resident affiliation through the developing sense of "a calling" out of drug addiction to be a Child of God. In Chapter 5 I describe a parallel experience among the residents of Recovery House. The Recovery House experience entails a developing impression of oneself and one's behavior as pathological and in need of affiliation with the treatment community as the only solution. The similarities in the process of residents' re-interpretations of self and world, of morality and reality, are highlighted. In both instances, I compare the transformational experiences with "negative cases," that is, residents who fail to "see the light."

Chapter 6 discusses the role that religion plays in the therapeutic community. This chapter contains some of what was for me the most surprising material of this entire project. Here I argue that Recovery House makes use of an exclusive religious viewpoint, Higher Power spirituality, to impress its abstentionist doctrine and perfectionist ethic upon its residents throughout the treatment process. I argue that the use of this religious outlook at Recovery House, the "secular" program, parallels the "sectarian" approach to conversion and control of its residents at Redemption House.

Chapter 7 looks at the parallels in ritual and rhetorical means used by both programs to reinforce and maintain the residents' "faith" in the newly constructed sense of self and world. Here I find parallel mechanisms used to "fix" the new cognitive commitments among the residents who remain in treatment and training.

In Chapter 8 I describe the reentry programs used at Recovery House and Teen Challenge to prepare their residents for life after treatment and training, where they will have to maintain

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their new beliefs about themselves and their addictions in the "real" world. Here I also use an extended case study to explore one man's struggles to create a meaningful life not only after addiction and treatment, but *after recovery*.

Chapter 9, the conclusion, considers a question that most readers from the drug research field -- and perhaps others -- will be asking from page one: what are the comparative rates of success for the two programs. The reason drug researchers will ask this question is because it is what passes for the "ultimate" concern of drug treatment research. It is the question I was asked the first time I happened to meet a Vice President of Recovery House after the completion of my research. He wanted to know who got the better outcome, that is, who wins the prize for more success. Success, as such, in the field of drug treatment research is measured in a variety of ways: by rates of retention, by rates of continued social versus antisocial behavior after treatment and training, by graduation numbers. I consider these issues on the basis of the people in treatment and training at these two programs during the period of my research. The results, although not quite scientific, are quite illuminating, as is -- I hope -- my critique of the entire process of and emphasis on counting successes. I also add some concluding remarks regarding the implications that my research on drug treatment and training may have for an understanding of drug use and "abuse" or "misuse."

* * * * * *

In the remainder of this introduction I offer an overview of Redemption House with a description of the relevant aspects of the evangelical culture in which it is grounded, and an overview of Recovery House and the larger treatment culture of which it is part. I also describe the treatment and training rationales of the two programs from the perspective of their respective representatives and largely in their own words.

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REDEMPTION HOUSE

Redemption House is located in a marginally poor neighborhood in the Bronx.[4] It operates in a modest but ample three-story brick house (circa 1940) less than a dozen blocks south of Fordham Road, the north-south dividing line of New York City's northern-most borough. This building, which contains the entire program, includes a full basement and an enclosed front porch, with windows, that runs across its entire front wall. There is a small yard in the back that is paved over for use as a basketball court, with a single hoop and backboard affixed to a ten foot-high brick retaining wall at the rear. (The house sits at the foot of a hill that rises sharply to the street behind.) The program's twelve-seat van, along with three or four other cars belonging to staff members or visitors, is often crowded into the uncovered driveway that leads from the street to the backyard.

The blocks surrounding Redemption House are a mixture of similar houses, in various states of repair, bookended by sprawling eight-floor apartment buildings that face each other across almost every intersection. Most of the houses and small yards fronting them are clean and well kept, although they no longer belong to a burgeoning middle class that is suggested by their large capacities and other architectural features and proportions.

The immediate vicinity of Redemption House includes a community college, a small branch of the public library, and a number of churches. There are no storefronts for at least two blocks, and then only to the south, toward Recovery House which lies a dozen long blocks beyond. Just one block east, however, looms another kind of neighborhood -- the kind that, deserved or not, gives the South Bronx its desperate and dangerous reputation. While I rarely had any objective reason to be concerned about my physical safety on the main thoroughfare that fronts Redemption House, the side streets I walked between there and the elevated train always

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lent an air of uncertainty to my travels to and from Manhattan. Mine was *always* the only white, gringo face on those blocks, and therefore the only one obviously out of place.

The Redemption House windowed front porch is usually locked for security reasons. Its interior is filled with stacks of furniture in various states of disrepair and refinishing. Each piece is ready either to be worked over by the men in residence or returned to its original home in the "outside world" after having been completely refurbished. This is the raw material for the main vocational element of the program, a furniture rehabilitation "factory" in the basement. In one of our many, long conversations, Martin Davis, the house manager, described the porch as a metaphor for the entire House and its residents: the working over of tired and tattered men and their return to the "outside world" in completely redeemed condition.

My first visit to Redemption House was arranged through a personal contact, a local minister and member of the Redemption House Board of Trustees, with whom I had worked some 25 years ago, prior to my academic reincarnation. As would happen scores of times over the next four months, I was buzzed into the unillumined porch and walked past the tangle of tables, chairs and bureaus that, especially on dark winter mornings, gives the impression of passing through a tunnel. At times, in my recollections of the House, my passage through the porch takes on the appearance of Lewis Carroll's Alice entering the rabbit hole. At the other end of the hallucinatory tunnel emerges a world seemingly as different from, yet as revealing of, the one "outside" as Alice's Wonderland was vis-a-vis Victorian England. The world that lies at the end of this tunnel is ultimately, like Alice's, a realm of light, not of darkness. But its light is of various sorts or hues. What light one perceives there depends on one's angle of vision. For this ethnographer, several angles of vision are illuminated, as well as illuminating.

I spent four months visiting Redemption House several times each week. On those dark winter mornings, just across the porch-divide, I always found a brightly lit universe brimming

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with activity. As on that first, exploratory visit, the foyer is the point of entry to the world of Redemption House. Architecturally, this room is quite modest. At 10 feet wide by 25 feet deep, it is not large, though its 10-foot ceiling gives a sense of spaciousness that is aided by the small leaded glass windows where the right (northeast) wall meets the ceiling. Nevertheless, this oversized vestibule is quite literally the crossroads of activity in the House.

As I entered the foyer on my maiden visit, it seemed as if faces and/or voices of greeting or inquiry appeared from every conceivable direction. A sturdy oaken desk sits just inside the door, to the left. Behind the desk was a pleasant black man about thirty years of age. His greeting was typical of the House's operating staff: "Welcome to the Redemption House; the Lord bless you. How may I help you, sir?" Before I could answer, from the top of the stairway at the far end of the room out popped a head, as if from the ceiling, and said, "He's here to see Harry, send 'im on up." Then this dangling, seemingly disembodied head (also African American, as are the great majority of men here) looked in my direction and said, "Welcome to the Redemption House, brother. I was the one who gave you directions when you called from the subway. Come on up. Harry is waiting for you."

Off to the left, as I walked toward the stairs, through a double doorway (the doors were long ago replaced by a pleated screen of pressed wood that draws together from either side and latches in the center), the room opened onto the large dining-room fitted with six long tables, each capable of seating a dozen men.[5] Several men were seated about, singly or in small clusters, just finishing their noon meal. As I came in, several looked up and nodded a greeting, then resumed eating. Though they were pleasant enough, I was struck by a certain prison-like appearance to the scene, with its long tables filled largely with black and brown faces of varied hues. The bodies were of equally varied shapes and sizes, several of them obviously sculpted by untold hours of exercise and pumping iron, perhaps in littered public playgrounds and dismal gyms or yards at other sorts of penitentiaries.[6]

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As I stepped further into the room, I heard muffled voices through a closed door at the far left corner. It sounded like a number of people all speaking at once. This room, as I soon learned, is identified as the chapel. It is a multi-purpose room that is used for morning chapel, prayer meetings, Bible classes, and other collective functions.[7] The prayer meeting that divides the noon meal from the afternoon work period was just getting under way. Another three or four men, including the now-embodied head that spoke to me a minute ago, were descending the stairs on their way to the chapel. They all nodded greetings. As the diners finished their meals, each one carried his plate and other utensils through the open door at the back of the foyer.

Through that door is a spacious kitchen, well outfitted to cook for the 25 or more men who eat at every meal. A neatly hand-lettered sign on cardboard above the kitchen entrance reads: "Staff Only: All others need permission." This is in keeping with the aura of the entire center, but especially the foyer. The walls of this room bear several paintings and hand-lettered posters, all with Biblical motifs. One large poster lists the books of the Bible together with their central themes as perceived by evangelical doctrine. These rooms: the foyer, the dinning room, the chapel, and the kitchen, were where I spent most of my time over the next four months, interviewing, observing, participating, and conversing with the men of Redemption House.

After my initial interview with the Director that afternoon, I was granted complete access to the program. I was allowed to come and go as I wanted. I attended all program functions whenever and as often as I pleased: classes, chapel services, church services, work periods, prayer meetings, meals, staff meetings (with prior notice), and even a couple out-of-town trips to the Teen Challenge Training Center. I was permitted to interview any resident or staff member who agreed to participate. No resident refused me; some sought me out to offer their cooperation. The Director introduced me to his staff and the residents (at separate sessions), explained my reason for being there, and assured everyone that all were free to participate or not as they wished. However, it was clear to me that his friendliness and cooperation were instrumental in

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the ready reception and cooperation I received from all members of the program. Over the next four months I became a regular, almost daily, visitor and participant. In several of the relationships I was able to forge with residents, I often felt "taken under the wing" of men somewhat younger than myself, but much wiser in the ways of the street and of the rehabilitation program, and certainly more knowledgeable about the nature of the transformational experience they were undergoing. As it turned out, I interviewed almost every resident who stayed more than a week during my four months at Redemption House.

Evangelical Culture

Redemption House is a privately operated, non-profit, evangelical Christian organization, officially licensed by the state of New York as a men's shelter. It is not officially designated as, nor does it consider itself a "drug treatment." It is a self-described Christian discipleship training program.[8] The program answers to a Board of Directors that consists of local ministers and laymen -- most of whom are associated with evangelical or Pentecostal churches.

Ideologically, Redemption House is situated within the American evangelical culture. Evangelicals are a loose-knit collection of groups and organizations: denominations, independent churches, intrachurch organizations, mission boards, schools, colleges, seminaries, publishing houses, radio and television stations, hospitals, charities, retirement communities. They share a relatively singular, conservative Christian culture that revolves around "living the Christian life" and "bringing the Gospel to others." While some usages of the term "evangelical" omit Pentecostal and fundamentalist groups as too extreme, mine includes both as well as the more "centrist" denominational organizations such as Baptists, Methodists, and Mennonites. The evangelical umbrella also covers innumerable "independent Bible churches" and other smaller and regional denominations and associated institutions.

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While no single definition of "the Christian life" is likely to dove-tail perfectly with any other, all evangelicals believe that it begins with being "born again through faith in Jesus Christ." This is ideally followed by continuous "spiritual growth" through a "personal relationship" or "daily walk with the Lord." This "walk" involves regular church membership and participation, often referred to as "fellowship with like-minded believers." It also requires regular attention to scripture reading and prayer ("personal devotions"), which are seen as the central communicative elements in a "personal relationship with God." For ethical prescriptions, most evangelicals draw from a similar pool of "dos and don'ts." The various groups approximate one another fairly closely in their adherence to specific moral and ethical elements as well as in their general outlooks. This homogeneity in general, with some heterogeneity in the particulars, is one of the elements that makes for much internal organizational diversity. Many groups, for example, find the practice of speaking in tongues too sensationalist, others -- particularly Pentecostal or holiness groups -- consider it essential to proper spirituality. At Redemption House, the practice of tongues-speaking is accepted, but not required. This undoubtedly stems from its close association with local and regional Pentecostal churches, which are common in New York City's numerous black and Latino neighborhoods where most of the Redemption House residents were raised.

For almost all evangelicals, abstinence from illegal psychoactive substances is taken for granted. The consensus is almost as complete regarding the prohibition of tobacco and alcohol. A few groups include caffeine in their taboos. Some groups tolerate the use of tobacco, especially in places like the Carolinas, where tobacco farming and the tobacco industry dominate the regional economy. Some more sophisticated evangelicals, especially the professional and educated elites, tolerate moderate uses of alcohol and an occasional cigar.[9] Redemption House tolerates neither tobacco nor alcohol use. In this and most other ways, it fits squarely within the evangelical mainstream.

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The Training Rationale

The faith community process of rehabilitation -- redemption -- entails a religious conversion, variously identified as "getting saved," "being born again," "being filled with the (Holy) Spirit," "giving one's life to the Lord." This personal transformation is believed to create a new nature, which allows the individual -- with assistance of the now "in-dwelling Spirit of God" -- to avoid the sinful habits that had previously characterized his life. At the core of the process at Redemption House, however, is an intensive "discipleship" training period of a year or more that includes a daily schedule of Bible classes, chapel and other religious services, prayer meetings, other educational, and vocational trainings, and household duties. All of this occurs within a residential setting of 15-25 male residents who live together 24 hours a day, seven days a week. (Redemption House serves only adult men, but has a "sister program" that trains women to be disciples.) The residents are trained by a staff of four to six men, most of whom are graduates of this or similar discipleship programs.

I have pseudonomously christened the Director of Redemption House Harry Evans. Harry is a stocky, middle-aged, white man about 5' 9" tall who occasionally makes self-effacing jokes about his physique. Before taking over the program more than 25 years ago, he worked as a probation officer for New York City.[10] During his tenure as Director, Harry has also been one of the leaders of a highly respected evangelical collective (or house church) located only half-a-dozen doors from the training program. Harry was born and raised in the Midwest and spent two years in the Navy during the Viet Nam years. He has a graduate degree in philosophy from New York University. He is a pleasant man, easy to talk to, whose manner drifts somewhere between business-like and fatherly.

Without too much overstatement, I could refer to Harry as a benevolent despot. Almost always dressed in dungarees and flannel shirts (most of my research was done during the winter

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months, when the program runs at full strength), Harry displays a relaxed, informal, friendly style, yet he always seems conscious to maintain an appropriate ministerial distance. He is an authoritative, yet approachable figure. He is regularly involved in the daily activities of the training program and, because he is its author, it evidences his personal stamp in many ways. Harry gets to know each (long-term) resident of Redemption House individually, including much of the detail of each man's personal life. He is a dedicated and charismatic leader. He is clearly the authority that Redemption House residents look to for guidance and instruction. For many of the successful graduates, he remains an important spiritual guide and confidant for many years. He is unquestionably the program's central role model, despite the fact that he is not a former drug user, a matter that is of much less consequence here than at Recovery House.

Harry's purpose in life is "to follow God's plan." His goal at Redemption House is to "preach the Word of God to the poor as commissioned by Christ in the New Testament." As Harry explains, the intention of the discipleship program is not primarily to combat drugs or drug addiction. It just happens that in carrying the message of the Gospel to the poor, drug addiction is one of the "afflictions" that accompanies the condition of poverty. In other words, problem drug use is a manifestation of the condition Harry is most concerned about. That condition is not poverty itself, but sin. Sin, original sin -- "the condition that we inherit from our original parents, Adam and Eve" -- is the underlying reason for all of man's problems. Drug addiction, sexual promiscuity, family abandonment, crime, all the problems that are common among the men who enter Redemption House, stem from this same condition. And it is only through the correction of that condition of original sin, of a "fallen nature," by finding a "right relationship with the Lord Jesus Christ," that the problems it gives rise to can ultimately be corrected.

Naturally, Harry is the program's most articulate spokesman. Harry's explanation of the mission of the discipleship training program is straightforward:

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The purpose of the training program is to introduce a man to the Lord Jesus Christ, to confront him with the Gospel message.

We don't claim to be a drug program. [We are] a Christian training program. The problem [we deal with] is not really one of drugs. The goal is not to change behavior. The goal is to see the heart change, the nature change, the mind change. The result will be the change of behavior.

Ultimately, I couldn't care less why guys come here. Drugs is just a hook, a felt need that they have that gives them an ear to listen to the message.

If you want to get off drugs, there are plenty of ways. But that doesn't deal with the life issue: what's gonna happen to you when you are dead. [Said with no apparent irony.] You can live your whole life drug free . . . and [still] be in maximum trouble when you meet your Creator.

So [our] message is [important] . . . not because you've been a drug addict, but because you're a creature made in God's image. I'd say the same thing if they were Wall Street lawyers.

I tell the men: I'm going to brainwash you. You've always been manipulated. I'm gonna brainwash you with the truth. I want to have your minds washed with the Word of God.

I want to form new habits. But I know it won't stick unless it's coming from within. So our emphasis is on the change of heart, the motivation that will show itself in . . . a relationship with God . . . in praying and . . . attending to the Word.

Salvation is the primary goal, but to have a conversion *experience*, that's not my responsibility. My responsibility is to speak the Gospel as simply and powerfully as I can. How they respond, that is, what kind of experience they have . . . is not important. A specific experience is not necessary.[11] What is necessary is a change of mind . . . a decision . . . a point where one's allegiance changes from self to God. It's more like the original Puritans described it: there was an initial decision. Then there is a process as well. That involves a relationship with God.

Residents spend the first three to four months of discipleship training at the Bronx facility (sometimes referred to as an induction center). The next eight months are spent at the Teen Challenge Training Center in Rehrersburg, PA.[12] Redemption House is not operated or owned by the Teen Challenge ministry, but has a cooperative arrangement with them for this purpose.[13] Known as "The Farm," the Pennsylvania center is a large campus with a resident population of more than 300 men drawn from induction centers all over the northeast.[14] Teen Challenge is associated with the Assemblies of God, a Pentecostal denomination, and is the only international faith community drug rehabilitation program of its kind. It operates three training centers and

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many induction centers in the U.S.[15] The training program at the Farm continues with much the same schedule of activities as Redemption House. Teen Challenge, however, has considerably more resources including a diversified vocational training program that includes a large, self-supporting, 200-acre dairy farm, a print shop, an auto body shop, and more. Like Redemption House, Teen Challenge operates without government assistance of any kind. It depends on donations from a network of churches, groups, and individuals.

The Teen Challenge culture, as one might expect, has a stronger Pentecostal flavor than is evident at Redemption House. This means, among other things, livelier chapel services, which include accompaniment from a four-piece band (electric keyboard, guitar, bass, and a drummer) with lots of hand-clapping and shouting. There is generally a greater emphasis on "emotionalism" in its religion.

The Teen Challenge complex includes several buildings, e.g., field house/auditorium, multi-winged dormitory, chapel, dairy barn, multi-vehicle garage, grounds-keeping building, staff residences. Its operation is much more bureaucratic than the process at Redemption House. Nevertheless, I was impressed by the fact that counselors and staff did seem to know by name each resident they addressed in my presence.[16]

Upon finishing the 12-month training program, the successful trainee receives a certificate of completion in an impressive graduation ceremony, which is very much like a Pentecostal church service, and goes off into "the world" (a very meaningful term in this context) to continue his new life-in-the-Lord. Graduates are encouraged to join a local church and maintain continuing fellowship with other believers lest they fall back into drug use or other sinful behavior through association with evil companions -- considered the main source of temptation. Ideally, from the Redemption House/Teen Challenge perspective, the conversion and training accomplishes not only a drug-free life, but a life free from "enslavement" to sin of any

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sort, especially those activities typical of the graduate's previous life. The emphasis here is on drug abstinence, avoidance of criminal activity and associations, and getting and maintaining employment -- preferably in some form of Christian ministry or service. A number of graduates find positions at The Farm or at one of the many local induction centers around the country. Continuation of intensive "fellowship with believers" after training is considered a crucial element of the redemption process. Relapse and recidivism rates are high.

RECOVERY HOUSE

The two large, four-story, dormitory-like buildings that contain Recovery House sit only a dozen blocks south of Redemption House.[17] The neighborhood is dominated on one side by the large apartment houses that only dotted the area around Redemption House. On the other side, the Recovery House complex looks down onto a major intersection of two interstate highways that criss-cross the Bronx. Physically, Recovery House is unique in this setting, because of its earlier incarnation as a convent. It sits on a large curved corner lot that is exposed to the street on three sides. Two sides, including the front entrance, are "protected" from the outside world by a 12-15 foot tall stone wall that runs the length of the main building -- almost the entire distance between two city blocks. A six-foot cyclone fence runs along the rear perimeter, enclosing a yard the size of a small city park, with several shade trees and picnic tables. The yard easily contains the program's three twelve-seat vans and, when weather and the treatment schedule permit, numerous residents can be seen standing around in small groups of three or four, or sitting around the tables. Some residents are often there even during inclement weather, since this is the only legal smoking site on program grounds.

Another "rehab" facility -- for parolees -- sits across the interstate from Recovery House. Down the street from it is a park only slightly larger than the program's yard, which is said to be a dangerous drug market when the sun goes down. During the last month of my participation at

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Recovery House I shifted my hours so I could stay late into the evening most nights to better sample life after dinner and the evening house meeting. During this period I learned the program had an after-dark shuttle service to the subway station. Until then, I had always walked the three blocks to and from the station, across the freeway and past the park and halfway house. Again, mine was the only white face in evidence on the street -- with rare exception, because this station was busier than the one near Redemption House. I must admit to a bit of nervousness on those nights (usually once a week for the first month) I walked to the subway after dark. However, I never encountered an untoward incident of any sort. Nevertheless, when the "structure" (residential leadership) learned that I was not using the shuttle service, they insisted that I do so. They considered it too dangerous to make that walk alone, especially after dark.

Recovery House has 100 residents and shares the two large buildings with three other treatment "houses" [programs] of equal population size. In general, Recovery House operates like a "public" institution that includes within its walls dormitory rooms for 400 people on the upper floors. On the lower two floors there are three large common meeting spaces and at least a dozen offices, many of modest size. The dinning room and kitchen are in the basement, along with the storage, laundry, and boiler rooms. The four programs also share many services, e.g., house "structure" (resident organization responsible for most housekeeping duties), specialized ancillary services (criminal justice liaison, educational services, medical services). Each "house," however, has its own director and separate treatment staff.

The size of Recovery House places its residents and staff in a much more formal (role-related) social environment than is the case at Redemption House. Even at the most immediate level of contact, it is impossible for everyone in Recovery House to know everyone else by name or reputation, especially between "houses" and across the resident-staff divide. However, within the more intimate boundaries of the relatively stable counseling groups (12 to 20 residents) and in

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the dorm rooms, plenty of informal *communitas* and *fraternitas* are not only available, but encouraged and sought.[18]

During my research, the Recovery House buildings were undergoing extensive internal renovation. As a result, the only entree to the compound was through the back gate. Like all visitors, I had to pass the official scrutiny of the resident-security detachments at various checkpoints: at the gate, then at the back entrance of the main building, then at the front desk on the other end of a long hall that was always filled with program participants lined up in front of the pharmacy, the infirmary, or the criminal justice liaison office. At each checkpoint I had to give my name, the purpose of my visit, and the name of the person I was there to see. Then I was required to sign in, and when I left, I had to do the whole process in reverse. During my first weeks, I often stayed so long that there was no record of my entry when I tried to leave, because the logs were changed every eight hours. This caused a bit of a crisis the first few times, until enough of the security personnel got to know me by sight and could vouch for my comings and goings without resort to official records. Nevertheless, signing in and signing out were always required.

I also had to pass the unofficial scrutiny of the resident population each time I walked the fifty paces or so across the backyard from the gate to the doorway. This was not threatening in any physical sense. I was simply a matter of curiosity -- and perhaps a little paranoia. At the time, the state legislature was threatening all therapeutic communities with program modifications, which meant funding cuts and shortened stays. Although I was usually dressed in my signature blue jeans and hiking boots, I was still conventional enough in style and demeanor to signal an "official status" of some sort.

I was able to mitigate this scrutiny as I got to know more and more residents. Each morning I would stop on my way across the yard to talk with some of the groups of post-breakfast

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cum pre-morning meeting denizens of the yard huddled around each other for warmth while they enjoyed the first cigarette of the day -- one of the few sources of psychoactive stimulus left to them. These regular morning chats afforded me one of the few informal, spontaneous sources of information about the program. Once we entered the building, we were caught up in the flow of the daily schedule. While it was always possible for me to opt out of the schedule at any point, it meant sanctions for any resident who tried to do so. My conversations with the morning smokers did alleviate the informal scrutiny I had to endure, but not entirely. The population size and turnover were such that no matter how many residents I got know -- and who got to know me -- there were always new faces, strangers, who were not sure why I was there or what I wanted from them.

There was another test I had to pass before I was permitted to intrude on the every day life of the Recovery House populace. Unlike Redemption House, where the director introduced me to staff and residents and appeared to welcome my research, at Recovery House I was "permitted" to present myself and my proposed research to a house meeting of residents. This meeting was held in the second floor classroom, which was large enough to accommodate 250 desks, most of which were filled with inquisitive faces, but some of the looks were hostile. The residents listened politely as I explained my credentials, objectives, and proposed research procedures. Then they wanted to know what was in it for them. Since I had no research funds to share at that point, I was unable to offer payment, nor were they able to accept it, directly, because of the program's restrictions on personal property. That is not, however, what most of the questioners had in mind. After considerable dialogue, and with the assistance of one continually cooperative staff member, who I call Saul, the residents decided that my work could be worth their involvement and cooperation.

The rationale they ultimately reached was telling. They decided that my ethnographic format, which I emphasized, would allow them to tell their own stories, which could then be read

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by anyone, including state officials. Such "exposure" would give the residents a chance to affect the conditions of treatment -- for the better -- if not for themselves, then at least for subsequent generations. This would, of course, include increased state subsidies for all treatment programs. Despite the doubts I expressed about the likelihood that an obscure doctoral dissertation might be seen by state officials, let alone affect their allocation of scarce public funds, the residents became convinced that if I allowed them to tell their stories, somehow fate would do the rest. I assured them that telling their stories was my primary goal. A consensus developed in favor of cooperation with the project. Following the meeting, I spoke with several people who volunteered to be interviewed. About half of these interviews did not materialize. However, as I began to be seen regularly in small group sessions, seminars, and house meetings, more residents approached me, or I them, and my interview schedule filled quickly and reliably.

Like Redemption House, Recovery House is part of a not-for-profit charitable foundation. However, the Recovery House Foundation, Incorporated is credentialed as a drug treatment facility under the auspices of the Office of Alcohol and Substance Abuse Services of New York State. In operation since the late 1960s, it was started in part by former addicts who had been impressed with Synanon, the program developed by Charles Dederich to help heroin addicts. The mission statement of the Recovery House Foundation reads, in part:

> [As a] multi-service organization, [we] seek to develop independence, social competence and responsible living in . . . individuals . . . who reside in an urban, inner-city environment. A continuum of care is offered through a diversity of prevention, treatment, rehabilitation and housing programs. [We] actively pursue [this] mission by working in partnership with government, communities, and business.[19]

In reference to the facility where I did this research, the organization writes:

> The cornerstone of Recovery House Foundation is a 417-bed residential, drug-free treatment center in the Bronx. [This] is a therapeutic community of men and women struggling to overcome their addictions and learning to live responsibly, independently, and drug-free. Eligibility: Assessed as having a chemical dependency with no active psychosis; medically fit and over the age of 18.[20]

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Treatment Culture

The therapeutic community is one of four classic treatment "modalities" for illicit substance use that have constituted the treatment industry in the United States for the past several decades.[21] The others include chemical detoxification, outpatient drug-free programs, and methadone maintenance.[22] Chemical (or medical) detoxification is described as a process "whereby individuals are systematically withdrawn from addicting drugs . . . under the care of a physician" (NIDA, 199: 30). "Detox" programs are usually operated in a hospital setting, although that is not necessary. The process takes only a few days, and frees the user from the biochemical effects of physically addicting substances such as opiates, alcohol, or barbiturates. Detox is seen by the treatment industry, though not necessarily by users, as an initial step before entering a more extensive treatment program that is "designed to address the psychological, social, and behavioral problems associated with addiction" (ibid.).

Outpatient drug-free programs, unlike detox, are "real" treatments. They consist of daily group and individual counseling sessions, along with "social skills" training, e.g., parenting, personal organization, hygiene. These programs "address" problems other than those treated by detoxification, and are deemed suitable for all types of chemical abuse. There is a wide variety of outpatient programs, but some type of counseling or psychotherapy forms the "backbone" of each. This tends to be a popular modality, most likely because it is less confining than residential programs and easier to access than methadone maintenance. These programs counsel abstinence as the only successful mode of drug use control and monitor their clientele by periodic urine tests for drugs.

Methadone maintenance treatment is for opiate users only. It is not effective with cocaine or other drugs. It is conducted in outpatient clinics that patients attend several days per week. "These programs use a long-acting synthetic opiate medication . . . administered orally

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[unlike heroin, which is usually injected] for a sustained period . . . to prevent opiate withdrawal, block the effects of [other] opiate use, and decrease opiate craving" (NIDA, 1999:24).[23] Taking oral methadone each day as prescribed is the essence of this treatment, because it reduces the most detrimental aspects of the use of illegal opiates.[24] As NIDA (ibid.) describes it, the "best, most effective . . . programs include . . . counseling, as well as . . . needed medical, psychological, and other services." However, the best programs are few and far between. Some states have no methadone clinics, and physicians must acquire special consent from the federal government to treat addicts privately with methadone.

It is both a doctrinal absolute and a taken-for-granted assumption within the treatment industry in the U.S. that complete abstinence from drug use is the only "true" solution to drug abuse and addiction.[25] All accepted treatment programs, with very few and very recent exceptions, teach this dogma to its clientele. Even in methadone maintenance treatments, where patients are clearly not abstinent, because the treatment consists of taking a psychoactive substance, abstinence is often the preferred route. There is a significant segment of methadone treatment personnel who insist that methadone use is, or should be, only a means to abstinence for addicts who find it difficult to achieve this preferred state directly.[26] The culture of the treatment industry in America is by-and-large an abstinence culture. It is not a distortion to say that abstinence is both its goal and its method with respect to those it identifies as in need of treatment for drug abuse. This is especially so with respect to illegal substances.[27]

The therapeutic community, which constitutes the fourth modality within the treatment industry, is a charter subscriber to the abstinence culture. In fact, since the typical therapeutic community resident "has more severe [drug use] problems, with . . . more criminal involvement." this modality can be said to epitomize the culture of treatment (NIDA, 1999:28). At Redemption House, abstinence as *the* goal of treatment is unquestioned.

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The Treatment Process

Charles Dederich is credited as the founder of the American therapeutic community movement.[28] He was a self-described, long-time alcoholic and Benzedrine addict who found some relief from his compulsions in Alcoholics Anonymous (AA) fellowships. Perhaps more importantly, as part of LSD experiments for treatment of alcoholism at the University of California, Dederich experienced "insights" that prompted him to begin his own drug-free "treatment" for addicts. Combining AA and other group formats, Dederich opened his apartment for discussions among addicts. He eventually broke with AA and developed an innovative full-time residential "utopian community" revolving around a highly confrontational encounter group process called the "game" or the "stew." The media loved to call it "attack therapy," as they continued to do even some forty years later in Dederich's obituary. (VanGelder, 1997).

William White (1998:241f), a chronicler of addiction treatments, describes this technique as "differ[ent] in its therapeutic technology" from all previous treatments. All earlier programs of rehabilitation "focused on experience-sharing in groups . . . with strong discouragement of 'cross talk.'"[29] White calls encounter the "centerpiece of therapeutic experience . . . an intimacy born in the heat of mutual confrontation." Another important Synanon legacy for the later "softer version" of the therapeutic community is the "modern introduction of ex-addicts as counselors."[30] Actually, Dederich's original idea was that addicts would treat one another, but as it became institutionalized in movement organizations the idea took the form of ex-addicts as non- or paraprofessional counselors. This was not a new idea in the treatment of alcoholism, but was new to treatment for other drug users, especially heroin users, who were thought to be beyond the pale of decent society and unfit or unable to contribute to their own betterment or that of others.

Synanon devolved into a highly suspect self-styled religion and "corporate cult" (Mitchell et al., 1980). Dederich and other officers of the organization were prosecuted for

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felonies, including attempted murder. However, the organization -- and his leadership -- survived. Synanon is still in operation at its main center in Marin County, California and elsewhere. In the meantime, a second generation of therapeutic communities developed, mostly on the eastern seaboard, a continent away from Synanon. This new generation of the movement of ex-addict-led encounter therapy was less influenced by the human potential movement, always more at home in California than New York. It came more under the sway of other sorts of treatment professionals. As well as ex-addicts, many of whom had "done time" at Synanon, several psychiatrists -- and a sociologist or two -- took up the cause of this new method of treatment, perhaps because they recognized its affinities with Jones's experiments in Britain. This generation also adopted Jones's approach over Dederich's with regard to the issue of rehabilitation versus treatment. While Dederich's utopian community encapsulated the addict for life, the new "psychiatric" therapeutic communities intended to transform addicts completely so they could resume life in normal society (Levinson, 1994).[31]

Recovery House began operation in the 'sixties, a period of heady optimism about the new form of treatment. It was founded by some of the same men involved in the development of Phoenix House, some of whom were also hired by the city's Department of Health to help with what was perceived as its heroin "epidemic." The Foundation now considers Recovery House its "flagship" program. Recovery House, like its close counterparts in the movement, Phoenix House, Daytop Village, Odyssey House and others, epitomizes the American or "concept" therapeutic community.

Both the goal and method of Recovery House treatment are addressed in the *Orientation Handbook* that each new resident receives on the first day. In part, it reads:

> The primary goal of the therapeutic community is to foster personal growth. This is accomplished by changing the individual's lifestyle through a community of concerned people working together to help themselves and each other.

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One knowledgeable treatment professional (White,1989: 246f) puts this same notion into the vernacular of drug treatment discourse:

> The grown addict is pictured as an infant: immature, irresponsible, stupid, impulsive, and incapable of empathy with others. Treatment is conceptualized as a process of emotional maturation achieved through heightened self-awareness and self-discipline.[32]

In contrast to the faith community, the therapeutic community grounds its treatment process in scientific principles. No one in the movement explicates this better than George DeLeon, the Director of the Center for Therapeutic Community Research.[33] In his words (1988:74ff), therapeutic communities are

> social-learning environments which constitute an integrated methodology for engineering a lifestyle change . . . [which] represents a unique demonstration of the application of *behavioral science principles* in a human service setting . . . [including] social learning, cognitive-emotional training, [and] role conditioning.
>
> [The] principle goal is *global change in lifestyle*; abstinence from illicit substances; elimination of antisocial activity; employability; and pro-social attitudes and values. [Emphasis added.]

DeLeon is also quite explicit about the distinctiveness of this form of treatment.

> The TC can be distinguished from other major drug treatment modalities in two fundamental ways. First, the TC offers a systematic treatment approach that is guided by an explicit perspective. . . . Second, the primary therapist and teacher . . . is the *community* itself. [Emphasis in original]

According to the *Handbook* also, the treatment process and the community are one and the same:

> [It] is a highly structured environment with strict . . . moral and ethical . . . boundaries. It employs . . . sanctions . . . and earned advancement of status and privileges as part of the recovery and growth process.

The Director of Recovery House, Gilbert Michaels, presents an imposing presence. He is an African American who stands at least 6' 2" and tips the scale at 200 pounds or more.[34] He is a graduate of the program he now directs, and has been a therapeutic community staff member since his graduation. During my research Gilbert announced that he had just completed his

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bachelor's degree in social science. Gilbert's view of the function of the treatment community places the emphasis a little differently than DeLeon or the *Handbook*. For him, the community *context* remains the crucial treatment element.

> I see Recovery House as a cocoon where you can take time to develop and grow slowly into the kind of person necessary to overcome addiction. We're like an incubator, where the character of the addict gets time away from outside influences to build the type of internal structure he or she needs for recovery. And this happens in the company of other addicts who are the only ones who can really know and understand what addiction is like and what it takes to overcome it.[35]

Personal change from addiction to recovery is not seen as a single "crisis" experience, but as a lengthy, integrated process of self-discovery. DeLeon (ibid.) refers to this as a "socialization-developmental process," and a "passage through stages." White (ibid.) characterizes these stages of treatment, or "Levels" as they are referred to at Recovery House. The first level consists of "complete sequestration" in the treatment facility. This is Level O, or the orientation period, and lasts up to 60 days. Next, Levels I and II consist of "living in the facility, [while] working outside" in a sanctioned vocational or eductional program. This is the primary treatment phase; it typically lasts six to eight months.[36] Finally, Level III, the reentry phase, involves "living and working outside [the program facility] with return for support activities." This stage covers the last two to three months in treatment. The completion of the levels ideally results in "a fundamental reconstruction of personality, interpersonal relationships, and personal lifestyle" (White, 1998: 247).

According to DeLeon (1988: 91), "the encounter group [is] the cornerstone training method in the TC." It involves considerable use of "positive coercion" to "raise client *awareness* . . . [through] cognitive conflict between the drug abuser's own view . . . and the TC view of right living." [Emphasis added.] White (ibid.) calls it the "central catalyst for growth" and describes it as "a synergy of leaderless [*sic*] group therapy, confrontational therapy, verbal riot, group confessional, improvisational comedy."[37]

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However, as DeLeon (ibid: 94) continues,

> [A]wareness training is [also] an *omnipresent* activity . . . clients and staff are required to observe and report on each other's behavior . . . *continually*. [Emphasis added.]
>
> The TC fosters trial and error learning, [in] a manipulable environment . . . where one can fail safely. [Underlining in original.]

Again, the *Handbook* puts it somewhat differently:

> Peer pressure is often the catalyst that converts criticism and personal insight into positive change. . . . Insight into [*awareness* of] one's problems is gained through groups and individual interaction. But learning through experience, failing and succeeding, [and] experiencing the consequences is . . . the most potent influence toward . . . lasting change.

Louie, one of the Recovery House counselors has his own spin on this central process:

> This is the . . . mechanics of treatment . . . the community is set up for you to fail. In an average orientation resident's life, this can happen six, seven times a day. . . . And the whole time [we're] checking up on you . . . [so] you either fight and split, or you start . . . bonding with what's going on.

Abbie Hoffman (1987:79) was no fan of the government's drug or treatment policies. His characterization of "awareness training" or "the mechanics of treatment" is brutal and blunt, not altogether unlike the treatment itself. He seems, however, to have captured DeLeon's meaning, while contesting his evaluation. Hoffman calls it "breakdown therapy."

> The idea is to shatter a [resident's] defenses, rationalizations, and bad behavior patterns, and to create a clean slate upon which can be constructed new healthy behavior. It's done under strict supervision and in reformatory-style living conditions.
>
> Once a "nobody" has been created, it's easy to graft on *any* personality. At the point of breakdown, [the community] "showers the subject with love." Love is not freely given; it [has to be] earned. [Emphasis added.]

Two additional elements of the therapeutic community approach to rehabilitation are important to mention. Both highlight its behaviorist approach. First, the notion that residents should "act-as-if" reinforces the basic philosophy that "behaving . . . will result in cognitive-emotional changes" (DeLeon, ibid.: 67). Second, the notion that residents are "members . . . in a family . . . and act . . . as *role models* for others to emulate," (as the *Handbook* puts it, with my emphasis added) "most explicitly illustrates the behavioral science principles in the TC." Not

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only are people the "primary mediators of the recovery process . . . [but] teaching others reinforces behaviors and attitudes of the teacher -- a process which [is] a special case of behavioral rehearsal" DeLeon (ibid.: 88).

The Thesis

It is easy to see that a tacit agreement exists between the two rehabilitative regimes to the effect that they are profoundly different species, despite some insignificant surface similarities. My thesis throughout this dissertation is that, on the contrary, they are phenomenologically the same: they resocialize their residents by restructuring the meaning that their experience of the world and of themselves has for them. This is done in both places by changing the user's place of residence and thus the context and substance of his daily discourse. He inhabits a new social and cognitive world, one that is radically different from his previous social and cognitive surround. The programs change where the user lives, who he talks to, and what he talks about, and therefore they inevitably change him, assuming he remains in residence long enough. This social and cultural transmigration initially convinces the user that he is a sinner or an addict, someone who is not capable of choosing to live according to God's plan (Redemption House) or proper human standards (Recovery House). It also results in the "discovery" that he was chosen by divine election for discipleship training (Redemption House) or compelled by his pathology and its inevitable consequences to enter a drug treatment program (Recovery House).

It typically takes three or four months of treatment or training for a new resident -- if he's one of the few who stay that long -- to become convinced that this view of himself is plausible. At both programs, he will be further induced to believe that the only way to change from the despised addict or sinner to ex-addict or disciple is to disavow his previous identity, behavior, and associations, and to adopt a new identity grounded in a perfectionist view of rehabilitation. That view features complete abstinence from the demonized substances and activities that are the

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symptoms of his previous sinful (Redemption House) or pathological (Recovery House) condition: drug use, crime, unemployment, sexual irresponsibility, and family disloyalties. Cognitively, residents exchange one set of views (one cognitive universe) for another. Or, in more "interactionist" terms, one role for another and, thus, one identity for another.

In his pre-treatment world view, the user was the adept, the abstainer the square. The user enjoyed his "illicit" pleasures; they may even have been the primary value in his or her life. His "irresponsible" life-style was a badge of freedom from conventional constraints and undesired responsibilities. Or, alternatively, she celebrated her ability to balance the pleasures of "hedonistic" escape via illicit substances or activities with the responsibilities of work and motherhood, unlike the square who believes the two are antithetical.[38]

In the new world inside the treatment or training center, life appears much as it did to Alice in Wonderland. All views, values, and expectations are upside down. Inside treatment and training, it is a looking glass world where the user becomes (defined as) an unfree, enslaved addict or sinner. There s/he "discovers" that s/he is prevented -- by sin or a disordered mind -- from recognizing her/his own best interests, viz., abstinence from drugs, legal employment, and total responsibility as a family man or mother[39] -- and, in the case of Redemption House, a "right relationship with the God of the universe," which holds the promise of heaven in the next life.

The primary methods used at both programs are: (1) isolation from competing views and social contexts of drug use and related lifestyle activities, (2) constant formal and informal indoctrination -- by "peers" and staff counselors -- in the program's moral and cognitive universe, and (3) ritual performances that prompt the resident to act out the new identity and/or delegitimate the old one. The Redemption House view of what happens is that it is the work of the Holy Spirit. At Recovery House it is attributed to the therapeutic effect of the (treatment) community. Sociologically, the conversions that occur at both programs are accomplished by

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changing the individual's social location and attendant cognitive universe or consciousness: the people he talks to, what they talk about, and how they talk about it. Given these fundamental similarities between drug treatment and discipleship training, the Recovery House process appears little more than a secularization of that found at Redemption House, salvation or personal conversion with behaviorist, psychotherapeutic, or self-help rationales substituted for supernatural ones.

That the therapeutic community movement has adopted a scientific vocabulary to re-designate what other movements describe in moral or religious terminology does not necessarily mean it describes an altogether different social and psychological set of processes or that it describes a similar set in a better way. One way to look at what I am up to in the following pages is to see it as a comparison of the two community-based rehabilitation programs in order to see what the older form has to say to the more recent, rather than vice versa. In so doing, I do not accept the notion that either of the treatment or training vernaculars -- the theologically oriented or the psychologically oriented -- is necessarily any more or less authentic or informative than the other about the nature of these human experiences, only different. Over the course of human history more human beings have used and continue to use the language of the supernatural or the sacred to explain their actions than have used and continue to use the language of science. Perhaps the latter has some things to learn from the former. At least it may be reasonable to ask the question rather than dismissing the idea out of hand.

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Endnotes

[1]See Appendix 2 on terminology.

[2]This process of medicalization and professionalization of treatment staff is ironic, since the therapeutic community began as an alternative to formal, professional treatments that were deemed insufficient. (See Levinson, 1994 and Manning, 1989.) This bespeaks the power of "science" and medicine as a cultural metaphor or "theodicy" that explains life and makes its untoward events meaningful, as well as a technical process for coping with physical disease.

[3]Langrod et al. (1972:186) write that it "is difficult and maybe impossible to interpret the spiritual experience and the phenomenon of conversion in social or psychological terms, and anything done in that direction can be speculative at best."

[4]The program's director requested complete anonymity. I have done my best to comply. The program's name and all staff and resident names are fictionalized. I have not changed the location of the program, but refer to it only in general terms. From my general descriptions of the Director, at least one sociologist familiar with evangelical culture in and around New York city readily recognized the program. This will not be hard for others already familiar with its operation. I believe, however, that my masking techniques will protect it from "cause promoters," curiosity seekers, and other prying eyes that were, I suspect, among the reasons for the Director's request.

[5]This was, almost certainly, the family living room in the builder's original scheme.

[6]Redemption House's weight lifting equipment is located in the basement, where it shares space, but not time, with the furniture refinishing shop that is the center of activity each weekday afternoon. It seems curious that, despite the intention of rehabilitative institutions to remake or re-create their inmates, recreational time and space are always at a premium; the more limited the budget, the more limited the recreational facilities. The location here is a matter of necessity. Typically, in bourgeois-run institutions for largely working- or under-class inmates (e.g., prisons, factories, public schools, asylums, drug treatments), work areas and recreation or "play" areas are carefully segregated, since they are seen as antithetical. However, in their own institutions (e.g., law firm offices, corporate offices, upscale apartment buildings and hotels, "country-club" detention facilities for "white collar" criminals), a well-equipped "health club" is a requirement justified as a means of preserving the productive capacities of the "members." As with everything else, the meanings of work and play vary by social position. For lower class deviants, menial labor is the main form of re-formation of self, play is at best an after thought. For upper-middle class citizens (deviant or not) physical re-creation of oneself is deemed necessary to continued productivity and, in this post-industrial *cum* post-modern age, is increasingly treated with forethought when planning the agenda for important personnel. The simple irony being, like all other resources in a capitalist environment, re-creation seems least available to those most in need of it and most available to those who can most afford it, whether they need it or not.

[7]In the original architectural scheme, this was most likely a dining room, due to its proximity to the kitchen.

[8]In keeping with this self-designation, and to readily distinguish it from its counterpart, I refer to Redemption House as a "training" program throughout this work. I refer to Recovery House as a "treatment" program.

[9]This elite use of normally forbidden substances is not generally known among the evangelical masses. While I do not know a wide range of participants, I am told the practice is common among elites. I heard no tales of "abuse" from my informants, nor have I witnessed any.

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[10]Prior to Harry's directorship, the program was moribund. It had begun in the mid 1960s under the ministry of a young Puerto Rican minister. The program had floundered with financial and program-related difficulties by the mid 1970s, when Harry was invited to take control.

[11]Harry is referring here to the experiences of "Spirit baptism and speaking in tongues," which are emphasized at other faith community rehabilitation programs, like Teen Challenge, which I discuss shortly. On this matter, Harry says further, "I speak in tongues. I believe in the Gifts of the Holy Spirit. But . . . we don't have that emphasis here. . . . Those things are important . . . helpful tools . . . but [are] only an aspect of Christian life, not a necessity.

[12]I have not fictionalized Teen Challenge, because it is internationally known and would be difficult to disguise. Moreover, its leadership did not request anonymity.

[13]During the period of my research, Redemption House sent its men to Teen Challenge after their initial three to four months of training, because it did not have the resources to complete their training in the Bronx. Recently, after my research was completed, Redemption House extended its program to an entire twelve months and no longer regularly sends residents to Teen Challenge.

[14]In this sense, Teen Challenge provides a more structurally precise religious parallel with the secular therapeutic community movement than does Redemption House. (Both "modalities," in fact, also arose at much the same time and in similar fashion - the vision of a 1960s charismatic leader.) However, contingencies of time, location, access, and finances determined that the parallels in this study should depend more on geographic location - the same Bronx neighborhood - than on size or leadership of the programs. It would, however, be a very simple thing for a research organization with sufficient funds to do a thorough-going outcome study that compared Teen Challenge and Recovery House, the two structurally parallel but ideologically disparate, rehabilitaion centers for drug users.

[15]Teen Challenge operates scores of three-month induction centers, similar to Redemption House, around the country. Most of these are in large cities with drug using populations. Its main U.S. training centers are in Pennsylvania, Missouri, and California. It also operates programs in Puerto Rico, Canada, Europe, and Australia. Teen Challenge was begun in the early 1960s by a young Assemblies of God minister in Pennsylvania, David Wilkerson, who believed he was led by God to minister to Latino gang members in Brooklyn. See Wilkerson, 1964.

[16]I spent a week at Teen Challenge. The focus of my faith community research was Redemption House. However, since Teen Challenge was part of the process, it was necessary to experience it as well. Two of the Redemption House staff members were recent Teen Challenge graduates. I had ongoing conversations with these two men during the time I spent at Redemption House.

[17]I have masked the identity of this program and its participants and staff primarily for purposes of symmetry. Since Redemption House is pseudonomized, it made the process of comparison and writing about comparisons easier and, I hope, more coherent than would be the case otherwise, with one program masked and the other not. No one at Recovery House requested anonymity; they have been "researched" numerous times. In fact, some residents who participated in interviews with me were disappointed when they learned their real names would not be used. Also, at a few points, which I identify, some details I present about therapeutic community treatment were drawn from programs that I investigated other than Recovery House proper. Therefore, in a "minimalist" sense, Recovery House is a composite, although the overwhelming amount of detail is drawn from this single program. As with Redemption House, I suspect that people who already know it will be able to recognize Recovery House from this description.

[18]Redemption House is a more informal social environment than Recovery House. One comparable contrast that might be familiar to many readers is that between a fraternity house and a dormitory on a medium-sized and economically down-scale university campus. Redemption House is physically structured more like a "frat" house, while Recovery House (and Teen Challenge) is similar to a dormitory with a few classrooms and administrative offices included.

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While it might be objected that this difference in size would be significant in terms of treatment functions and the culture of the facilities, it does not seem to be the case, from the perspective of the residents. Because my research began with a somewhat different set of problems in mind, I interviewed several of the men of Redemption House after they had transferred to the Teen Challenge Training Center for the final, eight-month, phase of their training. The substance of these interviews demonstrates that primary, informal social relationships are encouraged and readily formed within the context of institutional training (most often around counseling groups, dorm arrangements, and other small group activities such as prayer groups and outside service groups).

There is strong indication from literature of conversion and commitment (see McGuire, 1992) that personal attachments to and identifications with fellow residents or counselors are instrumental in resident outcomes. It is also the case that a number of therapeutic community treatments operate on a scale more in line with Redemption House than with Recovery House numbers and size. In the course of my research I spent several days observing the operations of a therapeutic community that housed only fifty residents. Although I did no extensive resident interviews there, I found no reason to suspect that numbers *alone* would alter in any significant way the nature and function of the therapeutic community or the discipleship training program as I have endeavored to understand them.

[19]The donors to Recovery House include:

NYC Department of Health, NYC Department of Homeless Services, NYC Department of Housing Preservation & Development, NYC Human Resources Administration, NYC Safe Streets/Safe Cities Program, NYC Office of Criminal Justice Coordinator, NYS Division of Parole, NYS Office of Alcohol and Substance Abuse Services, NYS Office of Children & Family Services, NYS Office of Temporary & Disability Assistance, NYS Office of Mental Health Services, NYS Division of Housing & Community Renewal, Ryan White Comprehensive AIDS Resource, US Dept. Of Housing & Urban Development, US Dept of Health & Human Services, Public Health Service Centers for Disease Control & Prevention, Center for Substance Abuse Treatment, Administration for Children & Families, Abandoned Infants Assistance Program and private donors.

(This information is taken directly from the Foundation's website.)

[20]Unlike Redemption House, Recovery House is a co-educational program. About 25% of its residents are women. Because Redemption House trained only men, I decided - again for the sake of symmetry - to interview only men at Recovery House for this study. My choice should not be regarded as a slight to women's treatment or the importance of research into the treatment of women with drug use problems. Neither does this decision imply that I think men and women's treatment "issues" are identical. Both the drug using experiences of women and their treatment needs have been shown to be different in several ways from those typical of men. (See, e.g., Rosenbaum et al., 1994; Kearney et al., 1994; Murphy and Rosenbaum, 1999; Paone and Alperen, 1996.) I do not dispute these findings, rather I endorse them. However, given the populations available to me, this seemed the most workable and coherent way to structure this study. This was a methodological compromise, not a theoretical or philosophical preference. At the same time, with a few important exceptions, most treatment protocols - and certainly those of the therapeutic community - are modeled on knowledge (or supposed knowledge) of male use and recovery patterns. This is not only awkward, but unjust and misogynist. Nevertheless, this is the way things stand in most treatment settings. Therefore, I took the liberty of referring to both "treatment" and "training" throughout this document without the qualifiers "male," "male only," or "male model of." To include them would be more precise - and certainly more politically correct. However, it would have been distracting for reader and writer alike. I opted for readability at this point rather than political or sociological precision.

[21]Drug treatments and drug treatment programs, especially those for alcohol use, have come and gone for almost two centuries. The most recent comprehensive historical account of the entire range of addiction treatments in America is William White's "Slaying the Dragon" (1998). Other than the short-lived morphine maintenance clinics around 1920 in Manhattan and elsewhere, and the Federal Hospitals at Fort Worth, TX and Lexington, KY, which practiced detoxification and isolation, there were no recognized treatments for illicit drug use (i.e., opiates, by and large) until the development of the therapeutic community in the late 1950s. This is, perhaps, one of the reasons it was met with such fanfare and hope.

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[22]In its most recent publication on the subject (NIDA, 1999), the National Institute on Drug Abuse modifies this typical categorization only slightly by adding "Narcotic Antagonist Treatment" and various treatments under criminal justice auspices. These latter are little more than the application of the classic modalities to special criminal justice categories of individuals (e.g., parolees) or traditional correctional settings (prison-based treatments). See also Roman, 1992; and Currie, 1993.

[23]Withdrawal is the only objectively recognizable symptom of physical dependence. It is a "syndrome" of physical symptoms of varying intensity, which are similar to severe flu, that occur when a long-time user whose body chemistry has become dependent on opiates is suddenly deprived of the drug for 12 hours or more. Put phenomenologically, methadone maintenance replaces a short-acting opiate (usually heroin, which cannot be obtained legally) with a long-acting one (methadone) that can be obtained by enrolling in a methadone treatment program.

[24]The detriments of illegal opiate use include the risk of HIV due to the lack of readily available sterile, safe injecting equipment (e.g., syringes and water for dissolving the powered drug) because they are illegal without a prescription (in most states, like New York, with high rates of heroin use). Also, because of the high price of the black market substance, unemployed users often commit petty crimes like dealing, shoplifting, or prostitution in order to purchase heroin.

[25]White (1998: 334) concludes that the primary goal of treatment is "altering [the addict's] problematic relationship with . . . drugs." Like other research-literate treatment professionals, White recognizes the problematic history of the abstinence ethic. In the day-to-day practice of treatment, however, the abstinence ethic remains an absolute in all but a very few places.

A new approach to services for drug users has been noted by treatment providers and researchers. This approach is generally called "harm reduction" - to distinguish its method from that of traditional approaches which emphasize "use reduction" (read: "use elimination"). Harm reduction includes services like needle exchanges that provide clean syringes to drug injectors to help protect them and others from HIV transmission, and training in safe drug use, including "controlled drinking" for some alcohol abusers (see Marlatt and Baer, 1997). However, NIDA (1999) makes no reference to treatments or treatment elements consistent with this approach, despite the fact that it is widely used with success in other western democratic countries (see Nadelmann et al.,1997). White (1998: 292) devotes only one of almost 400 pages to a discussion of harm reduction. One of the benefits he highlights is that "needle exchanges . . . emerged as a significant *vehicle for referring addicts to treatment.*" [Emphasis added.]

[26]There is another segment that believes that opiate addiction is a lifetime disorder and maintenance for life on an opiate-based substance is a necessity. However, even this segment can argue that this is tantamount to abstinence since it does not entail intoxication or use of illegal substances, but only a legally prescribed "medicine," like insulin for diabetics.

[27]Treatments do not typically disparage the use of caffeine or tobacco, although attitudes about the latter are changing. And, of course, treatments for tobacco "addiction" are among the newer approaches in the field. Alcohol use, especially among successfully recovered users of other substances, remains a matter of some debate in the field. Skoll (1992: 119) notes that the coffee pot often becomes a center of attention among therapeutic community residents. I noticed a similar fascination with the coffee urn at Redemption House.

[28]The American wing of the movement is often referred to as the "concept" or "programmatic" therapeutic community. It is distinct in many ways from the British wing, which is more democratic in structure than the rigidly hierarchical drug programs in the States. The British programs, whose founder was Maxwell Jones, treat a broader range of mental disorders, not specializing in drug or other addictions. See Manning, 1989; Kennard, 1983.

[29]"Cross talk" appears to mean harsh or confrontational tactics. The structure of "encounter therapy" allows, indeed promotes, that sort of *cross* talk. However, it does not allow cross-talk. That is, everyone must take his turn and "hold his or her belly" while being talked to crossly, until it is his or her turn to reply. Confrontation does include exchange between talkers, but it is rigidly structured, unlike "street"

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exchanges where often more than one person speaks at once, especially in heated, emotional, angry confrontations.

[30]Manning (1989: 37) notes the degree to which the Phoenix House style of treatment, the acknowledged leader in the field, contrasts with "the earlier, more combative, self-help style of Synanon."

[31]Carroll (1992:177): "Residents of a *modern* TC are only transients; they are not permanent members of the community. [They are there] to learn how to live... and cope in the larger outside community."

[32]Through the sixties and seventies, even the softer versions of the therapeutic community epitomized this view in the punishments it handed out for rule violations. Sanctions would often include the accused wearing a sign that read, for example, "Don't talk to me, I'm a baby." Literal haircuts - head shavings - were used in some cases. Today, the worst of the "excesses" are gone. Sanctions at Recovery House are usually "work contracts." The resident "on contract" is given extra household duties, e.g., "going to the pots," which means scrubbing cooking pots three times a day for several weeks. He or she might also endure a metaphorical haircut, a verbal dressing down in public to which he is not allowed to reply in word or demeanor. See Chapter 5.

[33]DeLeon recognizes that the treatment began as a grass-roots movement, and he does not neglect this "empirical" development, as he refers to it. Nevertheless, he legitimates its procedures on behaviorist grounds as well as what he and others claim as its practical effects. While front-line treatment personnel are usually not conversant with the science, they are aware that such a rationale exists and accept its legitimacy. More than one counselor I talked with suggested I view the orientation tape prepared by DeLeon that outlines the treatment procedures and rationales. See Chapter 1.

[34]Unlike Harry at Redemption House, Gilbert was not enthusiastic about my study. He did not impede my access to the residents in any way, but he avoided being interviewed himself, as did some of his staff. Gilbert was not unpleasant, but simply unavailable. I rarely saw him involved in the treatment process. When he did come out of his office and interact with residents, it was usually in moments of some crisis, e.g., before a site visit by an accrediting body that would spend time interviewing residents the next day. I did occasionally see him in pleasant exchanges with residents who seemed slightly in awe of him. But I did not interact with him enough to characterize him beyond the fact that he was a towering figure in the facility, literally and figuratively. Unfortunately, I did not hear his views about treatment, except for a few public pronouncements, like the one that follows.

[35]This statement is reconstructed from field notes taken during a spontaneous speech to residents.

[36]Recovery House divides the primary treatment stage into two levels. Each level varies in personal responsibilities and restrictions, but the other treatment processes are unchanged.

[37]No groups at Recovery House are leaderless. All are led by staff personnel or consultants.

[38]I do not mean to suggest that drug users come only in these two stereotypes. I pose these at this point for the sake of contrast. In fact, it is more plausible that the "responsible" world may need the stereotypes of "irresponsibility" projected onto "junkies," "fags," and "hookers" to help maintain its own image of righteousness. See Cerulo, 1997.

[39]Family man or mother: I use this inherently sexist construction because it reflects the stereotypical emphases used in the treatment and training settings. Male users are condemned because they abandon their *paternal* responsibilities to *both* wife and kids. Female users are most often condemned, especially in the era of crack, for violating their, so-called, *maternal* instincts. This "family values" outlook is decidedly more pronounced at Redemption House, but is also evident among Recovery House staff and residents.

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Chapter 1

Parallels in Redemption and Recovery: A *Prima Facie* Case

> [The men] need to learn the curriculum that helps them with their *attitudes and their struggles*. [It] teaches them what they should expect out of *Christian living*. These men need to know that they don't have to live the way they've been living for the last ten, twenty, thirty years. They need to learn *the order* here so they can get an order into their previously *disordered* lives.
>
> Martin Davis, Redemption House Manager

> [T]he primary purpose of encounter groups is . . . [that] individual members are helped to see something about their *behavior and attitudes* that should be changed. . . . *Right living* is the ideology that underlies the therapeutic community approach. . . . [We] teach very specific values and ways to conduct life. . . . Individuals are seen as needing to live a certain way. . . . When individuals have lived *disordered*, chaotic lives, the TC presents a profound contrast of *orderly, structured* living.
>
> George DeLeon, Director
> Center for Therapeutic Community Research

My central thesis is that the experiences of the men at Redemption House and Recovery House are more or less the same, despite important differences in the programs' conceptual schemes. If I am correct, what the programs do must also be more or less the same or else what they do is irrelevant to the changes the men experience in themselves.[1] Therefore, in this initial chapter, before taking up the experience of the residents directly, I look at the program elements that might establish a *prima facie* case for my thesis of Redemption House and Recovery House as parallel programs.[2] These elements include: organizational structure, especially the daily schedule; treatment and training processes; the modes of discourse; resident populations and staffing sources; central assumptions about "addiction" and "treatment" (i.e., human nature and

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pathology). In each element I look for ways that the religious and secular programs mirror one another. In the course of this analysis, I try to be alert to program elements that would clearly and obviously falsify my thesis of similarity, and I discuss these where they arise. Nevertheless, as will become evident, I find far more respects in which the two programs are similar than most treatment or training professionals recognize or admit.

It is quite clear from my conversations with staff members at both drug and discipleship programs that neither has favorable images or opinions of the other. The personnel at both programs also consider their respective approaches to be unique and to transcend particular problems of drug (mis)use to address the essential being of each resident.[3]

Tommie French is the Director of Operations at Recovery House. He is a therapeutic community graduate and has held numerous treatment positions from counselor to director. He has been "around TCs since day one" and is quite outspoken about his views. Of Recovery House staff who regularly spend their days in the treatment center, Tommie is the highest ranking member to sit for an interview. Actually, he walked into an interview with another counselor and then took over the conversation. His perspective on faith-based treatments may or may not be representative of the Recovery House staff, but it is indicative and was not contradicted by anyone else. Once he learned that I was studying faith community treatments as well as therapeutic communities, he became quite skeptical. In a note to myself while transcribing our conversation just hours after its completion, I wrote "Tommie is quite dismissive here, clearly showing little respect for any such notion as faith treatment."

> I used to hear about guys on their knees praying for 10 hours. Like they're gonna try to *pray* their way outta this thing [addiction] instead of *doing* their way out of it. [I]n the early days, in my time, before there were any programs, there were some religious-oriented places you could go. Guys wind up with Bibles under their arm [laughs] standing on the corner, like, uh, that kinda number. They would be good for six months, a year, then throw the Bible away and go back to drugs or something. [snicker] So it wasn't something that I ever looked at as a way out. I thought they were fanatics of one kind or another [chuckle]. I knew this guy

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Eddie, I was in detox with. Then, years later, I heard he was running a religious program for addicts in the Bronx. The only thing that bothered me was that years later, when I met him, he had one of those fish-tailed Cadillacs, a red one. That turned me off. There's something wrong here. [guffaw] We're gonna talk about humility and all these things, what the hell is that thing doin' out there, y'know't I mean? Then he fell. So I don't know. I hate to say it, but I never had that kinda faith in all these programs.

Q: The two of them don't have much faith in each another. People from TCs don't have much faith in the religious programs and vice versa.

T: The one that I was talking about was one of these small Pentecostal things. I remember [Teen Challenge] in the earliest days. . . . I'm sure they've changed and modified their programs since I was familiar with them. Just like [we dropped] the [TC's] abuse of shaving heads and everything we did, our extremes.

It's such a fascinating thing. There's nothing like a good TC to make major change in behavior. In three months you're a different person.

Tommie's counterpart at Redemption House is Martin Davis. Martin spent time in a therapeutic community as an adolescent, but like most clients, he returned to drug use after completing treatment. He eventually joined Alcoholics Anonymous (AA) where he met some evangelical Christians and eventually "found Christ." He served as a counselor at a discipleship training center in Brooklyn before coming to Redemption House as House Manager and (de facto) Assistant Director. His opinion of secular treatment, though both more informed and better formulated, is no more favorable than Tommie's regarding faith communities.

As far as recovery, I take all of that stuff from twelve-step, even though God used it in my particular life, I take all that and throw it away. Any of that I use is [only] to make a mental note. If anybody talks to me and sounds like that stuff, I understand where he's coming from. He's been thinking like NA or AA or TC. [I use it] to steer him in an altogether different way. Because [AA's] not the way. Y' know, all those ways, I don't care how spiritual they are, all they use is man-made psychology . . . man-centered doctrine rather than Christ-centered, Biblical exegesis. So I use that [12 step experience] to know what *not* to do. I really don't believe in that stuff. I think there's too much of it in the body of Christ [i.e., the evangelical community]. I think far too many people say "No, no, its okay, its okay." It's not okay! Y'know, you need to repent and go on from there. I know that's a hard line, but for anyone who really desires the Lord and comes from a background [of drugs] you gotta have a hard line. The Bible says that those who are forgiven much, love much. And love is demonstrated by obeying the Word, obeying God. So I would say [my experience in secular treatments] doesn't really help me except to steer 'em in another spirit.

Pastor Don takes an even harder line than Martin on this issue: "None of this psychology

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stuff. [These men] must be driven to their knees in a sense of awe and majesty. This is more important than shouting, or clapping, or [singing] hallelujahs."[4]

Harry Evans, Director of Redemption House, also critiques secular treatments. During my visits to his Bible classes, Harry often compared the discipleship training he offered to what, in his estimation, the therapeutic community offers.[5]

> The TC teaches you not to hate yourself, but to love yourself. It teaches that aspiring to the American Dream is an acceptable form of self-love. [I teach that] being drug-free is not enough. We don't claim to be a drug program. I believe the problem with drugs is simply another manifestation of the problem of sin, a rebellion against God. So the idea [of this program] is to address the core problem, the sin[ful] nature of man. Then, once that is embraced -- that is, the solution in Christ, being born again and having a change of heart -- then there can be training and development.
>
> The goal [of a discipleship program] is not to change behavior. The goal is to see the heart change, the motivation change, the mind change. The result of that will be a change in behavior.

Just as Harry's assessment of therapeutic community treatment and his claims for his own program are somewhat more temperate than Martin's and Pastor Don's forcefully partisan comments, George DeLeon's statements as Director of the Center for Therapeutic Community Research are more restrained than Tommie's, but none the less revealing. DeLeon attempts to distinguish therapeutic community treatment from other types of treatment and to defend it, especially from accusations of cultishness that have been directed at Synanon, the original therapeutic community. He uses the same basic defense against any claim that therapeutic communities and faith communities have more than incidentals in common.

> [R]ight living is the ideology that underlies the therapeutic community approach. This is what distinguishes the TC from other approaches. [We] teach very specific values and ways to conduct life. This is not the same as mind control. Individuals are seen as needing to live a certain way in order to live successfully and healthfully.[6]

Each of these spokesmen has a somewhat self-interested view of other programs. To some extent, the interests of each program are served by denigrating the other and making a case that

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their own program has the better (unique, special) way to deal with the problems that their clients face in life. What is most interesting in light of these comments, however, is how similar are the views each has about the nature of the problem and how to solve it. To begin with, and perhaps most fundamentally, both Harry Evans and George DeLeon -- and the programs they represent -- view the difficulties of their residents as personal and not social problems. In both the redemptive and recovery contexts, the individual is the focus of interest and treatment or training; the individual is the heart of the problem and what needs transformation. It is the individual resident who needs to find redemption or recovery.

If Max Weber and W. I. Thomas are correct, what men believe about the nature of reality is an important "director" of their actions with respect to that *believed* reality, or what Weber calls a "cognitive ground" as opposed to a "real ground."[7] What the founders, current program directors, and counselors of these drug treatment and discipleship training programs believe about the nature of drug use and rehabilitation can be seen to be important influences upon the nature of the programs they operate and, thereby, on the men who inhabit them for any length of time.

Despite their mutual denigration of one another, it is not difficult to locate numerous fundamental similarities of perspective, organization, and operation between the two programs. Based on similar foundational ideas, which are historically grounded in American religio-cultural realities of the last 180 years, these groups have constructed programs of rehabilitation that are also surprisingly similar once they are viewed comparatively. For example, the two programs share a central goal as expressed by both Harry and Tommie:

> Harry: I want them to do the right thing [even] when no one is watching. . . .There are four things that need to happen if you want to continue on in Christ[ian living]: one, a desire to please the Lord; two, be in a church where you are *accountable*, where people know you.[8]
>
> Tommie: At the TC, everything has clarity as an exercise rather than some faith. It's not [just] act as if. . . [it] has much more to do with a person being *accountable* to the rest of the TC community.

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This is not an isolated or merely "apparent" parallel. Numerous program formats, procedures, and operational ideas -- in addition to that of "accountability" -- are shared by both the treatment and training program. The rest of this chapter will explore these program parallels.[9]

Pedagogy in Treatment and Training

At Redemption House, one of the central "mechanisms of induction" (or socialization) is the morning Bible class taught by director Harry Evans. Harry uses a curriculum adapted from the student manual series, *Group Studies for New Christians*, published by Teen Challenge. This curriculum includes similar "easy step" prescriptions for all sorts of spiritual necessities and difficulties, e.g.: "Four Keys to . . . Spiritual Power;" "[Four] Basic Steps to . . . a Personal Relationship with Jesus;" "Five Steps to Becoming a Successful Christian." In this class as well as in personal counseling sessions, Harry has direct influence over the ideological development of the men of Redemption House. Among the basic themes that are folded into each lesson is the central message that Harry has for the men who come to Redemption House. One such theme identifies the problem of addiction as not one of drug use but of a corrupt "nature." A second theme insists that the addict/sinner must "accept" and "confess" his sinfulness before the process of discipleship training can be effective. Third, Harry identifies the lifestyle prerequisites necessary to avoid slipping back into sinfulness (relapsing or backsliding), including drug use.

> Our purpose is not simply to be drug free. Just being drug-free is not what's pleasing to God. Drugs are not the problem. We have to stop focusing on the drug problem, and focus on the solution to the sin *and* the drug problem, [namely,] Jesus Christ. The major problem is we're on the way to Hell.
>
> Repentance must come before [spiritual] growth. We must **accept** that the root problem is sin, that is a bad nature, a fallen nature. Growth must start with a new nature [that comes when we] **confess** sin and **depend** totally on the Spirit of God.
>
> There are only three ways to prevent failure. First, you must be **honest** and admit temptation. Second, you must be **open**, willing to talk about your life, what's going on. Third, you must be **accountable** to the family of Christ, a small [local] **church**. It can't be you and God alone.

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The residents are tested each Friday on the substance of the week's lesson. The tests are graded and the results kept on record. Residents are also required to learn and recite, verbatim, several (average of four) Bible verses each week. Their performance on these evaluations is considered a partial indicator of their seriousness and, therefore, "spiritual growth" or development in discipleship. Each man's success or failure on the written test and verse recitations helps determine the type and degree of weekend pass each will receive that weekend. Other factors influence the staff decisions about passes, but this cognitive operation is central.

Harry's Bible class and the one that follows it, taught by Pastor Don, are two of the three core program events scheduled every weekday morning at Redemption House. (The other regular event is chapel, which I discuss later in this chapter.) Interestingly, the main pedagogical groups at Recovery House occur during a corresponding time period. The first regular seminar of the day is at 10 A.M., following Morning Focus (also discussed in connection with chapel). Another occurs right after lunch, at 1 P.M. The schedule is not exactly the same as at Redemption, but close enough to suggest a closer look at the content. The parallels between Redemption House and Recovery House pedagogy occur in substance as well as format. I will deal with this in some detail in later chapters. Here I simply suggest the substantive parallels by citing some of the basic elements of the therapeutic community outlook that echo the faith community pedagogy.

The goals of treatment at Recovery House mirror those at Redemption House in many of their details, even though the stated overall goal is individual psychological health rather than personal, eternal salvation. George DeLeon, the Director of the Center for Therapeutic Community Research, is one of the pioneers of treatment research and development. The purposes of therapeutic community treatment can be found in his words as reproduced from a taped interview and personal communication as well as in his extensive writings on the subject.[10] The

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ultimate goal of the therapeutic community form of treatment is not merely abstention from drug use. As with Harry Evans's outlook, drug use is considered merely a symptom, a manifestation, of what DeLeon refers to as "a problem of the whole person." This problem includes: "disordered lives, poor attitudes, poor impulse control, mood management problems," or, put in other words, "addicts don't have values, don't have work habits, don't have manners, in effect, they look relatively unsocialized." This problem used to be called an "addictive personality."[11]

Because research has been unable to demonstrate the existence of any personality complex that correlates with any diagnosis of addiction, careful researchers like DeLeon avoid that terminology. But its aura remains in the notion of "a disordered life." For many therapeutic community advocates, this is currently the preferred shorthand phrase for this "problem of the whole person." More important, however, is their belief that some essential quality of addictiveness lies "within" the individual; a belief that is still prevalent in the daily discourse of treatment. The residents and (ex-addict) counselors at Recovery House readily accuse themselves and each other of demonstrating their "junkie personality" or "dope fiend mentality" or, alternatively, their "disease" when they observe behavior in themselves or others that is deemed inappropriate. The sense that problems with the misuse of drugs stem from some sort of corrupted essence (disease, pathology, disorder, sin, fallen nature) that must be altered, corrected, or controlled is clearly shared by both programs, especially at the level of everyday discourse.

There are apparent differences between the programs in this shared notion of personal deficiency. For the discipleship program, the corrupted nature (sin) is universal, all humankind share the deficit of "original sin." They are said to "live in sin" and, as a result, continue to engage in sinful activity. In theory, the therapeutic community perspective differs. The corrupted nature (addiction or disorder) is not universal, but individual or particular. Only some people, a minority, have this disordered constitution. The therapeutic community follows its immediate antecedent,

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Alcoholics Anonymous (AA), in this respect. AA popularized the notion of particular susceptibility, a notion that in many ways is parallel to the traditional Calvinist notion of particular election -- only some people can be saved from sin.[12] Despite the theory, once a person enters the door of the treatment facility as a client, he or she has no chance to maintain successfully a case that he or she does not have this corrupted nature. Within the encapsulated confines of the program, corruption *is* universal. Short of leaving, the only resort is to accept this definition of one's self and to identify with (confess to) the label: addict, junkie, disordered person. Also, in the daily discourse of Recovery House, where the concern is primarily with addictions to illicit substances rather than alcohol, addictiveness is treated as if it were a universal human failing rather than a susceptibility of particular ("elected") individuals. That is, the notion that some people use these substances without developing addiction-like problems is not considered relevant and is disallowed as a topic of discussion in any forum. On a phenomenological level, the parallel between original sin and addiction is operative.[13]

It also appears that the two programs differ in technical matters regarding the nature of the recovery or redemptive process. The therapeutic community claims that "addiction" can never be cured: "once an addict, always an addict." Relapse is always only one drink or snort away. One's addiction can only be controlled, never overcome; it is a lifelong condition. The faith community, on the contrary, seems to believe that one's sinful nature can be overcome. Sin can be forgiven, and the disciple can be given a "new nature" and a "new spirit." One becomes a Christian, or in more archaic language, a saint, rather than a sinner. However, the danger of relapse or backsliding never altogether disappears for either perspective. This is why Harry's lessons repeatedly emphasize ways to avoid relapse. Sinfulness, as a pattern of life, can be avoided, like alcoholism or addiction. But even the "new nature" that comes through redemption cannot guarantee absolute sinlessness, and regression is always a possibility to guard against. Despite their "theoretical"

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differences, Redemption House and Recovery House share practical and discursive perspectives on the "problem" and its solution, a basic set of structural assumptions that shape and propel their operations along parallel axes of treatment and training.

Above all what these programs share at the level of philosophic assumption is a commitment to essentialism and individualism. As a result, they must view problems related to drug use as inherent in the individual user and, therefore, resolvable only via individual transformation. A notion like C. Wright Mills's (1959) sociological imagination, which casts "personal troubles" in social and historical context, is anathema at both programs. Not surprisingly, given these ideological foundations, the solution to the problem of the whole person outlined at the therapeutic community sounds quite similar to the advice Harry gives at Redemption House, which was cited above. The answer to the problem of a disordered life, as DeLeon claims, is "right living," a phrase and description that closely echo Harry and Martin's prescriptions for Christian living.[14]

> [We] stress . . . that there is a way to live . . . in a more orderly fashion. The elements of right living include: being absolutely *honest* in word and deed; . . . absolute responsibility and personal *accountability*. [Emphasis added.]

Saul, a counselor at Recovery House, puts an interesting slant on this notion of what treatment provides the addict.

> [M]ost people who do drugs have gotten away from the spiritual concept of *living right*, doing right, doing the right thing, respecting themselves and their neighbors. They have gotten away from the spiritual concept of *good orderly direction*.

Despite DeLeon's claim that this outlook distinguishes the therapeutic community from other programs, including Redemption House, I suggest, rather, that these two statements could adequately describe what they preach at the discipleship training program just up the street from Recovery House.

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The "curriculum" that Recovery House residents find in the two seminars scheduled daily around the lunch hour is also described by DeLeon: "the seminar[s] have a variety of topics: *right living*, recovery, educational areas. . ." The morning or "Orientation" seminar is usually led by a staff member and generally focuses on a theme like "submission," "gratitude," or "higher power." Maria, a staff counselor, regularly offers a seminar on the issue of relapse. During the three months I spent at Recovery House, I was present for two of her seminars on this topic.[15] Maria had many things to say on the subject, including the necessity of first "surrendering" to the message of treatment that "I am an addict." This is, of course, a central tenet of all abstinence treatments and is tantamount to "accepting" that "I am a sinner," which all discipleship candidates must do. "And," Maria continued, "I learned to love myself . . . first, before mother, daughter, . . . but not [before] my Higher Power." So, Harry's description is correct, but the distinction is not quite as clear-cut as he presents it.[16] The crux of Maria's instruction on avoiding relapse, however, is a litany of necessities that virtually reproduces Harry's advice on the same topic. There are *four things* (steps?) that Maria claims are needed after treatment:

> My Higher Power, my rooms [regular attendance at AA or NA **meetings**], my social **network** [of fellow former addicts], the tools I learned in treatment, [i.e.,] to take **inventory** [of cravings and motives], listen to others and **share** with others, be **open** and **honest**.

The Recovery House prescription for successful recovery and maintenance of sobriety mirrored what I had already heard at Redemption House: acceptance of a corrupted nature (sinner or addict); "surrender" or "submission" to the process of treatment or training; regular attendance at (local church or twelve-step) meetings; personal inventory of temptations; absolute honesty and openness. Not only did the scheduling of the pedagogical seminars correspond, more or less, to the scheduling of the Bible classes, but the content was also essentially the same, albeit framed in a somewhat different, relatively secularized vocabulary. Even the formulation of advice was similar, viz. "four (easy) steps."[17] In the case of their instruction in "doctrine" and "necessities" for "right

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living" and "pleasing the Lord," both of these programs, secular and religious, are doing the very same things at the same time of day and in a similar aphoristic style, if not with the same vocabulary. Could there be other parallels? Could the daily schedule be a means of exploring for these parallels as well? I decided to look at the rest of my data in this same way.

Residential Order at Redemption House

In addition to the similarities in their use of instructional periods, both programs are strikingly similar in their overall residential organization. Men at both houses are "encapsulated" for twenty-four hours each day, seven days per week in the program structure -- both physical and organizational (Lofland, 1966; Greil and Rudy, 1984). Everything they do must be a program-directed activity. They may not leave the premises or even be outside on the grounds unless it is provided for in the program schedule or special permission is received from staff. Encapsulation is not physically enforced at either house; any resident can leave at any time. Although a number of men are "mandated" to Recovery House by the courts, often for violating parole via a positive ("failed") urine test for illegal substances, they too are formally free to leave; no one will try to restrain them physically. However, when these men leave, they are subject to arrest for violation of the court ruling or their parole agreement and, in many cases, are liable to be sent to prison.[18] This intense residential character means the programs bear many of the "qualities" of total institutions (Goffman, 1961), as will become evident throughout my discussion.

Residential restrictions provide only the broadest structural outlines of the two programs. The substance begins to show itself as the daily schedules set by program administrators and required of all residents are analyzed in more detail. Marvin, the first man at Redemption House to sit for tape recorded interviews, describes most of what might be called the "spiritual" aspect of the training schedule:

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Q: What about the program helps to create change?
A: I would say, especially the morning schedule. We start with chapel [at about 8:30 A.M.] and go to 12 noon. [In chapel] we have some songs that we sing to praise the Lord. Then we usually have a sermon by one of the staff members for about a half hour. Then we have a half hour break and then about ten o'clock, that's when Harry comes in and we have the class on what ever we're gonna be tested on the next week. Then Reverend Don comes in between eleven and twelve. He always takes a part of the Bible he's going through. When I came here he was on Kings I, now it's Kings II. . . . [He] has shown me how I can take any part of that Bible and read it and interpret it and learn something from it and be able to apply it to things that are going on today.

Every night we go to a [church] service. The only night we have any rest is Saturday. I really don't want to go to a service every night. After you finish the day, you really don't want to hear no more. But after you get down to the service, it's always something good and everyone's back into it all over again. So we're actually, uh, where one could actually use the term *brainwashed*, okay? We actually condition the brain from early in the morning 'til at least eight at night listening to the preaching of God's Word. You get very little time to yourself. It doesn't seem like nine weeks I've been here.

Since Marvin was talking only about the spiritual aspect of the schedule, he neglected to mention what might appear to an outsider as the more "mundane" part of the daily schedule at Redemption House. Each day, after lunch and a short period of prayer and meditation in the chapel, all the men not detailed elsewhere report to the cellar for the afternoon to work on the furniture refinishing operation that is the central occupational training component.[19] In the more substantive account of the Redemption House program, offered by Martin, the house manager and head counselor, the program rationale for woodworking as well as the entire daily schedule, takes on something more than mere "earthly" significance. His account includes the main elements of the daily schedule: morning chapel, the biblical curriculum, furniture work, and evening church. Martin also introduces a concept that captures the significance of the schedule at Redemption House and displays another uncanny, explicit parallel between the two programs. Martin explains that the schedule *per se*, i.e., "the order" of the House, is of primary importance because it can transform the "disorder" of the residents' previous lives.

Q: What do you consider the most important aspect of the program? What helps men most to become disciples?

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A: I don't see any one thing that does it. I look at the whole picture. You know, there's a need for **chapel services**, if for nothing else so they can learn the words of the songs so they can sing praises to God. [Also,] to hear the Word of God preached by fellows who have gone through programs and come back to work in the house.

They need to learn the [Biblical] **curriculum** that helps them with their *attitudes and their struggles* . . . and teaches them what they should expect out of Christian living. The courses are designed to meet them where they have great needs like: What's the Bible? How to Live a Christian life. How Do I Fight Temptation? What's Obedience to God? These men need to know that they don't have to live the way they've been living for the last ten, twenty, thirty years.

They need to learn *the order* here so they can get an order into their previously *disordered* lives.

They need the **work** that they have in the afternoon so that they're not stuck with themselves. They need an opportunity to work on something and see it change because they've worked on it. The furniture repair that we do here is really great for that. They see an old tattered thing come in and it is worked on, in stages. It gets stripped, and repaired, it gets sanded, and it gets stained and polyed and comes out shinning and goes back to the customer. Its kinda like the guys themselves, they come in runnin' from their Maker and they need to go through the makeover process [of discipleship].

And [they need to go] to different **churches** . . . where they hear the word of God preached every night. It's all the elements together. You can't just teach 'em, you can't just work 'em, you can't just take 'em to church. All these things contribute.

Martin referred to these four aspects of the program as the "four pillars" of discipleship training. I will borrow his metaphor, but alter the substance of the pillars somewhat. By doing so, I hope to illuminate a basic underlying similitude between Recovery House and Redemption House that is indicative of the analogous character of the two residential programs. My own analysis of the structure and process of discipleship training at Redemption House finds that for my purposes the four pillars are better categorized as four types of discipline: study (the biblical curriculum), ritual participation (in church and chapel attendance, but especially in the public practice of prayer), work (or occupational training), and ethical discipline. I use these four pillars of discipline to focus my continuing description of the order at Redemption House and its comparisons with the order of things at Recovery House.

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The Schedule at Recovery House

In teaching the way of right living, structure is just as important at Recovery House as it is at Redemption House. The process of "structuring" -- or "re-structuring" -- the lives of residents also begins with the daily schedule. DeLeon explains the rationale for the daily schedule in terms that echo those cited above by Martin, the Redemption House Manager.

> Every part of the day is filled with productive activities, [e.g.,] work, education, personal activities. When individuals have lived *disordered*, chaotic lives, often related to substance abuse, the TC presents a profound contrast of *orderly, structured* living. The purpose of morning meeting [for example] relates to this *disordered* life. Many residents come in with their lives mixed up day and night. They generally have a negative view of morning that is out of step with mainstream workdays, and on the whole [they] are generally negative about initiating a day.[20] [Emphasis added.]
>
> The morning meeting is designed to begin the day's activity on a positive note. There [is] a *structured* set of things that go on in morning meeting to do that, [e.g.,] *singing* songs, *reciting* the word for the day, the concept for the day. All [these activities are] designed to be positive, not negative. This is not a time to confront or criticize, . . . just [a time] to start the day *right*. Just like the rest of the world, or we hope the rest of the world [is] doing.[21] [Emphasis added.]

Morning Meetings

The morning meeting at Recovery House (called Morning Focus) and the morning meetings at Redemption House (chapel and Bible classes) are remarkably similar. They demonstrate how the daily schedules parallel each other in substance as well as form.

Marvin told us that singing was an important part of morning chapel services at Redemption House. The Bible classes at Redemption always begin with singing as well. The singing is always enthusiastic and upbeat, often with hand movements and other gestures, sometimes with maracas or tambourine accompaniment, hand-clapping, and -- occasionally -- rythmic foot-stomping. This enthusiasm is especially spirited under Harry's direct leadership. Despite having only a modest singing voice, he is obviously quite comfortable leading the group in

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singing and teaching them new gospel songs. (Many of the men are unfamiliar with the music of this genre.) Harry's demeanor at this task is more animated than that of Martin or others who sometimes stand in for him, and bespeaks his personal charisma. The fact that the songs are often children's gospel songs like "(We) March in the Lord's Army," or "Wide, Wide, As the Ocean (Is My Savior's Love)" accounts for the associated gestures. Harry says he selects these songs so the men will be better able to teach their own children about the Lord through regular family singing that includes the message of Christ on a child's level. On a more practical level, he also suggested, as did DeLeon, that singing is a way to keep the men awake and alert for the lesson; to avoid or overcome the mid-morning doldrums. I have seen him, on occasion, interrupt his lesson, get all the men (myself included) standing on their feet and singing a rousing rendition of "Climb, Climb Up Sunshine Mountain" or "Dare to Be A Daniel" -- or both -- to bring them (us) back to attention, after which he finishes the lesson with fewer residents nodding in the back of the room.

Morning Focus at Recovery House also features group singing. I walked in some 10-15 minutes late for the first Morning Focus I attended. To my surprise, I found myself in the middle of a rousing chorus of "Going to See the King!" Later in that same meeting, at the close of his homily, the speaker for the day launched into an *a cappella* version of "Chocolate Girl," which he introduced as his favorite song. After two verses, he passed it to another leader who, according to my field notes, "really got into it, dancing across the podium [at the front of the auditorium, where the meetings are held] and inviting the 'audience' to join in." My notes continue:

> Audience reactions include (many) singing along [in their seats], (some) chuckl[ing] at [the leader,] and (some) in total immersion in both song and dance. After a few more songs, the meeting climaxed with "Stand By Me." This got numerous people up on the stage singing and dancing, much of the [remaining] audience clapping time, with others in various stages between boredom and attention. (Reminds me of first impression of Harry's class at Redemption House -- some singing, some sleeping, some standing and clapping time.)

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The dancing was somewhat unusual I learned, but singing was a regular part of Morning Focus. The regular singing is interesting in light of the official description of Morning Focus in the Recovery House *Orientation Handbook*. It states, in part: "Morning Focus serves to make the Trainee [*sic*] cognizant of his immediate environment and everyday realities."[22] Given the emphasis on the rituals of group singing and collective recitation of the Recovery House philosophy and the Serenity Prayer at closing, another stated intention of Morning Focus seems more to the point: "to develop a sense of family unity within the Trainee [*sic*] population." Morning Focus is a daily ceremony expressly carried out to promote residents' identification with the group (treatment Community or Family) and collective sentiments of familiarity and fellow-feeling. The handbook again: "every effort is to be made by the staff leader to insure that personal confrontation of attitudes do [*sic*] not occur within the Morning Focus." However much confrontation and encounter may be the earmarks of the therapeutic community and its peculiar departure in the field of moral treatments, these techniques do not define the entire scope of the program any more than supernaturalism defines Redemption House.

Although Morning Focus does not include a thirty-minute sermon, like Morning Chapel at Redemption House, a more or less equivalent amount of time is spent in the delivery of homilies and messages of uplift. That this is programmatically intended is indicated in the handbook's formatting of the Morning Focus, which includes the following: "Awareness [*sic*] to be made, words, thoughts, etc. This is to follow the collective recitation of the Philosophy and precede any mundane announcements of agency news, special events, and dispatches." "Awareness" refers to homilies offered by the single staff leader assigned to each meeting and the resident leadership who conduct the meeting. A few examples of presentations by both staff and residents will illustrate the nature and content of these offerings.

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One morning, Ralph, the staff leader, addressed the group: "The concept for today is focus. If you keep your focus on what got you here, you will lose your focus on what will get you out." Ralph followed this statement with a fifteen-minute admonition against telling "war stories" about life on the streets instead of learning to "take care of business by dealing with your addiction." On another occasion, a few days before Thanksgiving, Orlando, an upper level resident, addressed the "Family,"

> especially those of you still in Orientation or on contract [a form of punishment], who can't go out to be with your people this week. If you get lonesome and start to have feelin's on Thursday about "you can't do this, you can't do that," don't just stay with that. You need to *pray* about it, uh, get with peers, share those feelin's with members of your family here.[23]

Not only Orlando's slip, "pray about it," but the entire structure and operation of Morning Focus is indicative of what I see as the broad commonality between Redemption House and Recovery House programs for personal transformation.

Prayer at Redemption House

There are other elements of the order at Redemption House that, though regularly scheduled, are either more-or-less voluntary or are not part of the *daily* routine. The major voluntary scheduled events are the periods of prayer that punctuate the day. At important junctures in the daily round, prayer sessions are held in the chapel. These occur at prescribed intervals: prior to the morning Chapel service, as the schedule of the day is about to begin; right after lunch, when the order of the day turns from the explicitly spiritual or intellectual pursuits to the more mundane and physical; and from 11 PM to midnight, which corresponds with the end of the daily round. Participation in these periods is explicitly voluntary. However, these voluntary prayer meetings are opportunities for the residents not only to gain spiritual growth, but to demonstrate their personal development in a concrete way. Attendance, especially on a regular

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basis, is generally taken as an indication of seriousness. Martin: "The guys that have a hunger for the Lord come down for extra prayer at eleven to midnight."

These interstitial periods of meditation are also important training grounds in their own right. The ability to pray in public is very important among evangelical Christians. Part of becoming a disciple means learning to pray in a self-confident, polished fashion that is conversational and appears spontaneous and unrehearsed, but is nonetheless organized, orderly, and unhesitatingly fluent. This style of ritual communication with the transcendent is clearly normative among evangelicals, despite some regional and denominational variation. Developing this ritual skill is crucial both to one's progress in discipleship and to one's presentation of self as a maturing "child of God." It is a clear sign of status within the evangelical community in general. For this reason as well, prayer meetings are important parts of the order. In Martin's words again: "You can't have a relationship with anybody you don't talk to. So you gotta pray. And you can't get by on "Our Father who art in heaven. If that's your prayer life, you're in trouble."

Prayer is also a part of every meeting at Redemption House: chapel, classes, work, meals. Every meeting, whatever its purpose or content, is begun with a brief prayer that recognizes God's control and seeks His guidance. Meetings are often closed in prayer as well. Even the "emergency" meeting of all residents and staff, which Harry called in the face of a mild residents' rebellion, was opened and closed with prayer. The meeting was in response to a petition seeking removal of Jake as kitchen supervisor and fill-in cook, after residents learned that he was HIV positive. I say even this meeting, because it was in this meeting that the authoritarian structure of the organization was most openly displayed. There was no gloss of seeking consensus or God's will. Harry was clearly proclaiming "the Lord's will" when he went on to "explain" that Redemption House is "*not* a democracy," that he and the staff decide organizational matters and

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that Jake would continue in his position. (Harry also reiterated the known risk factors for HIV transmission and reassured the residents that they had little reason for concern.)[24]

Prayer at Recovery House

Morning is, of course, not all there is to the daily schedules at the two programs. *Each* aspect of the daily round at Recovery House can be seen to reflect a similar aspect at Redemption House, just a few city blocks away. Solidarity rituals begin the day, but other, sometimes more mundane matters take up most of the rest of it. I have suggested that the order at Redemption House consists of the four pillars: ritual (prayer, church and chapel attendance), work, study (of the Bible), and ethical discipline. Work and ethical disciplines are both very clearly aspects of the order at Recovery House too, and I will return to consider them shortly.

But what of prayer and Bible study? Certainly, one might expect, these two activities are not programmatic elements of the secular, empirically-oriented therapeutic community treatment process. However, prayer is (or at least has become) an integral part of the process at Recovery House. I discuss the substantive connections between prayer and encounter or therapy group process in Chapter 7, which looks explicitly at the religious character of Recovery House. Here, it is enough to note the scheduling and other structural parallels between the two ritual forms and suggest some of the substantive comparisons.

One of the indicators of the importance of prayer at Redemption House is the fact that every meeting is opened (and often closed) with prayer. There is a similar practice at Recovery House, but with its own variations. There, every meeting, seminar, and group session is closed with a collective repetition of the well known Serenity Prayer, a common AA practice.[25] This practice alone does not elevate prayer *per se* to the same level of importance it has in the

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discipleship program. Moreover, prayer at Recovery House takes a more formal or "liturgical" approach than at Redemption House.[26]

The nature and importance of prayer at Recovery House is further indicated by several factors in addition to its recitation at the close of meetings. First, the Serenity Prayer is printed on the first page of the *Orientation Handbook* which all Recovery House residents receive upon arrival. Second, it is at the top of a long list of items that each resident is required to memorize before he or she can be promoted to the next treatment level (to Level I, from Orientation Level), which will mean more privileges, including weekend passes. Third, the manner in which the prayer is printed in the handbook is also worthy of note:

SERENITY PRAYER[27]

GOD grant me the serenity to accept the things
I cannot change, the courage to change the
things I can, and the wisdom to know the
difference.....

It is likely no accident that GOD is written in all capital letters and underlined.[28] This seems to indicate that he/she is of more than minor significance in this ostensibly secular setting. Also, the long ellipsis at the end seems to have specific meaning. When leading the prayer, residents and staff members often add personal requests for "remembrance" either just before or after the formulaic recitation -- a practice that seems to bring the ritual closer to the manner of prayer at Redemption House. The most common request, itself rather formulaic, is to "remember all the sick and suffering addicts out there." In light of all this and other indicators mentioned, I suggest that prayer must be seen as an important part of the treatment process for personal transformation at Recovery House. This only reinforces the parallels between the two programs. However, this is not all there is to the ritual parallels involving prayer between the two programs.

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It is enough at this point to establish that prayer is a part of the daily order at Recovery House as well as at Redemption House.

Memorization

The use of the Serenity Prayer and other documents included in the handbook replicates the rituals at Redemption House in yet another way. Memorization of Bible verses is an important part of the discipleship training and is believed to contribute to the students' internalization of evangelical ideology (doctrine), especially regarding the centrality and relevance of the scriptures. Recovery House also requires memorization of ideological (doctrinal) materials. The Serenity Prayer, with its essentially conservative and individualist slant, is only the first of these. A partial list of others includes: "The Recovery House Philosophy" (one page), the "cardinal rules" and "rules and regulations of the house" (one page total), the "definition of a therapeutic community" (one page), the "chain of command" (one half page), and various vocabulary (jargon) lists specific to the therapeutic community method (eight pages). The entire handbook is 22 pages consisting of photocopied typescript on 81/2 X 11 inch sheets. Residents are required to learn virtually the entire contents, although not all of it by rote. They are tested on the material in a manner similar to the weekly tests required of the brethren at Redemption House. Recovery House peers must recite the rote material and take written exams covering the entire content during their first few weeks of encapsulation.

The ultimate sanction used to motivate resident memorization is also replicated at both programs: weekend passes for time away from program grounds. At Redemption House, the passes are determined on a weekly basis (after the first 40 days). Residents must memorize their four or five assigned verses or lose their pass for that week. At Recovery House, also, no passes are allowed to residents at the Orientation Level, generally the first six weeks. Promotion to Level

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I, which includes a minimum amount of home passes and outgoing phone calls, is only possible once all handbook materials have been mastered and other, largely behavioral, requirements met.

In both programs, the essence of the material to be learned is ideological or rhetorical. One brief example of the inspirational and aphoristic style of the material at Recovery House is the following verse from the title page of the handbook, obviously written in an earlier age (or at least in the style of that age):

> We're not here to play, to dream, to drift;
> We have hard work to do; loads to lift;
> Shun not the struggle; tis God's gift;
> Quick ye like men be strong.[29]

Also, the devotion of both programs to this kind of aphoristic sentiment is evidenced in the fact that the entry and waiting areas of both Houses are covered with both amateur and professional plaques and posters exhibiting these ideas. A hand lettered poster near the reception desk at Recovery House reads:

> What you are is God's gift to you.
> What you make of yourself
> Is your gift to God.

Compare this with the common verse found on plaques in unnumbered evangelical homes, including the Redemption House foyer:

> Only one life,
> 'Twill soon be passed.
> Only what's done for Christ will last.

Prayer Day at Redemption House

There is yet another important element related to prayer in the ritual order of the Redemption House program, which does not appear on the daily schedule. This is a fortnightly prayer day that all residents are required to attend. Every other Wednesday at Redemption House

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the entire morning schedule, from chapel through lunch and up through half of the work period (about 2:30 PM), is suspended for a "Day of Prayer and Fasting." Everyone, staff and residents alike, skip lunch and participate. This corresponds well with the practice of marathons, tutorials, and probes at therapeutic communities. These are irregularly scheduled encounter groups that usually entail extended periods of time, from a matter of hours to (less often) more than a single day. It is, indeed, curious that the central forms of ritual at the two programs should be organized in both regular daily sessions and "irregular" extended periods that are considered more serious and "awesome." I take this structural parallel up in more detail below where I consider the general use of group sessions at Recovery House and their correspondences at Redemption House. Also, I will have more to say in a later chapters on the matter of rituals and their use at both programs. At this point, I turn briefly to a consideration of the general order at Teen Challenge Training Center in Rehrersburg, PA, where prayer meetings are organized somewhat differently, a way that raises another interesting parallel with encounter sessions at Recovery House.

The Order at The Farm

After three or four months of induction in the Bronx, the men of Redemption House transfer to the Teen Challenge Training Center in rural Rehrersburg, Pennsylvania to complete their program of discipleship training. The men of the Bronx refer to the Center as The Farm. Since the main residence of the Center sits on a small hill that stands well above anything else in the immediate vicinity of Rehrersburg, it is also know as The Mountain among its residents.

The Farm is, literally, a farm. It includes a herd of some 200 Holstein dairy cows and the crops that provide them with sustenance. It also includes several workshops and factories where the discipline of work is played out much as it is at Redemption House in the Bronx. There is a greater variety of vocational trainings and, generally, more physical space at the Farm, but the

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same philosophy and attitude about the rectitude of labor in the order of the program and in the general plan of creation. Attendence at regular weekday chapel services and Sunday church services continue. In addition, many of the residents perform religious service on the weekends. The latter include teams that "minister" to local churches around Rehrersburg, for example, singing groups, like the choir and various smaller ensembles, drama troupes, evangelistic speakers, Sunday School teachers, and youth workers. This "opportunity for Christian service" comes, for the most part, during the latter three to six months of the training program. Assignments vary with staff assessments of individual talents and "spiritual growth."

Bible study continues and expands to become relatively more specialized, on the order of a Bible Institute curriculum for those academically adequate to the task. Others, some with educational deficiencies, are provided with remediation and a biblically-based curriculum appropriate to their skills. Teen Challenge has both more residents than Redemption House (about 400) and proportionally more resources, both material and financial. The essence of the program and its goals are in all respects extensions of those at Redemption House, albeit with a stronger Pentecostal flavor and more bureaucratic organization, which makes an interesting combination.[30]

At the Farm the schedule splits the day(s) somewhat differently, but the elements are quite the same, as Kenny, a Redemption House resident who made the transition, describes.

> Here, the days vary. When I first got here I **worked** three days a week and went to (Bible) **classes** on two days. Breakfast is at 6:15, **chapel** service at seven. . . . On school days we go to class from nine o'clock to four o'clock. On work days we work from eight to 4:45. They alternate the days every month. Like when I first came here my work days were Monday, Wednesday, and Friday, my classes [were] Tuesday and Thursday. Now they're [reversed]. We have free time after dinner until about seven when we have **prayer** three nights a week and **chapel** services two nights a week, Wednesday and Friday.

The schedule continues to be "ordered" around ritual disciplines (prayer and chapel), work and employment training discipline, biblical studies and other curricular disciplines, and, of course,

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strict ethical discipline. However, prayer remains one, if not the, central spiritual "technique" for both collective and individual development in discipleship. Marvin's experience as a "prayer warrior" at the Farm is indicative.

> On Monday, Tuesday, and Thursday morning, everybody on the Mountain gets together, the whole student body, at 7:30 and we pray until eight o'clock. In the evenings we have what we call a prayer chain, when a group of 25-30 brothers, who are considered the prayer warriors, get together and we pray from 10 to 11, I'm the leader. We have slips that we fill out that we call prayer requests about families and salvation and healing... This is when those requests are prayed for. Then some of the brothers go to the chapel for personal prayer time at 10. We have time here, like at Recovery House, but here you can pray all night 'til 5 or 6 in the morning. I didn't know prayer could mean so much and be so powerful. It definitely works. It's unbelievable. I've seen cases where prayer requests are given and two weeks later reported answered and everything resolved in a positive way. I've seen that over and over.

Parallel Rituals

In the course of describing his role as prayer leader, Marvin elaborated on the ritual used to organize the evening prayer chain groups.

> We start at ten PM. As each member comes in they write five requests on the blackboard. That usually covers the needs of the Mountain. First we pray for the Holy Spirit to come. Then we pray for the student ministries, the staff, leadership, family members of staff and brothers. We stand in a circle and one person is selected to pray for each of the five categories. We sing some praise songs. Then each group takes a stack of individual prayer requests [that have been deposited in the prayer request box over the last week] and go pray silently. At the end of the night we join around the box, lay hands on it and pray for all the requests [collectively] . . . there must be thousands. We can't know all that's written there each night, but God knows.

Readers who are familiar with the operation of therapeutic communities may be struck, as I was, by the immediate parallel with therapeutic community operations indicated by these comments. At Recovery House, like most therapeutic communities, they have a procedure related to encounter groups, known as "dropping a slip." As Louie, a counselor at Recovery House, explains, encounter groups are often shaped by the requests *dropped* by residents into a *box*, much like the *box* at Teen Challenge where prayer request slips are *dropped*.

> People who don't like each other [or have complaints against someone], drop slips on [that person]. [Then,] everyone who drops slips on [say] Dan Hood, they [the leader] put them

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> [the slips] in one pile. Everyone who drops slips on [say] Louie get put in another pile. The group [leader] then decides whether to make one group or two [from all the people who have complaints against these two guys.]

Prayer requests at a discipleship training program and "slips" dropped at a therapeutic community are different in ways that are surely important within the context of each program. Their external similarities, namely "requests" written on slips of paper and dropped into designated boxes, are probably of little significance from those perspectives. Prayer requests are rarely, if ever, written "against" someone the requester has a grudge with or complaint about. Likewise, encounter slips are rarely dropped with the intent to express concern about or solicit assistance (supernatural or otherwise) with a personal problem or family crisis. (These issues are handled by case-load groups at Recovery House, which I discuss in detail in Chapters 5 and 7.) Encounter groups, moreover, are usually presented as dealing with harsh emotions like anger and resentment; prayer meetings most often evoke "softer" emotions, like empathy or compassion. On the surface, at least, one seems hard-edged, the other softhearted. Nevertheless, the meanings of complex processes are often complex as well.[31] Moreover, meanings are never merely inherent in the process, but are constructed, maintained, and re-constructed by the participants and proprietors.

From the perspective of this investigation, which is no more or no less "real" than those of the two programs in question, these processes (the boxes and slips) have a significance as mirror images of each other that can be seen to indicate or symbolize the many parallels existing between the operation of the programs. To remove or detach oneself one level of generality from the immediacy of the events -- after having experienced that immediacy to some degree or other -- in order to see connections among the immediate elements and their cultural or civilizational backdrop, connections that are often "unavailable" to the "natives," is part of the task of the participant observer. The process is not that of finding a meaning that is somehow "more real" behind or "above" that construed by the immediate actors being observed. Nor is it to discover the

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"true" meaning inherent in the immediacy of the "natives'" activity. The task of the participating observer is to be an interpreter, one who can discover the meaning of events in the "natives'" terms and translate it into another context or discourse.[32] Usually, that other discourse is the language of the social sciences, but it need not be only that. In doing comparative ethnography, I am attempting to comprehend the activities and meanings of two "subcultures" or discourses in each others' terms as well as translating those terms into the discourse of a social science. In the process, I find that remaining as much as possible at the level of phenomenology -- theirs and mine -- I am better able to do my self-assigned task.[33]

In light of this task it seems adequate to describe the processes involving slips and boxes at both programs as: the placing of paper slips into communal boxes for the purpose of generating an enactment of an important collective ritual (viz., prayer at Teen Challenge and encounter at Recovery House) that invokes a critical means of contact between individuals and what is believed to be the program's central agent of change (i.e., God on the one hand, and The Community on the other). This description is apt because it remains in touch with the phenomenology of events in a way that does not violate the meanings that these events bear for the participants.[34] At the same time, this description enables me to view a common -- perhaps universal -- goal shared by these two (different) rituals that effectively translates both situations into the discourse of an anthropologically and historically informed sociology -- or, "anthroposociology" (Nelson, 1981: 215).

In this respect, the meaning (and certainly not the "essence") of neither prayer nor encounter are reduced to that of the other, nor both to some third, alternative meaning held by the "culture of ethnographers." The meaning of neither culture is "violated" by this analysis, but each retains its "emic" sense as motive for characteristic social actions.[35] At the same time, the "thick" description generated by social scientific methods of participant observation allow me to

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comprehend the parallels between the two program elements that occur at yet another level of signification. This juxtaposition of prayer meeting and encounter group procedure displays the phenomenal parallel of "slips dropped into boxes" that may signify even more substantial programmatic parallels. Certainly it recommends further analysis in that direction. I take up the substance of this ritual parallel again in Chapter 7.

Work at Redemption House

While prayer is at the center of the spiritual discipline at Redemption House and Teen Challenge, work holds a significance that rivals it in programmatic importance. Despite its seemingly "this-worldly orientation," work has its spiritual or other-worldly dimension as well in the order of the faith community (Weber, 1969: 302ff).[36] As he explained it, Harry learned much of his philosophy of Christian living from Francis Schaeffer, a popular and somewhat controversial evangelical "prophet" of the 1960s and '70s who operated a spiritual retreat in the mountains of Switzerland and lectured throughout North America (Hamilton, 1997: 22). Harry's "Schaefferian" thought is an important influence on the order of Redemption House, including the furniture repair operation.

> This is God's world. Everything has its place because it all comes from the creator. We work because we were created to work, not because we're looking for something . . . to do. It's in our nature to work, its good for us to work and earn our keep.[37]

In Harry's view, having a job and earning one's own keep is an essential element in sustaining one's commitment to the Lord. Work is not only essential to discipleship training, but also to continued discipleship after the training is over.

> I know it's the will of God to get a job, regardless of wage, earning your own income, providing for yourself. That's why we started the Sonshine Cleaning Company, to provide employment for guys [who come back to New York after graduation at the Farm] who couldn't get a job anywhere [else] and need some references and money to be able to travel looking for a job. Some programs have vocational counseling. We don't have the finances for that. So we felt that the idea of a Christian business that could be a witness as well as

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provide a start for our graduates would be good. That's why we started Sonshine Cleaning Service [*sic*].

Harry's staff, most of whom are graduates of Teen Challenge, have developed a similar ascetic attitude to work in the world. Jake, a large, effusive man of 36 who managed the AIDS care facility and the kitchen at Redemption House -- a mixture of duties that concerned some residents -- captures the philosophy of work that suffuses both Redemption House and Teen Challenge.

Q: Tell me about your training at Mid-America Teen Challenge [in Missouri].
A: Well they taught me how to work. I think that's important in the Kingdom of God. They did it by making me work. You pick corn and strawberries. It was mostly all farm work.
Q: Nobody made you work before?
A: Not like that. Baling hay in the summertime. Ohhh man! Talk about hard work.
Q: Why were you so cooperative?
A: I had to be. I knew if I didn't, I was off to Angola [State Penitentiary]. That was a deterrent: ten years of Angola standing in front of me, supposed to be the worst prison in the states. I enjoy work now. Now I understand that God instituted work. We are ordained to work.

After describing at length a conflict with a Teen Challenge staff member during his training, Jake pulled together quite succinctly the connection between labor and discipleship as understood in this Christian subculture. This staff member (I'll call him Sam) was later one of the few people at Teen Challenge to embrace Jake after his HIV status was revealed.[38]

And I understood that no matter how much Sam put me through, he meant the best for me. He was trying to teach me something, hard work, discipline. You can't be a Christian without hard work. You can't be successful and not discipline your life. How can you say: I've disciplined my life, I can read so much scripture, and you can't do simple things like listen to authority. Self discipline is a must.

Work at Recovery House

A large part of time in treatment at Recovery House is spent in working or in some organized skills-training program or college-level course of study that supposedly will prepare residents for the job market after they leave the program or in apprenticeships throughout the

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rather large complex of programs (four sites around NYC) that includes Recovery House. Residents also spend significant amounts of time doing the work of the house, from washing floors and cooking meals to organizing, coordinating, and supervising these activities and the men and women who perform them. Much of the dirty work is done by lower level residents (Orientation and Level I or II). At the advanced levels of treatment (III and Reentry) much of the resident's day is often spent off program grounds at school, job training, or apprenticeship. Just as at Redemption House, all work is legitimated as a central aspect of treatment, not merely a way of keeping the resident occupied.

Many of DeLeon's words about "work structure in a TC" echo in secular terminology those of Harry ("I know it's the will of God to earn your own income and provide for yourself."), Martin ("its good for them to see [something] change because they've worked on it."), and Jake ("they taught me to work . . . [and] listen to authority. Self discipline is a must."). DeLeon:

> Regarding the work ethic: Individuals must earn what they get. That way they come to appreciate their own efforts and the rewards that come from that. The work ethic is a . . . fundamental element of . . . right living. Work structure also has a practical learning and educational element in the TC, [in terms of] skills, . . . and responsibility. It helps them become employable. . . . especially by learning the right attitude, how to deal with authority, with co-workers, how to be punctual, do the best work.

Even in those aspects of the process where DeLeon considers therapeutic communities peerless, his own words mirror those of the Redemption House staff.

> Jake: You can't be a Christian without hard work. You can't be successful and not discipline your life. How can you say: I've disciplined my life, I can read so much scripture, and you can't do simple things like listen to authority.
>
> George: [W]ork behavior is seen as a very critical reflection of psychological health and development. [It] is one of the main behavioral ways individuals can be seen clinically. The way an individual works, his relation to co-workers, how he receives criticism and instruction, [all of this] reflects personal growth, maturity, and stability. TC's are very unique in this respect.

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When Jake says, "I enjoy work now," I have no doubt that DeLeon and the whole Recovery House staff would consider him an excellent role model.

Rules for Redemption[39]

The emphasis at Redemption House is on work and prayer[40] -- and Bible study. As I have already suggested, these are three of the pillars of the discipleship training. There is also discipline in another sense of that word, when a resident breaks the rules. This can be seen as the fourth pillar of discipline or order at Redemption House. The role of this kind of discipline and the nature of the rules at Redemption House were also explained to me by Martin:

> There's the "refuse and rebel" style. God said if you rebel you'll be devoured by the sword. Well, we don't have swords here, but we have extra sanding duty down in the basement for four hours a night. Harry's philosophy is: if a man won't work -- and keeping the schedule is called work -- then neither shall he eat. That means he participates in all aspects of the program; you don't participate, you miss a meal. Now, there's a point where not participating becomes rebellion, and for rebellion there's discipline. So, there's not eating for not participating [e.g., coming late for or missing chapel or Bible class or mealtime] and discipline for rebellion or out-and-out disobedience. "I refuse . . ." that kind of stuff. Sanding is the discipline.

In addition, Martin enumerated the fundamental rules at Redemption House; those actions that result in immediate expulsion.

> (1) If one was to lay hands on another not in a prayerful way; any act of physical violence. . . they gotta go. They're out the door.
>
> (2) If someone provokes another to attack him, they are both out.
>
> (3) Using drugs or alcohol.
>
> (4) From time to time we get guys in here from a homosexual background. The devil could send them in here to entice [others.] But a pass could be made or a contact made or something. Anything like that would mean dismissal.
>
> (5) Loaning money to one another. See, loaning money puts you in a manipulative situation. Money is always a treacherous area.

Discipline, in the sense of ordering or re-structuring the lives of residents, is also part of this fourth pillar. Again Martin explains:

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This is one of the few discipleship induction centers that gives passes [to the outside world]. It gives an abundance of passes. Harry seems to think that it works a lot to tell what's going on in a man's life to see how he comes back from passes. To see how he responds, how he acts. Its also good motivation. [The man] actually feels he's being rewarded. . . . [I]n the extreme case, where regular discipline is not working, then the pass will be taken away. Or, if the pass is violated, then the next pass, or two passes, will be taken.

Harry, himself, discusses the purpose of this policy.

I'm aware that even though all the guys here would claim to be Christian [i.e., born again], I don't believe for a moment they all are, even though I can't say what he's doing wrong. Historically, I know the proof of the pudding is in the eating; the claims have yet to be demonstrated. I teach these guys they can know they are saved. They don't have to wait five years. They can know now by seeing the desire, change, and motivation in their own hearts. That's why I give passes, for example. I know of no other [induction] program that gives passes. I say: how are these guys gonna test themselves to see if they're gonna do the right thing when nobody's looking over their shoulder? How are they gonna know if it's coming from within or not, if they're always being watched? So I give them passes. The primary reason is for them to show themselves, that they want to do what's right. Some of them don't. [He says this with an air of mock irony.] But that gives me an opportunity to say, "What's going on? Are you really a child of God, do you really want to do what God wants? Why was it that the first chance you got, you ran to the pipe, or you ran to the bed with a woman? What's happening? If I keep 'em all locked up in here, make sure they all do the right things, how are they gonna know, how is anybody gonna know whether or not they are sincere.[41]

Rules in Recovery

Perhaps even more than other elements, the "rules and regulations" that govern Recovery House replicate those at Redemption House. Martin spelled out the fundamental rules of Redemption House above. Listed below are the therapeutic community's "cardinal rules" and "rules and regulations of the house" to indicate the parallels that exist in this regard:

CARDINAL RULES[42]

NO PHYSICAL VIOLENCE
NO THREAT OF PHYSICAL VIOLENCE
NO DRUGS, CHEMICALS, OR ALCOHOLIC BEVERAGES
NO DESTROYING RECOVERY HOUSE PROPERTY
NO THROWING ANYTHING OUT OF WINDOWS
NO SEXUAL ACTING OUT
NO STEALING

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RULES AND REGULATIONS OF THE HOUSE

ACCEPTANCE OF AUTHORITY (LISTENING AND RESPECTING)
PUNCTUALITY (BEING ON TIME)
NEAT APPEARANCE AT ALL TIMES (CLEAN AND GROOMED)
NO IMPULSIVE BEHAVIOR (ACTING OFF FEELINGS)
MANNERS
ADHERE TO ALL RULES [!]
NO STEALING [*sic*]
NO LENDING OR BORROWING
NO RECEIVING GIFTS WITHOUT STAFF'S PERMISSION
NO LEAVING FACILITY WITHOUT STAFF'S PERMISSION
NO WALKING OUT OF GROUPS

The parallels could not be clearer. In practice, the only difference in the rules that I noticed, in all the time I spent at the training and treatment programs, was that profanity and cigarette smoking were allowed, within limits, at Recovery House, but not at Redemption House. And this difference may be taken as more-or-less representative of the differences between the programs. Neither permits physical violence, but Redemption House also excludes verbal violence to a much greater extent than does Recovery House. Also, both outlaw the use of drugs, but Redemption House, again, is stricter than Recovery House. The latter permits smoking outside of the buildings, while the former restricts it entirely. The only popular, non-prescription drug they both permit is caffeine.

The two programs share the same code of social ethics, and the same logic of morality. That is, they operate out of the same basic ascetic approach to collective and personal behavior. Redemption House, the explicitly religious program, carries the ascetic logic somewhat further than Recovery House, the scientifically grounded program. Another way to look at this is to say that the latter is somewhat more secularized than the former, but clearly bears the marks of a shared tradition of modern western morality. The two programs derive from nineteenth century revivalism, temperance and moral treatment movements. Recovery House has trimmed some of the older, more explicitly religious elements (rationales) from the temperance legacy and has grafted

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some newer ones in their place. Redemption House, meanwhile, has retained the explicit attachment between this system of morality, which it shares with Recovery House, and its grounding in (Judeo) Christian beliefs.

Groups

The central structural element of the therapeutic community treatment, the process that it claims as its *sine qua non*, is the group process. Much of the time spent in serious attempts to reshape or transform individuals at Recovery House happens in the form of an encounter or therapy group. Because these are more interactive than classroom lectures and discussions or chapel and church sermons, it is often assumed that what is done at a therapeutic community is thoroughly unlike what occurs at a program like Redemption House or Teen Challenge. My research has shown me otherwise. While each pillar of the order at Redemption House has its characteristic format, e.g., prayer meeting does not look like Bible study, nor church like either one (except at particular moments), most of the treatment functions at Recovery House are similarly formatted as group therapeutics. There are, however, numerous types of groups at Recovery House with a variety of aims or purposes. When these are dissected, the apparent radical differences from the Bible classes, prayer meetings and church services at Redemption House can be seen in another light.

Again, the daily schedule provides an initial clue. I have described how prayer is both interspersed throughout the day at Redemption House and also receives the special extended periods (Prayer Day) on a bi-weekly basis. In addition, nightly attendance at local church services is a ritual requirement that is believed to be important to the spiritual development of Redemption House residents. Likewise, mid-morning Bible study has a central place in the training and transforming of disciples. When the Recovery House schedule is dissected by group goal or

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function, a familiar "order" can be detected about the therapy and other group sessions. The most obvious scheduling parallels with Redemption House, in this respect, are the groups occurring every evening after dinner, which appear at first glance to have some correspondence to the evening church services at Redemption House. Louie, a Recovery House counselor, describes these evening groups:

> Then there are the activities for evening. Monday to Thursday its something clinical, either group or seminar. Groups include case load groups (same people each time, all the people with the same staff counselor), encounters, like room encounters (people you live with), departmental [encounters] (people you work with, and [its] all hats are off, you can say anything to anyone), regular encounter (people you drop slips on or vice versa). Everything's always on a schedule. These activities are scheduled for the week and listed on the board in the back of the room, so you always know what's happening each night, Monday through Sunday. Groups and activities usually end at 9:30.

Although Recovery groups are scheduled like church at Redemption House, when I listened to the program rationales offered for their operation, they sounded more like those for the biblical curriculum at Redemption House. According to DeLeon,

> the primary purpose of **encounter groups**, which occur two or three times each week, is raising awareness in the individual of his [inappropriate] *behavior and attitudes*. Many people have a magical view or complex view of groups, [but] what's supposed to go on . . . [is that] individual members are helped to see something about their *behavior and attitudes* that should be changed. . . . They are designed to focus an individual on negative *behavior and attitudes*.[43] [Emphasis added.]

DeLeon, in fact, describes the nature of encounter groups as "educational . . . the goal is to have the individual listen, pay attention to, be made aware of behaving in negative and self-defeating ways." I find the parallel between these comments and Martin's explanation of the biblical curriculum at Redemption House so remarkable that I re-cite his words here here for emphasis:

> [The men] need to learn the **curriculum** that helps them with their *attitudes and their struggles* . . . and teaches them what they should expect out of Christian living. The courses are designed to meet them where they have great needs like: . . . How to Live a Christian life. How Do I Fight Temptation? What's Obedience to God? These men need to know that they don't have to live the way they've been living for the last ten, twenty, thirty years.

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So although the placement of encounter groups in the daily schedule (evenings) gave me a clue about their resemblance to procedure at Redemption House, in the terms of program rationales, they function much like the biblical curriculum (as well as like evening church services). All three programmatic operations (bible classes, church services, and encounter groups) serve the function, *inter alia*, of mortification, of pointing out shortcomings, especially for novices, in terms of each program's particular moral casuistry.[44] The styles of the two programs differ, certainly. One is more direct and personally abrupt, while the other is more general in describing and prescribing its moral schemata, but both strive for the same effect, to convince those in residence that "they don't have to live the way they've been living" (Martin) because it is "negative and self-defeating" (DeLeon).

Another similarity is the scheduling of special types of encounter known as probes, marathons, or tutorials. Much like the special Prayer Days at Redemption House, these forms of encounter are not part of the daily schedule of Recovery House, but are a variation on a daily process. Unlike their counterparts at Redemption House, the special groups at Recovery are not regularly scheduled bi-weekly events. Nevertheless, they occur with a similar regularity -- every four or five weeks -- and are scheduled when the staff perceives the need for them. ("Emergency" Prayer Days have been called at Redemption House, but only on rare occasions, e.g., to pray for a new building.) Both Prayer Days and marathons are treated with much seriousness, and even awe, at their respective programs.

DeLeon describes the therapeutic rationale in a way that resembles that of the prayer meeting described by Marvin, where the men of Redemption House and Teen Challenge share their problems and concerns with each other in the form of "prayer requests about families and salvation and healing:"

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> Probe is closer to what people think of as group therapy. The goal is to get the individual to express his feelings and problems. Many methods [used] are supportive, and encourage the individual to [open up]. The focus is especially on . . . old [psychic] injuries, family problems, death of significant others, abuses experienced, bad things engaged in. . .

As DeLeon describes the marathon, his portrayal sounds remarkably like the revivalist methods (anxious benches, protracted meetings, pulpit theatrics, and confrontational prayer) of Charles Finney, D. L. Moody, and Billy Graham, as described by William McLoughlin (1959), especially with reference to the "panoply of techniques."

> Extended groups or marathons are designed to bring about significant *big experiences* in the individual. These occur when he has been prepared in the TC, been there a little while, and is now committed to stay in treatment. [Each client] will generally undergo two or three marathons [during a twelve month stay]. They are 12-24 hour sessions, they bring together a number of people. There is a variety of activities: theatrical, musical, dialog, a *whole panoply of techniques* and methods [are used] to bring about *very deep experiential changes* . . . so they can begin a process of correction. [Emphasis added.]

There is no programmed session at Redemption House with the avowed purpose of bringing about emotionally charged experiences. In fact, Harry seems ambivalent, at best, about such occurrences. Most of the churches the residents attend "off campus," however, are intent on such ends. And, more importantly, Wednesday and Friday evening chapel services at Teen Challenge are openly intent upon inducing conversion experiences and spirit baptisms among discipleship trainees. Jake described his experience of spirit baptism during his induction in a Teen Challenge facility:

> I was in Teen Challenge for four months [when] I had a genuine conversion experience. . . . We were praying one night . . . I was praying for my father to get a job, pretty strange. And I received the baptism of the Holy Spirit, which is a very unique experience. I'll never forget it as long as I live. I was praying and all of a sudden, it was a physical feeling. I felt like someone had taken my skull and rubbed the top of it with sandpaper. I was, like, burning; my whole head was, like, on fire, but it wasn't painful. It was, the whole sensation was unbelievable. Anything I done in my whole life, all the drugs and anything else I done, I don't think I could ever [reproduce] that feeling. It was amazing. It was followed by the evidence of speaking in tongues. Which I've never really exercised [since]. I didn't do it on my own. I haven't done it since like that. . . . I've tried to do it on my own. It doesn't work, Doesn't flow like that first time. I couldn't shut up all night. I was laying in my bunk and still rattlin' off. I cried so much they had to get a mop to clean it up. Really. I cried for two hours. I couldn't shut up.

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I consider the issue of religious and therapeutic "big experiences" in more detail in Chapters 4 and 5. For now, it is sufficient to note the programmatic similarities that justify further investigation and analysis of the affinities between therapeutic community treatment and evangelical discipleship training.

The drama and emotionalism, for which Tommie criticized his Pentecostal friend and fellow ex-addict, is also part of the process of the therapeutic community. Its production is organized somewhat differently and it is called by different (secularized) names, but emotionalism and dramatic epiphany are nonetheless elements in the therapeutic process. Densen-Gerber (1973) describes "breakthrough" experiences of Odyssey House residents in marathon probe encounters. At the climax, after hours of middle of the night probing, one resident (typically) breaks down sobbing and "making deep tearing sounds" as he accepts the program's definition of him. In Chapter 5 I recount Louie's similar "big experience," with which he marks his real commitment to recovery. Although these moments are from an earlier period in the history of the movement, and they are no longer required of -- nor systematically induced in -- residents, they still occur and are considered genuine, all other things being in order. Much the same can be said for the program at Redemption House (see Chapter 4). In both places, conversions are quieter and more orderly, but emotional breakthroughs are not denied and are embraced when they occur.

(It is also interesting to note, that although no one at Recovery House mentioned missing meals, this is not uncommon during a marathon or probe session.)

Personnel

One final comparison remains, perhaps most significant of all. Among the more startling discoveries made in the course of my research was the fact that the "prior to treatment" life circumstances and experiences recounted by the men I met at Redemption House were repeatedly

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mirrored by the circumstances recounted by the men I met at Recovery House. These uncanny resemblances did more than anything else to convince me that more extensive, controlled research would be unlikely to discover significant standard differences between the population of clients that pass through Redemption House in a given period and that which passes through Recovery House in the same period. I believe they are the same rather than two different and distinct populations.[45] The charts below render a general look at the "comparative demographics" of the two groups of men. A casual reading of the contents will indicate the overwhelming similarities. The one major difference that is noted in previous research regards prior religious viewpoints.[46] I discuss this claim in a later chapter. Here, I offer several parallel sketches of residents at each House. Each set of sketches briefly matches the biography of a man from Redemption House with a corresponding man from Recovery House. My purpose, of course, is to highlight their resemblances.

Take George of Redemption House and Nick of Recovery House. Both men are African American, George is in his mid-fifties and Nick, mid-forties. George reports that his main source of income over the past several decades has been pimping and drug sales; Nick reports a career of drug sales and associated crimes of violence. Neither man has spent any significant jail time. Nick's first serious arrest is what led to his encapsulation at Recovery House. George came to Redemption House at the urging of his brother, who is a staff member at Teen Challenge Training Center in PA, and as a result of seriously declining health that was further compromised by continued cocaine use. Neither came with any serious interest in the program being offered at their respective residence. George said he just wanted to try it "to get my brother off my back, I never really expected it to work." Nick came as a result of a deal with the prosecutor to avoid serious prison time upstate away from his family. Both men report being turned around in the course of treatment and training. At the time of my conversations with them, both George and Nick enjoyed

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positions of respect and authority within the resident organization of their respective house. Both Nick and George report long-term marriages along with children and some semblance of conventional home and family life. It was clear from the conversations that I had with both men (as well as the director of George's program) that their family life held central importance for each of them, despite the potential risks posed by their careers.

Take Gordon and Forest. Both men are in their middle thirties and second generation British West Indians. Gordon holds an associate degree in psychology, and Forest spent three semesters at Hunter College working toward an accountant's degree. Typical of treatment and training populations, both men have been in treatment previously. Gordon completed the program at Phoenix House, and Forest found sobriety at Narcotics Anonymous after several years of heroin use. More importantly, both men were trained and served several years as drug and alcohol counselors. In the course of my discussions with them and other informants, I discovered that Gordon and Forest shared similar "coincidences" that were indicative of the interrelatedness of all treatment populations, as well as the counseling staffs which are largely drawn from program graduates.[47] During his treatment at Phoenix House, Gordon shared a room and became friends with Louie, a counselor at Recovery House whose story is central to later chapters (see Chapters 5 and 7). They also served together for a time as counselors in the Odyssey House system.

Gordon expresses regret about all the people he "misled" as a counselor using psychology instead of the Word of God. Forest, after several years of sobriety and participation in NA, was selected to "run meetings" at closed facilities like prisons and hospitals. As a result, he spent several months prior to his current encapsulation, once each week, running the Narcotics Anonymous meeting at Recovery House. He finds it "somewhat ironic" each time he attends the NA meetings now as a resident. While these two cases are especially dramatic in the variety and

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immediacy of their coincidences, I met several other former treatment and training staff among the residents of both Houses.

Take Marvin and Donald. Both men are African American. Donald is 36, Marvin is 41. Donald, a resident at Recovery House, was raised in a middle class home; his grandfather was a Baptist minister in a prominent church in a medium-sized southern city. Marvin was raised in Brooklyn by his mother who "worked every day to raise five kids." Despite different economic backgrounds, both men became well educated and established substantial careers. Marvin graduated from Baruch College with "a BA in computers" and taught for several years at a prominent business college in Brooklyn. He also did consulting work for several medium-sized businesses in Manhattan and Brooklyn. Donald earned an associate's degree in criminal justice, but established a lucrative career in another field altogether. Prior to his encapsulation at Recovery House, Donald spent several years as a "sales engineer" for various manufacturers of valves for oil, water and gas pipe systems. He trained new salesmen as well as customers in the use and maintenance of this sophisticated equipment. Both men began their atypical drug-using careers late in life, after marriage and after their thirtieth birthdays. Each tended to be a relative loner in his drug-use career. Although they followed different paths to crack, according to their accounts, it was the downfall of each. Each man came to treatment or training voluntarily, although Donald was in danger of having his parole violated. Each man displayed an equally intense seriousness about changing his life through the medium of his respective program. Each man reported an intense sense of alienation from the "other men in this place" -- they used almost the same phrase -- who each felt were less educated and more dangerous than himself. The examples of Donald and Marvin demonstrate that even the extreme exceptions within the two groups of men are mirror images of each other in many ways -- ways that even sophisticated statistical analyses are not likely to notice.

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Take Stanley and Andrew. Both men are African American, in their middle thirties. Both men come from "broken" homes. Both men entered training programs for skilled trades with excitement at the sense of fulfilling lifelong aspirations after spending several years in "nowhere" jobs. Both men were severely disappointed when they encountered forms of race and class exploitation and discrimination that disrupted their pursuit of their occupational dreams. Despite periods of happy family life and successful romances, both men encountered serious disappointments via divorce and separation during their apprenticeships. Although both men had used cocaine previously, each described intensified and debilitating use of crack in the wake of their occupational and familial setbacks. Both men entered their respective programs voluntarily at this point in their careers.

Take Steven and Louie. Both men are among the very few white men I met at either program. Steven was thirty-six at the time of my conversations with him in May of '94. Louie said he would be thirty years old on his next birthday. Both men grew up without fathers and describe themselves as having been "serious juvenile delinquents." (Like Donald and Marvin, above, they used almost identical phrases.) Both men engaged in serious drug (mis)use at very early ages, prior to their middle teens. Both men left home and lived on their own while still in their middle teens. Both Louie and Steven describe themselves and their respective behavior as "crazy," "bizarre," or "devilish." Both men were introduced to treatment or training facilities by other state institutions of social control (criminal justice and child welfare). Both men entered and split from their respective treatment or training modality several times before finally completing it successfully (Louie at Phoenix House, a therapeutic community, and Steven at Teen Challenge Training Center, a faith community). Both men had significant criminal and drug-using careers between periods of treatment and training. Both men also alternated periods of "using and crime" with periods of not using and legitimate occupations prior to completing treatment or training.

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Both men began their continuing and successful drug and alcohol counseling careers at the program that graduated them. Both men have since moved on to staff positions at different programs within the same modality. Both men display an intense sense of mission and a dramatic ability to recall the emotional impact of their treatment experiences, especially climactic moments that they consider ultimately transformative, despite their initial short-term ineffectiveness. Louie and Steven are examples of an experience that appears common among residents of both programs. It is the hardest cases, or so it is claimed in both rhetorics, that often become the most effective and committed treatment or training professionals.

This comparative process could go on for several more cases. I suspect, however, that these half dozen examples are sufficient to make the point. The experience of listening to and then sorting and comparing these stories, not simply as groups of variables or patterns of behavior, but as lives made up of complex webs of experience and meaning lived out in multifaceted contexts, has further convinced me that these two programs have much more in common than is generally assumed even by drug treatment researchers, by the program staff in particular and, to some degree, by participants themselves.

One of the sketches above compares the biographies of a counselor from each program. In addition to the personal demographic similarities, these parallel sketches illustrate a programmatic resemblance between the treatment and training "industries." In both contexts, "front line" counselors are almost exclusively drawn from the ranks of program graduates.[48] All counselors at Recovery House are graduates of a therapeutic community, and all but one of the counselors at Redemption House are graduates of Teen Challenge. Nick Manning (1989) has suggested that the best way to understand the history and operation of therapeutic communities is to view them as movement organizations whose only truly committed members are the counseling staff. In this view, all residents are at some earlier stage of conversion to the movement ideology. Also, as with

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most ideological movements, the vast majority of initiates do not become fully committed members. In other words, the main function of drug treatment at Recovery House can be seen as providing "ex-addict" counselors for the movement. That is, it is a recruitment mechanism for program staff. The same model, of course, fits Redemption House and Teen Challenge "to a tee."

Conclusion

I have described a number of structures, processes, procedures, perspectives, and personnel that demonstrate significant similarities, parallels, or correspondences between the program for rehabilitation of people with drug (mis)use problems at Redemption House and at Recovery House. Despite the fact that the former bases its programs and claims on religious authority and the latter bases its procedures and rationales on the authority of social (behaviorist) science, mental health models, and "empiricism," I have shown that they have numerous factors in common from phenomenological and ethnographic perspectives. In particular, I have pointed to the overall emphasis on orderliness, especially that expressed in the similar daily schedules governing the two houses. I have noted that both "orders" are structured by four pillars or disciplines. Singularly, or in isolation, each of the parallel elements within these four regulatory areas may not seem to amount to much beyond coincidence or common sense. However, when all the correspondences in the areas of work discipline, ritual discipline (prayer and encounter), study discipline (curricula), and ethical discipline (rules) are taken together, I suggest that a *prima facie* case is overwhelming for a basic similitude at the core of these two seemingly, and self-described, different programs. When seen in this light, both programs appear to be similarly structured, organizationally and ideologically, to "instill" habits like responsibility, accountability, orderliness submission to authority, and abstinence in areas of psychoactive substances, criminal activity, and sexual promiscuity. They both teach a very strong "ascetic" style of living: Christian or right living, respectively. This ethic or logic of morality can be characterized as the shared ground of

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both therapeutic community treatment and evangelical discipleship training. Despite the fact that representatives of both programs vigorously portray their own distinctiveness, research in the sociology of conversion has noted that common patterns of personal (or identity) transformation characterize drug treatments *and* religious organizations.[49] With the help of insights from this literature and other so-called "creative sociologies" (Morris, 1977), the remainder of this work will explore in more detail the processes used by the two programs and the experiences of the clients engaged in and by them in order to discover the extent and significance of their shared realities.

Coda: Historical Precedents

I will close this chapter with but a suggestion of what could be an equally productive direction for research in drug treatments and trainings. It is interesting to compare both of these prescriptions for living and the means of attaining them with the treatments of an earlier period. The nineteenth century saw the rise of two types of institutions for the treatment of what today would be called alcoholism, the substance abuse of the time. One was the Washingtonian Homes, described by Baumohl (1987: 397f) as "small, urban boarding houses" for reform-minded drunkards. They were "wholly voluntary [and] desectarianized, but eminently Christian." They used a "mild form of moral treatment" borrowed from the Quakers. It consisted of "only moral suasion, sympathetic assurance of equality, confidence, and brotherly love." The homes "intended to treat [drunkeness] by substituting a supportive sober environment for . . . neglect or demoralizing conditions [elsewhere]."

The Washingtonians instituted many notions of treatment that remain popular today: "drunkards in search of drunkards," a "message of humble self-reform, not prohibition," a "reformed man [as] the best access to a drunkard's heart and mind." These associations, Baumohl continues, "introduced the drunkard's tortured inner life" to polite circles [through] "drunkard's

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tales" and "experience meetings." They had a "ruckish humanist perfectionism, emphasizing a "moral heroism" that meant "overcoming man-made problems with manly exercise of will." While they "stressed [a Pauline] divinity in man, . . . a power of brotherly love in a truly moral community," they nevertheless remained "doggedly nonsectarian" (Baumohl, ibid: 401f). Although they avoided the "sectarianism" of Redemption House, their size -- or lack thereof -- is suggestive of the latter, while many of the ideological elements pre-figure AA Fellowships.

The sectarian origins of Redemption House may also be found in the same period. The Revivalist Movement paralleled the Temperance Movement in structure and ideology. It should not be surprising to find both ideological and structural elements of the two commingling a century later in diverse ways that were not forseeable from the perspective of the 19th century. Also, the utopian pertfectionist movement appeared in this period and utilized many of the same methods and processes I found operating at Redemption and Recovery Houses (see Kanter, 1972).

The other institution, and more deserving of the name in a colloquial sense, was the inebriate asylum. Baumohl (ibid.) describes this "facsimile of the lunatic asylum," with its "Spartan, involuntary regimen" as a "well conducted institution" of some 300 beds, which relied on "confinement and constraint" rather than what the ideological architects saw as the "ineffectual" temperance methods of "pledges, bonds and oaths." The asylums practiced a stricter form of "moral treatment."

Another historian of asylums describes this institutional moral treatment as follows (McGovern, 1985:10):

> Moral treatment was relatively simple: the sick person had to be hospitalized to remove him from an environment that doctors believed had been both a contributing and precipitating cause of [the condition]. In the hospital . . . [through] kind but firm treatment [tough love?]. Doctors put into effect a *program* that interjected *stability* into the patient's life by its very regularity. Each asylum had a *daily schedule* of rising, eating, exercising, and socializing.

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> Next, the doctors had to break up the "wrong associations of ideas" of the patients and help them to form "*correct habits of thinking as well as acting.*" They did this by planning a series of activities including manual *labor, religous,* recreational and *intellectual* pursuits. Manual labor was especially important. Doctors believed [because] . . . it *instilled* [as opposed to demanded] a sense of discipline and accomplishment. Thus the Friend's asylum required the men to work three to four hours on the asylum *farm* each day. [Emphases added.]

A critic (Castel, 1983: 253) of the theory of the "alienists" (as the psychistrists who operated the asylums were called) writes that the "dominant social values, guiding ideas of the political-moral ideology of [the nineteenth century were]: order . . . discipline . . . sanctification of family ties . . . the cult of work as the source of all moralization . . . respect for hierarchies . . . and acceptance of one's alloted place." He cites one of the leading alienists of the period who writes that the "most salient feature of madness [is] physical and *mental disorder*" and the "most uniform therapeutic tendency must be the reinstatement of order . . . of . . . functions and . . . faculties." Manning (1989: 3) writes that there are "certain parallels between moral treatment and the therapeutic community," among other things, "both aimed to resituate social control back in the individual as self-control." Both the theory and practice of the asylum, as reflected in these statements, reappear in the process of treatment at Recovery House. As such, they suggest that historical as well as contemporary comparisons among treatments might be mobilized to demonstrate that the treatment industry has little new under the sun to offer a clientele it largely defines into existence. But this direction leads too far afield to follow here.

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REDEMPTION HOUSE[50]

Name:	*occupation(s)*	*education*	*# prev TX*	*prisn time*	*race/ ethncty*
Gordon:	drug counselor, US Marine	AA degree in psychology	2	no	AfAm
Marvin:	business schl faculty, systems consultant, US marine	AA/BA computers	1	no	AfAm
George:	pimp, drug dealer, drug counselor	GED	2	yes	AfAm
Slick:	DJ, student, writer, drug dealer	HS graduate	2	yes	H/A
A J:	college student, bootlegger/ bartender	HS grad/some college	1	no	AfAm
Jake:	cook, musician, stage hand	JHS dropout	2	yes	W
Edwin:	building super, welfare	HS dropout	0	no	AfAm
Keith:	drug dealer, songwriter, singer	GED/1yr CC	0	no	AfAm
Stanley:	hvy equipmt optr, salesman, hsptl maint.	GED/trade school	2	no	AfAm
Martin:	electrical repair, sales	HS grad/some coll.	2	yes	W
Alex:	clerk	some HS	1	no	WI
Michael:	drug dealer?	7th grade	0	yes	AfAm
James:	unknown	HS	1	yes	AfAm

For key to abbreviations: see bottom page 93

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RECOVERY HOUSE[51]

Name:	*occupation(s)*	*education*	*# prev TX*	*prisn time*	*race/ ethncty*
Louie:	drug counselor cab driver	GED/3yrs coll	2	no	W
Bud:	truck driver	JHS dropout (functionally illiterate)	2	no	AfAm
Walter:	drug dealer, thief, security operative, owned security co.	GED/2yrs college (pre-law)	3+	yes	AfAm
Rick:	construction, odd jobs	HS dropout	1	no	H
Jorge:	auto mechanic	grade school	1	no	H/A
Roberto:	gang member, drug dealer, thief	JHS dropout	2	yes	H/A
Donald:	engineering sales, construction	AA crim'l justice	1	yes	AfAm
Julio:	accounting, construction	HS and trade school	0	no	H/A
Tomaso:	construction, drug dealer, US Army	HS dropout/learning disabled	?	yes	H
William:	stock, sales, thief security ofcr	11th grade dropout	3	no	AfAm
Andrew:	restaurant mngr, apprentice electrician, drug dealer	1-2yrs college	0	no	AfAm
Miguel:	limo driver, thief drug dlr, disability	HS dropout	1	yes	H
Robert:	delivery truck driver	HS drop out	2	no	AfAm
Nate:	drug dealer	GED in TX	0	no	AfAm

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Name:	*occupation(s)*	*education*	*# prev TX*	*prisn time*	*race/ ethncty*
Forest:	bank accnt's clerk, drug dealer	some college	3+	yes	WI
George:	key grip	HS grad	0	no	AfAm
Gary:	US Army, cook, jazz musician	HS grad	0	yes	AfAm
Fred:	marijuana sales	some college	0	no	W
Ricky:	hosp. tech, political organizer, writer	some college	3	yes	AfAm
Tommie:	thief, drug counselor	HS dropout	1	yes	H
Artie:	gem counter/sales printer asst/sales messenger	HS grad	1	no	W
Saul:	DJ, drug dealer, drug counselor	some college	7	no	AfAm
Armando:	electical repair	HS dropout	3	no	H
Barry:	homeless	JHS	2	yes	AfAm

Race/ethnicity key: AfAm = African American; W= white; H/A = Hispanic, of African ancestry; H = Hispanic; WI = West Indian

Education key: HS = high school; JHS = junior high school; GED = general education degree (earned via examination, not graduation); AA = Associate of Arts; BA = Bachelor of Arts; CC = community college; TX = treatment.

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Endnotes Chapter 1

[1]The latter is a distinct possibility that several investigators (Currie, 1993; Peele, 1989, e.g.) have suggested, but which most treatment professionals and researchers have resisted studying. The most common rationale has been that such a test would require denying treatment to people who want it, which would be "unethical." In the positivistic world view of these researchers, this would mean assigning a certain segment of the population seeking treatment to a control group that would not receive treatment so their "untreated progress to abstinence" could be compared with the rest who are assigned to a treatment program. This seems disingenuous.

[2]The OED (1971: 1357) defines *prima facie* as "at first sight; on the face of it; as appears at first without investigation."

[3]At Recovery House, most high level personnel were reticent to offer any direct opinion about religious programs. They were, in fact, reticent to talk to me about anything in detail and on the record (i.e., on tape). Despite their cooperation during treatment hours, which I suspect was required by (off site) program administration, several staff members repeatedly dodged my requests for interviews. I was able to find some willing interviewees at all staff levels, but it took considerable effort compared to what I had come to expect from my earlier experience at Redemption House.

At Redemption House the response had been quite different. It was unusual for a staff member or resident to avoid me. With only a single exception, all staff seemed eager to talk whenever I approached them, and some approached me to ask when I planned to interview them. Only one of the staff members at Redemption House did not sit for a taped interview. They were also ready to discuss "secular" treatments when I introduced the subject. At Recovery House, the subject of the "other" treatments was discussed only surreptitiously, that is, outside the presence of my tape recorder, with but one exception. That exception, however, reflects - perhaps in a somewhat exaggerated form - the general comments that were made, albeit briefly and in passing, by other staff members.

[4]Pastor Don was an associate of Harry Evans in the house church and evangelical Christian collective they operate in a large house just down the block from Redemption House. Pastor Don is also involved in the drug ministry. He teaches a second Bible class and is a personal counselor to several of the men. Pastor Don is a seminary-trained, ordained minister.

[5]Harry may have been particularly attuned to comparisons with therapeutic communities due to my presence. He was aware of my comparative focus. Nevertheless, he is merely stating what he believes to be the case about what might be considered the competition.

[6]It is interesting to note that while Redemption House staff and residents speak openly - and ironically - about brainwashing (see page 59 below), DeLeon makes a specific point of denying any such process is operating at the therapeutic community.

[7]This usage of "Erkentnissgrund" vs "Realgrund" is found in Nelson and Gittleman (1973: 149).

[8]Accountability is the first of eight "qualities" that the Teen Challenge Training Center seeks to instill in its trainees. In describing the notion, Manuel (1993: 51) writes: "accountability - they [the trainees] were going to be held accountable for everything they did. Jesus called them to no less, and their employers would expect it of them wherever they went after leaving the Farm. This meant they were to account for any time they spent out of their assigned work areas, such as counseling or getting haircuts. Such absence, no matter how legitimate, had to be approved by the staff. . . ." Quoting a staff member directly, he continues: "You can take this two ways, either as a stringent discipline to put you in a box, or as an opportunity to let it do a work in you and grow in Christ."

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[9]This comparative description is something that neither the Director of Recovery House nor of Redemption House would be likely to offer about their respective programs. However, I do not believe that either of them will deny the basic elements of my description, despite their disagreements with my ultimate conclusions. It will be difficult for them to deny, since my descriptions are written largely in their own words, their own words placed side by side, so to speak. And, even in juxtaposition those words speak for themselves, although I add a comment or two here and there as well. In the end, I suspect that program personnel from both Houses will not like my analysis, and will contend that I have told only half (or less) of their story. I hope they will not suggest that I have distorted what I observed - at least not intentionally. What I suspect they will claim, in contrast, is that although I have some of the elements right, there are more differences than I have taken account of. They will also likely claim that I have misunderstood the *real* nature of *their* program, while I have got the other pretty well on target. Such claims – mine and theirs – do not vitiate the Weberian methodological criterion of "adequacy." (See Appendix 1.)

I anticipate these responses in part because of what I have come to know of the programs themselves and what the men who devise and run them have to say about them. On the therapeutic community side, I heard a lot of talk about uniqueness and distinctiveness of their form of treatment. On the faith community side, there was not so much direct talk about distinctiveness, but an air that bespoke independence with overtones of special discernment. This is evident in many of comments that appear in this chapter. In addition to the similarity of staff self-perceptions in this regard, there is a greater and obvious - to anyone willing to listen - likeness in their perspectives on the men who inhabit their programs and what it is they need. Both treatment and training staff members exude a confidence that what they are doing in their respective programs is right and that they have authoritative sources that establish that rectitude. Despite the mutual denigration of "opposing" programs and their similar claims to uniqueness, the program formats and substance can be seen to be remarkably homologous, which may help to explain some of the vehemence in the counter claims of Tommie and Pastor Don.

[10]Unless otherwise indicated, DeLeon's comments are taken from a videotaped interview entitled "The Elements of the Therapeutic Community," produced by Outreach Project, Incorporated, 1991. George DeLeon, Ph.D. is cited there as Director of Research and Training, Therapeutic Communities of America. I have chosen to use this data source for at least two reasons. The first reason is that, although this taped presentation closely parallels his articles on the structure and function of the therapeutic community (DeLeon and Rosenthal, 1989; DeLeon, 1994, for example), it is specifically targeted to non-professional audiences, including - and here is the point - therapeutic community orientation seminars for new residents. In this way, DeLeon's words become part of the treatment floor discourse, which is my preferred data source. I prefer to stay as close as possible to the talk of treatment and training, rather than formal writing about them. This is a study in phenomenology, after all, and it is focused on a population whose traditions are more oral than written and who are, if nothing else, extremely verbal. Furthermore, I learned of this tape from the Director of Recovery House and from Louie, one of my main informants on the Recovery House staff. Louie loaned me his copy during the course of our several interviews, some of which occurred after he left to become the Assistant Director of another therapeutic community. The Director of Recovery House, Louie's boss, also suggested I review the tape in lieu of the interview he repeatedly refused to schedule with me. In this sense, DeLeon's words represent a version of therapeutic community treatment reality that both Louie and the Director consider authoritative and consistent with their own. While I certainly would have preferred the interview as well as the tape, I believe the tape accurately depicts the meaning of things from the Recovery House perspective and in a relatively informal context. Regrettably, the tape does not provide the vivid detail of life on the treatment floor (as evidenced in Louie's accounts throughout this work) or the insight of a man who completed treatment at the program he now directs. It also does not provide the historical perspective over several generations to which the Director is privy. This latter is perhaps the greatest loss to this project, resulting from his refusal to cooperate.

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[11]Kennard (1983: 69) describes the addict's "particular" personality in the following terms: "anxious, self-doubting, unable to risk close, honest relations, impulsive, self-centered, manipulative, devious." Compare with DeLeon's descriptions in the next few pages.

[12]It was the wave of revivalism in the 1830s that converted most of American Protestantism from this Puritan doctrine to the idea of universal availability of salvation based on voluntary choice - an eminently American and democratic notion of redemption. See McLoughlin, 1959; Hammond, 1979; P. Johnson, 1979. (This theological perspective has appeared elsewhere in history – among the sixteenth century Swiss Anabaptists, for example. However, it never characterized an entire cultural perspective prior to nineteenth century America. See Littell, 1972.)

[13]It is interesting to note that one of the first questions Redemption House recruits begin to formulate in their Bible classes is "am I saved?" At Recovery House an early question that counselors typically hear from residents is "am I (really) an addict?" Both of these could be transposed as "am I one of the elect?" Weber (1958:110) notes that this was the central question for the Puritan layman. (In the discipleship instance, it is a positive election – to salvation. In the treatment instance, it is a negative election – to the disorder or disease of addiction.)

[14]I do not know the origins of DeLeon's term, "right living." It is interesting to note in this connection, however, an earlier use of the phrase by another man in pursuit of the "reclamation" of his fellow men. McLoughlin (1959: 262) quotes the famous evangelical revivalist Dwight L. Moody: "If we want anything, we want a revival of *right living*. God wants downright uprightness." [Emphasis added.] I could not find a better definition of what DeLeon and the entire therapeutic community movement seem to mean by their use of this and related terms (e.g., responsible living, good orderly direction). McLoughlin then comments: "By emphasizing the moral aspects of Christian life, Moody reduced conversion to an act of confessing [belief] in [the] fundamentals and promising to give up wine, tobacco, dancing, theater, novels, i.e., to live by the same moral code Finney and rural Americans had . . . [previously] defined as Christian."

[15]My three months of regular attendance included daily (and evening) sessions, three to four days each week. Following that, I made irregular visits (one or two days per week) for another six weeks while I continued interviewing residents and staff.

[16]Maria expanded on this theme elsewhere: "I had to get 'me' back. I was always doing things for everybody else. When I learned to do them for myself, I got better." It is interesting to compare this with the advice that was given to a Redemption House resident who was about to leave the program after his four months, without transferring to the Farm to extend his training. His rationale was that his wife and children needed him. One of the counselors told him to "take care of your own spiritual needs before trying to help others. You have to grow in the Lord and develop in discipleship before you can help others. If you go out there [now], you'll just pick up again." As well as a parallel with the more current therapeutic outlook, this comment displays the emphasis of egoism over asceticism that Hunter (1983) claims has become typical of modern evangelicalism compared to nineteenth century antecedents. (See Chapter 6 and Appendix 3.)

[17]Through an analysis of the literature of several evangelical sources, Hunter (1983) demonstrates that biblical and theological complexities have been homogenized into a simplified and standardized format (sound bites) readily digestible by a mass audience. Pedagogically, Redemption House fits Hunter's analysis. According to him, one of the ways that modern evangelicals have "accommodated" to the modern world is by adopting, in many respects, that world's methods of marketing for its own "orthodox" ideas. In modern markets for mass consumption, complex ideas are typically "dumbed down" into "three easy steps" or "four simple principles," (or twelve steps?). This is especially true with respect to popular systems of personal growth or spiritual direction, typical of the self-help movement. As one critic writes,

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"Today even critical books about ideas are expected to [in]clude . . . simple step-by-step conclusions" (Kaminer, 1992: 8). The evangelical epitome of this process of standardization of substance for the purpose of ready marketability is the "four spiritual laws." These axioms not only explicate the (supposed) essence of the New Testament message in simple aphoristic language, but promise this- and other-worldly "success" and happiness to all who conform. This is precisely the cookie-cutter method that Kaminer notes with irony as the "standardized instructions . . . teaching us that different people with different problems can be easily saved by the same techniques." Likewise, the therapeutic discourse at Recovery House is littered with similar aphorisms ("let go and let God," "people, places, and things," "live life on life's terms") that bespeak tailoring for a mass audience. This "style" has been typical of Alcoholics Anonymous [AA] almost since its inception and may well contribute to its current re-introduction into therapeutic community programs over the last decade. AA influence is very strong at Recovery House. See Chapter 6 et passim.

[18]One of the real differences I discovered between these two programs was related to this issue of what the men called "mandation." Several of the men I spoke with at Recovery House were in this situation. Only one man at Redemption House had come via recommendation of his parole officer, *in lieu* of parole revocation and return to prison.

[19]Another reason Marvin may have neglected to report on the furniture program is that he was excused from duties there because of a physical sensitivity to the fumes associated with the work. He was responsible instead for house laundry and other general household duties during the afternoons while the others sanded and shellacked.

[20] I think what he means here is that they don't like to get up early!

[21]This last comment is indicative of the essentialist perspective that pervades the treatment discourse. Therein, the habits and customs typical of Western industrial nations, especially the U.S., are seen as universally valid ideals of ethical and moral practice rather than historical contingencies attached to the structure of this particular social and economic formation. At Redemption House, as in much of the evangelical world, Harry, Martin, and Pastor Don read certain current middle class values and conservative - even reactionary - politico-moral perspectives back into the writings of ancient Hebrew tribesmen, prophets, and monarchs - or first-century Christian artisans - with little awareness of, or concern for, the hermaneutic difficulties that entails.

In like fashion, and with a similar sense of rectitude, DeLeon is representative of all therapeutic community staff when he reifies the habits of his bourgeois social order, suggesting that it represents a behavioral and, by implication, moral ideal for the entire world. (See Goode, 1997: 33-36 et passim, and Cerulo, 1997: 387 on the meaning of essentialism and its opposite, social constructionism.)

Also, what Goode (1996: 50) writes about certain American sociologists applies to DeLeon and most other theorists within the therapeutic community movement who posit this normative view of order:

> Differences in organization may be confused with the presence of disorganization. The way of life of other social categories was often interpreted as 'disorganized' when seen through the lens of . . . white, middle-class perspective. . . . In short, different *kinds* of organization cannot be equated with social disorganization [*per se*].

Since both programs operate from the view that certain bourgeois notions about the structure of everyday life are inherently correct or normal and universally valid, is it any wonder that the "correctional" programs they oversee share an almost identical concern with schedules, order, and discipline?

[22]I was surprised to find the word "Trainee" applied to the residents in an official Recovery House document. I did not hear this term used in daily discourse or on the few occasions I witnessed administrative officials address or refer to the residents.

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[23]Morning Focus at Recovery House includes a display of techniques and rites that are by no means unique to the history of therapeutic communities. They are reminiscent of, among other things, the religious revivalism that dominated much of the U.S. from the Cane Ridge enthusiasms in 1801 until the Scope's "Monkey Trial" in the 1920s.

The large, citywide revivals of Finney, Moody, and Billy Sunday went into remission until the form's resurgence under the Graham crusades beginning in the late 40's. In the meantime, however, revivals continued to be common occurrences in local evangelical, fundamentalist, and Pentecostal churches around the country. The association between personal transformation and the emotional dramatics of revivalism continued to be a part, especially, of the American south and was brought north with both white and black laborers following both world wars. (See McLoughlin, 1954.)

Most men, especially black men, from rural and laboring backgrounds, the social origins of most "addicts" in treatment, have some awareness, if not direct experience, of revivalism in action. I find it unsurprising, therefore, that the emotionalism of Focus meetings and encounter therapy appeal more to "hardened street addicts," (read: blacks) when it came along in the post-war period, than did the emotionally more genteel meetings of the AA fellowships. Both the ideological systems and ritual forms find roots in nineteenth century American Protestantism, though with different emphases and formulations. The same can be said of the staid Calvary Baptist Church on 57th Street in Manhattan, across the street from Carnegie Hall, and the Gospel Tabernacle AME Holiness Church, Inc. on Avenue B, around the corner from the Lower East Side Harm Reduction Center and Needle Exchange.

It is also interesting to note that both AA and the therapeutic community movement trace their lineage through relatively proximate British ancestors as well as American antecedents. The Oxford Group Movement, the parent of AA, was a British import, as was encounter therapy, developed by Maxwell Jones while treating post World War II combat trauma.

I hesitate, at this early point in the discussion, to call Morning Focus the equivalent of Morning Chapel. But, I suggest again, that the closeness of form and function in these particular programmatic rituals is not "cirumstantial," but indicative of the overall similitude that exists between practices and presuppositions of Redemption and Recovery Houses.

[24]It was also at this meeting that I discovered just how much access to his program Harry was allowing me. Other visitors in the facility that day, some of whom were longtime associates, friends, and former graduates of the program, were not allowed to be part of this meeting. This was an indication, I believe, of the broad and intimate access I was allowed. As far as I was able to tell, there was no aspect of the program or its personnel - other than whatever private thoughts they chose not to reveal in conversation and interview - to which I was denied access. This is a stark contrast to the situation at Recovery House, which I have described elsewhere in this chapter.

[25]As far as I have been able to determine, the Serenity Prayer was not used at Synanon, nor was it typical of the early east coast therapeutic communities. In fact, I have not read about its appearance as part of therapeutic community regime in any of the literature. I suspect it was begun in the mid- to late-80s when criticism of the therapeutic community relapse rates prompted programmatic revisions and the introduction of AA and N[arcotics]A[naonymous] programs as acceptable post-treatment support groups. The timing of this introduction of AA elements has been confirmed by several staff members from Recovery House and Phoenix House.

[26]As Benton Johnson (1961) characterizes the distinction, in liturgical traditions religious obligations are fulfilled by participation in rituals and ceremonies, e.g., baptism, marriage, communion, penance, and prayer. More common among sectarian Protestants is what Johnson refers to as "ethical" traditions, wherein an individual's religious obligation is fulfilled by action in the world (i.e., outside church boundaries or ritual situation, e.g., winning souls, feeding the hungry, changing public policy). This action is typically *motivated* by participation in collective and individual religious rituals, which provide "spiritual" strength to live up to one's obligations. "Ethical," in Johnson's sense, better describes prayer's meaning at Redemption House, while the practice of prayer at Recovery House is more "liturgical."

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Neither program, however, represents a perfect replica of type. In both cases, the immediate interest of the prayers seems to be with adjusting the attitudes and conduct of those praying. Nevertheless, despite any differences in the use and meaning, the importance of prayer at both Houses is notable.

[27]As it appears on page 1 of the *Handbook*.

[28]I could find no one at Recovery House who could tell me the origins of the materials in the handbook. A number of the staff members I questioned suspected it was plagiarized from another program several years ago.

[29]That sexism still infects the outlook of the therapeutic community is also evident in the imagery. For more detailed critiques, see, for example, Skoll, 1992 and Frankel, 1985.

[30]Since I finished my research at Redemption House and Teen Challenge, the former has extended its program to include the entire year of training and has forgone the transfer of residents to Rehrersburg. Men at Redemption House now spend their entire training in the Bronx, in a program that is more or less tailor-made for each man during the months that follow his induction. Harry has developed linkages with various job and skills training programs in the city. The men travel to the programs during the day and return to Redemption House for evening services, and bed and board. In this respect, the Redemption House program has come to resemble that at Recovery House even more closely.

[31]Or, as Peter Berger (1963: 23) writes, "the first wisdom of sociology is . . . things are not always what they seem." Skoll (1992: 40ff) suggests that the latent function of dropping a slip in a therapeutic community is to increase the resident's "account in the moral economy of the house." This seems to be the same process that occurs when residents of Redemption House are seen at various prayer sessions, especially the midnight one, which is taken by staff as an indication of growth and progress in discipleship (i.e., the moral economy).

[32]Geertz (1973: 9) writes:

> What we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to - [which] is obscured because most of what we need to comprehend, a particular event, ritual, custom, idea, or whatever, is insinuated as background information before the thing itself is directly examined. Analysis, then, is sorting out structures of signification, . . . [including] established codes, . . . and determining their social ground and import."

Also, Berger and Kellner (1981: 42) write of transposing "the meanings of everyday life . . . into a *different* world of meanings, namely that of the social scientist. This transposition is at the core of sociological interpretation. It also constitutes an incipient *explanation* of the situation."

[33]Howard Clark Kee (1983: 292) is engaged in a process of historical interpretation of texts that he says "takes its cue from the approach to human understanding developed under the rubric of the sociology-of-knowledge." In a critique of the structuralist methods of Foucault and Levi-Strauss, he writes that "the identification of 'parallels' cannot pass for responsible historical work. What is required is careful analysis of texts in context, including as thorough and sensitive as possible analytical reconstruction of the context." It is my intention that this discovery of parallels is based on the kind of analysis of the texts (interviews and observations, as well as "the literature") and contexts of both communities that Kee prescribes. His work is heavily influenced by the Weberian hermeneutic, as is that of Clifford Geertz, Peter Berger, and other "giants" upon whose shoulders I attempt to ride in this project.

[34] This is not to say that the participants of either program would *prefer* my description to their own. Of course they would not. But, I dare say, they would not, for the most part, deny that my decidedly more general and "social scientific" explanation of their experience is accurate.

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[35]See Goode and Zola (1994: 150) for the use of "emic" in a similar context and p. 241, note 27, for an explanation of the paired concepts "emic" (the "native's" view) and "etic" (the observer's view) from their original anthropological context.

[36]This should not be totally surprising to readers familiar with the history of conservative Protestants in America. Also, I have mentioned Martin's use of the work the men do as metaphor for the "work" done on them by the discipleship program or the Holy Spirit, as he would prefer it. Although I doubt he would disagree with Martin, Harry's explanation of work is less poetic.

[37]I suspect Harry is aware of his parallels with Marx at this point. Surely, Schaeffer saw the irony.

[38]Jake was not the only one to experience discrimination at the hands of the Teen Challenge organization because of his HIV status. Edwin tells a similar story of exile from the Mountain to the canyons of New York City, once his HIV status became public knowledge. He was banished only after he developed explicit symptoms. Ironically, this may indicate progress in tolerance at Teen Challenge. Redemption House, in contrast, never hesitated to hire men who were HIV+ nor to care for indigent men with AIDS at their hospice. It is my understanding that they only refuse admittance when they have no room.

[39]Each Redemption House resident receives a copy of "Rules for Living at Redemption House." It is a five page, single-spaced, typed document listing the Daily Schedule, Overall Rules for the House, and specific rules for conduct in the specific settings, e.g., chapel, dinning room, dormitory. The first five "overall" rules are: "I will not possess or use drugs, . . . I will not smoke, I will not fight, I will not curse, . . . I will not boast about my ways from the past." Rule 13, written in pen on my copy, reads: "No one is to loan money to anyone!"

[40]There is an old gospel hymn titled "In the Sweet By and By" (Brunk and Kaufman, 1927:482). It goes "something" like this:

> There's a land that is fairer than day,
> And by faith we can see it afar;
> For the Father awaits o'er the way,
> To prepare us a dwelling place there.
> (Chorus)
> In the Sweet by and by, we will meet on that beautiful shore . . . .

There is also an IWW working man's tune that satirizes this song. It cuts to the heart of the characteristic supernaturalism with its own materialist spin on the original tune's Protestant American creed and its latent support of the capitalist exploitation of labor:

> Work and pray, live on hay.
> There'll be pie in the sky by and by,
> When you die.
> That's a lie!

Although the gospel version better represents the creed of the men of Redemption House, the first phrase of the Wobblies' version - work and pray - better describes what goes on there.

[41]Harry is clever in the creation and use of cognitive dissonance (Festinger et al., 1956) as a means to move his students toward commitment to the gospel message. However, he is not nearly as ruthless in the application of this technique as is the staff at Recovery House. See Chapter 5.

[42]This replicates page 3 of the *Recovery House, Inc. Orientation Handbook.*

[43]For an example of an encounter exchange that demonstrates this point, see Chapter 5.

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[44]By the use of casuistry here, I do not mean to suggest anything about the veracity - or lack of it - regarding the moral theories or programmatic rationales of either program. I use the term casuistry in the purely value-neutral sense of a "science, art, or [form of] reasoning . . . that appl[ies] the general rules of religion or morality to particular instances," often referred to as "cases of conscience" (OED, 1971:166). For mortification, see Goffman, 1961, and Kanter, 1972. I take this notion of casuistry from Benjamin Nelson (1981: 43ff), where he relates it to the notion of a vocabulary of motives (or rationales) as used by C. W. Mills. Sykes and Matza (1957) and Scott and Lyman (1968) also expand on this idea explicitly in the matter of deviant behavior.

[45] See Heirich, 1977; and Danzger, 1989 for similar arguments from the sociology of religion literature.

[46]The conclusion of (Langrod et al., 1972) that residents in religious programs are predominantly Latino is based on a much earlier and more cursory look at Teen Challenge programs. For

[47]This is another important similarity that the two program types share, at least historically. It also is a point of significant difference between them. Recovery House, like most therapeutic communities, is in the process of transforming its treatment staff from non-professional, ex-addict to a professional staff. Redemption House has no similar intentions.

[48]One difference that Langrod and associates (ibid.) noted over twenty years ago was that at Teen Challenge facilities, "Christian experience was more important in choosing staff than was addiction experience." This appears to continue to be the case. Although five of the six staff members at Redemption House are ex-addicts, the percentage appeared to be somewhat lower at Teen Challenge.

[49]Drug treatment researchers - with a few notable exceptions - have ignored faith communities until very recently, and therefore have taken little or no notice of these issues. Even now, this research tends to focus on "spirituality," which is most often reified into a general individual quality - like personality - that is seen as typically "underdeveloped" among users of illicit drugs. See Appendix 3.

[50]This list consists of the 13 individuals (about half of the total) interviewed whose records were most complete and/or whose accounts were widely used.

[51]This list consists of about half of the men interviewed. For this list, men were selected on the basis of the completeness of their information and extent of use made of their accounts. Accounts were selected throughout on the basis of representativeness or other distinction, usually noted or obvious in context.

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Chapter 2

Resident Demographics: The Men of Redemption and Recovery

> I developed an interest in becoming an electrician. So I went to the [union] local and took a test. I passed and they offered me a program that took five years to become an electrician. I quit an $11 per hour job to make $6.35. I always wanted to do something where I could have my own business. The training program was very racist. They let African Americans in, but we ended doin' all the busy work. They [regularly] sent me on a construction site and rather than [observing] and learning, they had me sweeping and unloading light fixtures, gettin' coffee, things of that nature. This is . . . the time that I started druggin'.
>
> Andrew, Recovery House

> [This executive] said, "All I wanna see your black such-and-such doin' is cuttin' grass or takin' out the garbage." Right then and there, like I told you, I had a bad temper. I snapped. I snapped. . . . They had to call security to get me off the property. I said, "You don't call me on my character." So I lost that job. And he put the word out, if I come back on the hospital grounds, they supposed to arrest me. That's when I got frustrated. I di'n' wanna go look for nothin' [no job]. I started buyin' crack [again], drinkin' heavy. I said, every time I try to do some thing . . .[*sic*]. Instead of leaning on the Lord and going back to the church, I took it in my own hands and started fallin'. [Shortly after,] I was wanderin' the streets, sleepin' in abandoned buildin's.
>
> Stanley, Redemption House

> Not ideas, but material and ideal interests, directly govern men's conduct. Yet very frequently the 'world images' that have been created by 'ideas' have, like switchmen, determined the tracks along which action has been pushed by the dynamic of interest. "From what" and "for what" one wished to be redeemed and, let us not forget, "could be" redeemed, depended upon one's image of the world"
>
> Max Weber[1]

There are at least four central and specific ways in which the residents at Redemption House and those at Recovery House resemble each other. These are: (1) race and ethnicity, (2) occupational status, (3) family background and current family status or situation, and (4) drug use history, including prior treatment experience. The first and most visible of the demographic

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variables they share is race and/or ethnicity. The residents at both programs are overwhelmingly men of color and/or of Hispanic descent. That is, they are not predominately white males, which is the most common racial category of drug users in the general population. (They are also not young, by and large. Only one of my informants was under the age of thirty.)[2]

The men I interviewed and the men and women I observed in my research at both organizations are predominantly African American.[3] The second most common group "identity" I observed at both Houses (that passes in the U.S. for a category of race or ethnicity) is Latino. White faces were conspicuous by their absence. It was not unusual at either location for my face to be one of, if not the only white one(s) in a given room, meeting, or impromptu group conversation, unless, of course, the meeting was for staff, especially professional staff. At the management meetings I attended at both Houses, the lack of color in my face placed me in the majority.[4] At Redemption House (except for the Director and House Manager) I interviewed two non-Latino white men, one staff member who was a graduate of a discipleship training program, and one resident. I recorded only two "white" interviews at Recovery House despite the fact that the total number of interviews there doubled that at Redemption House. I saw no one at either House whose physical appearance indicated Asian or Near Eastern ancestry, nor were there any Native Americans in residence during the periods of my research.

A second important and related demographic factor shared by the men of both Houses is their previous economic situations and occupational histories. At both Houses there is a relatively wide range of economic and occupational experience. The spectrum runs from poor, homeless, and unemployed through intermittently employed at various low skill legitimate or illicit occupations (construction worker, security guard) to moderate laboring skills (truck driving, building construction, factory work, operating earth moving equipment) to higher level and professional

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skills, some that require a college education (teaching in a business school, technical sales, accounting, drug counselor, independent businessman).

One trait that almost all of these men share is what human resource professionals might call an uneven employment history. Some of the men, like Bernard, never had a job; others, like Marvin who taught computer skills and programming at a local business college, had long histories of high skilled, well-paying and relatively prestigious positions. Most of the men worked at various levels of pay and skill in between these two extremes. Most of the men, however, tended to move from job to job at various rates and for various reasons. Those with more education and more marketable skills changed jobs less often and less dramatically. Those with less education and fewer specific skills recounted histories that included moving constantly in and out of jobs, both licit and illicit, and often being without occupational support of any kind. Sometimes drug use was a factor in changing or leaving a job, but by no means was this always the case.

In my reading of the occupational data obtained in my interviews, what is most striking is a certain kind of economic marginality and ethical or cultural duality that is shared by most of these men regardless of their level of economic, occupational, or familial success. One possible exception to this is those men whose social existence has remained at the very bottom of the economic barrel for some time, the chronically poor, alienated, alone, and homeless. I interviewed very few such men, one at one site, two at the other.

Although some of my informants gave dramatic accounts of periods of homelessness, joblessness, and loneliness, most who told such stories also had periods of relative success to recount, when they had work, love and friendship as regular aspects of their lives. However, the majority of the men I talked to told me of their varied levels of skills and/or occupational successes in both licit and illicit businesses and of their varied successes and failures in building and

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maintaining familial and other social supports and resources. To demonstrate what I see as the general social and cultural background of the two similar groups of men I interviewed and observed, in this chapter I compare the tales of four men that I consider representative. They represent both the most common levels of occupational careers represented among this sample and, more importantly, the complex pattern of successes and "failures" that most experience in their work, their family lives, and their daily quests for meaningfulness.[5] I have selected one man from Redemption House and three men from Recovery House whose accounts most epitomize this pattern. As I unfold their stories in this chapter, I also relate episodes from other residents in order to demonstrate the generality of their experiences, to highlight the nature of the cycles of drug involvement that are typical, and to indicate the similarities and differences between the populations of the two programs.

My attempt here is to comprehend these men as more than collections of variables that can be separated out and sifted for correlations, however helpful that may be. It is not just the elements of their lives that help us -- and them -- to understand who they are and the problems they face, but how all these elements, and more, fit together into complex webs of experience, into patterns of meaning and related actions. That one study such as this will be able to capture all the complexities of these lives is highly unlikely. Nevertheless, I hope to contribute to the comprehension of these complexities with the resources that I have been able to assemble.

STANLEY

Stanley's life best epitomizes the dilemmas faced by most of the men I spoke with. As I see him, Stanley is situated amid conflicting directive systems or (sub)cultural systems of morality as well as structures of opportunity and exclusion.[6] His accounts display a cyclical pattern of "drifting" between extremes of seeking conventionality and seeking respite from or vengeance

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against it in contraventionality.[7] I try to interpret his actions as choices, which to some degree always take some convention, some cultural directional system, as a point of departure. I assume that his choices typically involve cognition and are not simply impulsive, even if the cognition is *ex post facto*. My sociological rationale for this is considered below.

I use Stanley's account as illustration in this regard because the poles of desire that structure his life are so evident in his story and indications of this are well distributed across his biography. All my informants at both programs displayed variations on the themes of disparate directive systems and cycles of "success" and "failure" or "discipline" and "dereliction" with regard to their drug using careers.[8] What is most interesting, from the point of this study about their commonalities in this regard, is how they all -- almost to a man -- tell tales about periods of considerable "control" over powerful psychoactive substances, tales which they disregard as meaningless. It is not surprising that the rhetoric of both programs also disregards any controlled use and sees only abstinence as beneficial. In the course of this chapter I compare several other accounts, from both houses, to Stanley's ideal typical marginality and ambivalence.

At Redemption House, Stanley epitomizes the complex of life problems reported among men who are forced by circumstance to straddle several material and mental (sub)worlds. As he describes his career, Stanley has made significant efforts to attain the kinds of skill and experience necessary to fulfill the demands of the dominant culture for legitimate success in work and family life. At least since he was 15, Stanley also has been attuned to the directions of another, somewhat less mainstream, cultural tradition, one that exists among young black men.[9] As he might well have put it while sitting in the multipurpose chapel-classroom of Redemption House, Stanley was also constantly "tempted" by the excitement of the clubs, parties, and repeated romantic liaisons (that he seems to find everywhere he turns, including inside the church), as well as the added

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pleasures of recreational drug use and strict economic rationality of occasional drug dealing that are included in the tenets of this way of life.

When business and family life do not live up to his mainstream expectations, Stanley often resorts to the leadings of his alternative cultural muse: to heavier drug use, for example, to ease his psychic pain or to small scale marketing of drugs to ease the strain on his pocket. Stanley also enjoys the "high life" that has always been an integral aspect of the post-slavery culture of African Americans (as well as other American immigrant "ethnic" working class groups), and this includes the recreational use of intoxicants.[10] The notion that some degree of participation in the "high life" is not only permissible but appropriate, if not "righteous" or "healthy" -- depending on your cosmology -- for all Americans, black, white, or otherwise, has been increasingly legitimated by, *inter alia*, the expansive growth of both the advertising and entertainment industries as we approach the new century.[11] Indulgence in intoxicants has little difficulty in finding "moral" support from several casuistries current in modern America.[12]

Stanley, and most of his compatriots are bombarded both from "above" (mainstream currents and institutions, including the media and other entertainment venues) and "below" (the popular cultures in the schools, the streets, and the clubs) with plenty of rationales and opportunities for resorting to illicit as well as licit use of intoxicants and little meaningful reason to distinguish between them. Thus Stanley and the others live on a social and cultural boundary between worlds of varying constructions of reality, with different definitions (and values) for the same social situations, particularly with respect to work, leisure, and family responsibility. Included in these varying social definitions are the issues of the nature and appropriate use of intoxicants, both legal and illegal. Whether Stanley follows the directions of one view or the other often depends on the circumstances he is in when a decision is required. Whether he heeds the

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rationales of one or the other set of moralities depends on what resources he has at hand and what consequences he can reasonably expect from his choices.[13]

In a tangle of familial/romantic and occupational ups and downs, where Stanley drifts between "fallin'" and "doin' good," drug use and drug dealing become common, if intermittent, elements of his life. Drug sales are commonly a means of supplementing income for Stanley and many of the men he here represents. Occasional drug sales (and other financial windfalls) also enable him to lavish unexpected money on his "estranged" wives and children, which for Stanley is a way of proving to them (and himself) that he is responsible and "doin' good." (The latter phrase can be read in several ways, including financial and moral.) Despite an unproblematic history of alcohol, marijuana and cocaine use, crack, once he encounters it, gives Stanley trouble. He becomes "hooked very heavy." However, its sale is also a means, at times, of pulling him out of a financial bind and putting him back in good standing with his family. Like all other elements of his experience, drug "use" seems a two-edged sword. In Stanley's account of his past, drug use, as intoxicant, and drugs used as commodity for sale, (which he acknowledges as "fallen" behavior), appears to be as thoroughly integrated into his social and cognitive universe as are his definitions of the nature and meaning of legitimate work, family obligation, and appropriate "Christian living." How he uses and evaluates any of these elements, it appears, is largely situational. He seems to have thoroughly internalized the older conventional ethic of duty and responsibility, which he learned at school, church and home. But he also finds direction in a more contraventional ethic that features self-indulgence and immediate gratification. Like all of us, he imbibed this from the media of advertising and entertainment. All of Stanley's "educations" and "socializations" have been filtered through his experience growing up black in America with its attendant sense of exclusion, its resentments and desires for vindication. This he acquired in the streets, in the clubs, and in other informal institutions of black youth, including his extended family.

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Stanley is stretched thin across several social and cognitive-emotional universes. When he gets stretched too thin, one of his resorts is to heavy drug use, another is to drug treatment. Redemption House is at least his third such resort, and he is here for what is technically a second stay, after having been expelled temporarily for threatening violence against a fellow resident. He was readmitted following a mandatory month-long hiatus. Although he has found relative success at Redemption House, earlier attempts at other programs ended after short stays of less than three months each.

Stanley epitomizes the residents I interviewed at both houses in each of the elements portrayed here: occupational and family instability, racial minority status, drug use (which generally includes periods of problematic use interspersed with periods of unproblematic or controlled use), drug sales, a history of two or three treatment attempts. His story, which I compare with residents at Recovery House, demonstrates the complex tangle of social, cultural, historical and social-psychological elements that constitute the context common to many, if not most, of the men (and women?) I have met and observed in residential and other programs of rehabilitation, both secular and religious. It is my contention that attention to this complex of sociocultural and historical elements can tell us more about the difficulties that bring these men to treatment or training than can the almost exclusive attention to their real or supposed psychological "complexes" they receive at places like Recovery House, or the statistical machinations that support its claims of success.[14]

Transition from school to work:

Stanley tells of being inaugurated into the world of work by his father at a relatively early age, similar to many working class men.

> My father got me after-school jobs in the garment district [where he worked]. The money started looking good and I dropped out of school [at sixteen] for a job in the

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shipping department. [Eventually] I realized my job was a nowhere job. I couldn't support myself if I left my mother's house. So I went back to school, to GED school in my neighborhood. I was nineteen. I got my GED in '79 on the second try. I missed by one point first time.[15] I was smart enough, but I was a class clown.

I started working in '80 . . . in the garment district, again. Excellent company. Beautiful people. I was the only black there with a bunch of Jews. I had no problem. I started in December and they gave me a $1000 Christmas [*sic*] bonus. I worked for them for five years, shipping piece goods out. I produced business for them [with] my speed and accuracy. I was the only one with my own shipping department, my own phone.

Introduction to the High Life:

Stanley was also introduced to the traditions of the "high life" by a family member. It was to become his preferred style, but it clearly interfered with his aspirations for the more traditional style of family life. Ultimately, Stanley's relationships with work and women became, at best, a pattern of on-again-off-again attempts to juggle the directions from both mainstream and alternative ethical modes.

My cousin lived around the corner from my high school. His wife was still in school, at Seward Park. She would have girls come over and I took boys from my all-boys school over there to hang. That's where I was introduced to marijuana and beer. That also introduced me to women . . . and . . . partying. I would live for the weekend.

Family circumstances:

Stanley's attraction to and difficulties with women also began at an early age.

The summer I graduated I got involved with an older woman. She was 24, but looked older. My mother said she *was* older and we had a big fallout, because she didn't want me with her. So I moved out and moved in with this woman. She had my child, who is 14 now.[16] But I wasn't ready for responsibility. She couldn't tie me down.

So after one year she left with my child. I didn't hear from her for over five years. She went to Africa and married this guy from Africa. She didn't know this guy had several wives over there. She had a son by him, but came back bitter, trying to look for me to [take] her back.

But by this time I was with this girl I knew from the neighborhood since we was kids. But she would never sleep with me. She was from a Christian background family [*sic*]. But not that Christian. [Stanley means not evangelical, but conservative and church-oriented.] Her father

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was from the South, that backbone South where [fathers believe] "these are my girls, you [be] in the house at a certain time, that's it." He was very strict.

She saw everything I did; saw the women I was with, but still wanted to be with me. But she would not give herself to me until she was 18. She had my daughter at the age of 24. She lives now just down the street [from Redemption House] on Fordham Road. At that time I was moving into more heavy drugs, y'see. When my second daughter was born, in '84, we were about to be married. And I know I should have married her right then and there. To this day, I knew I should have married that woman, 'caus'a how much she loved me. She'd do anything for me. I was cheatin' on her; I had two other girlfriends in Brooklyn and Manhattan. I was telling her that I was sleeping in the clubs. She was a Christian and couldn't go to the clubs. She was not a Christian [i.e., not evangelical, born again] but she was strict and couldn't go to the clubs. She didn't get high with me. She stopped smoking cigarettes when she had the baby. God came into her life two years after my second daughter was born. [That is, she was born again, and joined a Pentecostal church.]

Introduction to crack

To complicate things for Stanley, about this time crack was introduced to certain neighborhoods in New York City. Stanley and his extended family lived in some of those areas.

I was sniffin' cocaine at first, when I was playing [these] games with my daughter's mother [ca. '84 -'85]. My cousin introduced me to crack in '86. I started smoking and I got hooked very heavy. I lost my garment district job in '87. They fired me from lack of comin' in and livin' up to the potential I was first givin' 'em. I became lackadaisical, and missed work and so forth.

Treatment:

[Later] I was working in a church, cleaning the church. I was using cocaine and crack. In '87, '88, I got fired from the church so I tried, a program, The Half in Pennsylvania. It was supposed to be a Christian place, but they smoke cigarettes and curse. Our work consisted of cutting down trees. We were 25 miles from the nearest town. These people were white. They put all the blacks in a group under a big black guy who had a $2000-a-day habit.[17] When this man, he had his moods, he would take them out on whoever was there. And I have a temper, so I couldn't deal with him. I told him, "We got all these saws and axes in this house, go ahead and go to sleep." They shipped me outta there. They hurried up and shipped me outta there, 'cause they thought I was gonna do damage to this guy.

Then about a year later I went to a program up in Yonkers called Shepherds Flock. There was too much favoritism there, for Puerto Ricans. I lasted there about a coupl'a months, too.

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Drug treatment does not seem to help Stanley, for obvious reasons. (As the chart in Chapter 1 shows, most residents have previous treatment or training experience.) However, a new tack in the world of work does seem to have some association with bringing his errant drug use under control. It may not be incidental that the new job situation includes relocation to southern cities where crack has not yet become readily available. But the move came only after six months of training in New York City. It may also be that the opportunity to realize, albeit in a diminished form, a childhood occupational dream redirects Stanley's attention to his latent conventional aspirations and vitiates, for a time, the urge to resort to abusive styles of drug use. When important aspects of his life seem to be moving in a more satisfying direction, more in tune with conventional career lines, Stanley seems to have little trouble keeping his substance use within recreational boundaries.

A Change in Circumstance:

> Then I went to Superior Training School, in home studies for heavy equipment. I studied for six months on front loaders, back loaders, tractor dozers, how to break them down, do oil change, change tires, etc. This was summer '89. Then they sent me to Florida for another month's training on the machines. I got a student loan that I was suppose' to pay back when they got me a job. I said okay, maybe this is it. I [had] studied architecture at Manhattan Tech High School, so maybe I couldn't design the buildings, but now I could help build them.
>
> So on the construction job what we was doin' was building foundations and layin' terrain for the houses, beautiful houses, $200,000 houses down there where the cost of living is low. I was living in . . . [a place with] wall to wall carpeting . . . . I was makin' $13 an hour and sending money to my daughter to show her mother I was doin' good [i.e. being a legitimate success as bread winner].

Here I see Stanley's continuing aspirations toward legitimate occupational success that are consonant with conventional values of the "work ethic." Stanley wants a decent, respectable, well-paying job. He wants the opportunity to be creative, to "do something" with his life. It is an aspiration that he traces back to high school and an interest in architecture that he let get away from him for the youthful pursuits of immediate cash and the excitement of the clubs. "Maybe this

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is it." Perhaps this is what will provide the meaningfulness he craves and the solution he has been seeking for his difficulties with cocaine and his family life.

Now Stanley has attained a position that qualifies him for acceptance according to conventional American values as well as the more stringent version of that ethic held by, as he describes her, "my daughter's mother, the desire of my heart." Unfortunately, just as Stanley is getting settled, temptation strikes from an unexpected quarter. It is the kind of temptation that threatens his hopes for reuniting with his wife. However, it is at the same time an offer that no self-respecting man of the streets can pass up and save face. Stanley's marginal social position and resultant dual structure of consciousness places him at a distinct disadvantage in the struggle to maintain his foothold in conventionality. Stanley, to change the metaphor, finds himself on the horns of a dilemma.

> One day I was at the water fountain at the church and this lady says hello. She was 44 years old. She invited me to lunch. I didn' know this, but she had been followin' me on the bus. I didn' pay it no mind, but you get in the flesh.

Here Stanley means that he becomes overwhelmed by desires that are identified as "fleshly" or sinful. The term, taken from the King James Bible, is central to the American evangelical understanding of denial or rejection of bodily urges, especially sexual desires. From the perspective of young black manhood, however, it is precisely this sort of attractiveness to women that demonstrates one of the essences of true manliness.[18] In retrospect, at least, Stanley is not altogether unaware of the contradiction in which he found himself entangled on this and other occasions, as his next comments indicate.

> You trying to do the right thing, but then you got all these women around you, heh heh heh [Stanley lets go with a deep-throated chuckle in which I read a combination of his delight at being the center of feminine romantic attentions, and at the same time a bit of nervousness, since he is uncertain whether I share the ascetic morality of the program]. And down there it was much easier to pick up women, especially if they know you [are] from New York. . . . But I was trying to do the right thing in God's sight. I went to the church, right? But there was this woman and she wanted to be with me. This woman, she blew my mind, the things she

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was doin' to me, and all she wanted to do was that! So I kept fallin' and fallin'. I knew I wasn't growin' in Christ.

As Stanley begins to backslide, circumstances arrange themselves in such a way that more pressure is brought to bear on his resolve toward conventionality. Two fiscal events, one negative, one positive, contrive to incline him back toward the streets he left behind for a new career rather than toward the suites he was building as part of his new occupational direction.

> Then I finally went to work for the construction company, but they close down at Christmas until May.[19] So I went to work for a clothing company (Miller & Rose). I worked there [over the Christmas season]. 'Bout that time the garment district company found me, 'cause they had another [! profit-sharing] check for me for $2000. I jumped on a plane for New York [to claim the money]. I went to visit my daughter and her mother to give them some money and she said, "Stan, I been praying for $500 and here you come with this money." So she figured I was doin' good down there. And I was. I wasn't into no drugs down there. I weighed 200 pounds because of that southern cooking.

Stanley was "doin' good" both financially and "spiritually." He was able to provide some financial assistance for his family just when they needed it, which makes him look good in his wife's eyes. He becomes an answer to her prayers, yet another evangelical indicator of divine operation, if not approval. But also he's "doin' good" by not "doin' bad." He was not into drugs during his stay in Virginia. However, this was about to change.

It is interesting how Stanley's simple change in geography and job situation (which, of course, includes a change in associates) is accompanied by months of abstinence, or at least controlled use, something neither treatment program could accomplish in months of tree cutting or religious instruction.[20] Not surprisingly, precisely the same experience appears in resident accounts at Recovery House as well. Bud's account of his experience as a long distance ("over the road") truck driver provides an interesting parallel. In his case, whenever Bud is transferred to Georgia, he claims he stops using. But when he comes back to New York, he slips back into a

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pattern of bingeing that clearly interferes with his otherwise "responsible" work patterns.[21] Here he recounts one such experience.

> This one time I had stopped [using crack], y'know? I had stopped for about a year. When I'm down south in Georgia, down there with him [working for the same company], y'know, I don't use. The thought [to use] comes, but it goes right away. As soon as I get in the TT [tractor-trailer] and I'm driving, everything's all right. We usually drive teams when we running long distance. But coming back [to New York] my stomach starts flipping.[22] When it comes time to go to Georgia, I'm stable down there.
>
> Q: Do you think you'll be more successful in maintaining sobriety in Georgia?
> A: Yes. As long as I keep talking to people about my addiction. To people who understand. [There's a] lotta people who [are] naive about it. There's three people down there I can talk to, my boss and three or four others. I'll probably be goin' to a lotta NA's and stuff between drivin' and whatever, NAs and AAs, to help keep my sobriety when I'm out there. Y'know?

For Bud, even more than for Stanley, it seems the change in geographic location is a key to controlling drug use. For both, however, a stable work situation is also part of the sobriety formula. As Stanley's story continues, his job situation is about to take another unfortunate turn.

Fallin' again:

It is interesting that this relapse occurs, as Stanley tells it, just as his circumstances involve an intersection of his two social worlds and their respective moral and ethical direction systems. Just as Stanley appears to be making it in conventional terms, his new job lays him off. At about the same time, just as he has found the "church home" necessary to "growing in Christ," he encounters intense temptation from within the sanctuary. For the time being he is able to maintain some equilibrium, but the appearance of a $2000 windfall is more than his new-found stake in conventionality can take. He uses the money according to the dictates of the street ethic, even when it gives the appearance -- to his wife -- that he is an answer to her prayers. Without yet a firm foothold (e.g., functioning family, secure job, steady income) on his climb up from the street toward the lower plateaux of conventionality, Stanley finds the lure of the high life more enticing

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than the promised rewards of his new career and the passing pleasures of his equivocal experience in the church.

But Stanley has an excellent excuse for the choice he makes. He accounts for his "falling" in the midst of plenty, both of attention and financial assets, by resort to one of the common neutralizing techniques identified by Sykes and Matza (1957) and expanded upon by Scott and Lyman (1968). Stanley denies responsibility for his action, in this instance -- even though he now "knows" he was in error -- just as did the first human being to be caught in sin. In keeping with the biblical example, Stanley blames the Devil.[23] For good measure, he uses a variation on another neutralization, viz., appeal to a higher loyalty. He uses a good portion of the money he earns from his drug sales to help his cousin, who is a single mother in dire financial straits.

> So I had about $1000 left and I bought $200 worth of crack to take back to Virginia with me. The Devil, he tempted me. I sold the nickel vials ($5 each) for $25 each. I made a killing. I made a killing! I spent the money on my cousin and her five kids, 'cause she had no husband to support her. We went to [a giant amusement park], and bought some school clothes. That's the way I am. I do something bad, then I do something good.

Stanley has, indeed, fallen from his precarious perch on the plateau of conventional approval. However, his fling (drift?) into criminality does not result immediately -- nor inevitably -- in a life of depraved drug use and criminality. After sharing both windfalls, the profit-sharing and the profits from its investment in crack, Stanley returns to the world of conventional work.[24] There he encounters the one force that seems to push him over edge and plunge him headlong back into the street ethic of contraventionality. Racism pushes its way into the formula that shapes Stanley's negotiations with conventionality in a more direct, forceful, and fateful way than it has up to this point in his account.

Black spokespersons of various stripes: writers, ministers, social scientists, poets, novelist, dramatists, psychiatrists, have made it clear to us that all black Americans must cope

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daily with the constant din of institutional and institutionalized racism (discrimination) ringing in their ears, stinging like grains of sand in their eyes, and grinding like pebbles -- or worse -- in their mouths. Even when not directly confronted with the coarseness and indignity of open racial hostility -- not to mention the threat and reality of its repeatedly associated violence or the costs of the personal rage that racism engenders in those who are targeted by it -- black Americans (and other minorities) must negotiate a maze of bitterness and malice (some projected; some real) for which they bear no responsibility beyond the color of their skin (or, for others, their country of origin, or their religious or political commitments). This is a task, nay, a demand, that makes life difficult enough to negotiate day in and day out without "falling" below the parameters of conventional ethical and moral conduct set by the dominant (white, Anglo-European) culture

What Stanley encounters next, and perhaps the nature of his immediate response to it, must be appreciated as an integral part of the forces that impinge on him as he attempts to cope with the circumstances and options life presents to him.

> Before the construction started, I [had] worked in my aunt's hospital, Richmond Memorial. She's a nurse. [Because it was still the off season, I began] working at the hospital again. I was cuttin' the grass durin' the day. Also, about the same time, I got a job with a contractor that [cleaned the operating rooms at night for the hospital] for $8 an hour. I can't remember the hours, but I think I worked from five [p.m.] to one [a.m.]. We would put on all white and go in there and spread bleach all over the OR floor, 'cause they had to be spotless. So I was workin' during the day, cuttin' the grass and at night in the OR with the contractor. I lost both those [jobs] by one man. What you call those, a hospital administrator? But he was in charge of the kitchens, the laundry staff, housekeeping crew, grounds crew; and this man, he hated black people. I could see that from the way he treated people. He definitely hated black people. I'll never forget his name, its P____ A_____.
>
> [One day] he came [at me] in his Jeep. A women asked me where was her son, because I was working with her son. He was picking up the grass. I told her where her son was. [Then] he pulled up to me, [with] all his other executives sittin' in the back seat. And he asked me what was I doin'? I said, "I told her where her son was." He said, "All I wanna see your black such-and-such doin' is cuttin' grass or takin' out the garbage." Right then and there, like I told you, I had a bad temper. I snapped. I snapped. I tried to kill that man. They had to call security to get me off the property. I said, "You don't call me on my character. You don't talk to me anyway you want. I don't care how much money you payin' me, you don't call me on my character."

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Q: You attacked him physically?
A: I tried, but they stopped me before I could get to him. And I tried to kill this man. And it was about time, because the way he was treatin' the people was very wrong. The way he talked to them was very wrong. . . . So I lost that job. And he put the word out, if I come back on the hospital grounds, they supposed to arrest me. So I said, "Okay, well, I still got my night job, 'cause I still got [rent to pay on] my apartment and all that," y'know. So I'm sittin' down eating my little snack before work, y'know. Security comes up and says, "You know you not supposed to be here?" I said, "I'm working for Ronnie. . . . [Security:] "But you still on hospital grounds." I said, "Oh no." So I lost that job.

That's when I got frustrated. I di'n' wanna go look for nothin' [no job]. I started buyin' crack, drinkin' heavy. I said, every time I try to do some thing I . . . [*sic*]. Instead of leaning on the Lord and going back to the church, I took it in my own hands and started fallin'. I lost my apartment. Couldn't move back with my aunt. (That's why we still apart today.) [Eventually] I was wanderin' the streets, sleepin' in abandoned buildin's, and my cousin came and got me and called my mother in New York and my mother and her boyfriend drove down and picked me up. . . . That was '91. . . . I fell back into the drug scene again, livin' in my mother's [hotel] in a six room apartment with my brothers.

It was only a few months after returning to the "people places and things" of New York that Stanley received another financial windfall, which he also spent on exorbitant gifts to members of his family and other forms of high living. Soon after, distraught over continued rejection by his "daughter's mother," he tried to commit suicide, failed, decided to "try Jesus" (again), and ended up at Redemption House. This part of his story is told in the next chapter. Before I try to interpret Stanley's situation, I want to compare it with that of one of the men I interviewed at Recovery House to attempt to demonstrate how different men from different backgrounds can get caught in similar contradictions in pursuit of the American dream and how the influence of the high life can both compensate for and complicate such aspirations.

ANDREW

Andrew began life with more opportunities than Stanley. Nevertheless, his life and his aspirations became entangled by many of the same difficulties that confounded Stanley. Andrew, too, experienced both occupational success and failure. Like Stanley, he occasionally resorted to illegal drug sales to supplement his income and drug use. Like Stanley, Andrew's drug use varied,

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generally with the extent of the problems in his life. Even more than Stanley, his inability to establish a stable and satisfying family life contributed significantly to his difficulty with drugs. Andrew used drugs both as a means to cope with his psychic pain and sense of self-deficiency and, as things got worse, as a basis of relations with women. Although Andrew was not independently involved with the street culture in the way Stanley was, he fell under its influence through his wife and other family members. Andrew may not have been a stranger to the culture of street drug use, but he was not the "operator" that Stanley was.

Andrew, like Stanley and many of the men I interviewed, lived a social existence straddling two cognitive worlds that contrasted sharply with each other at certain points. Sooner or later, these points of contrast became horns of a dilemma for each of them. This dilemma appeared regularly in the accounts of the men of Redemption House and Recovery House, and in many cases included overt encounters with racism and/or other forms of exploitation or abuse. It is a dilemma whose elements in Andrew's story vary, in some ways considerably, from those in Stanley's tale. As a whole, however, they both offer virtually the same set of contradictions and difficult choices that induce too many young men in their position into problematic involvement with illicit substances in ways that leave them little recourse but to seek help from the treatment industry, another choice that is far from ideal.

Transition from school to work:

Andrew, a resident of Recovery House, had a more circuitous route to the job market than Stanley. He also landed on a somewhat higher rung of the socio-economic ladder, but he also began with more advantages so that his landing was not all that auspicious.

As he tells his story, Andrew "came from a middle class family."[25]

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I went to public school with Hank Aaron's kids and kids of civil rights advocates, including the King family. My mother took my brother and I to church every Sunday and tried to get us involved in church activities. I was in the church choir for a while as a kid.

During high school my parents were divorced. My father passed away in my mid-twenties. In high school I was pretty independent because my mother traveled a lot selling hair care products and teaching courses in cosmetology at trade schools. My father lived in town, but I was very independent. I had a job, I was into track and field, and my mother trusted me. I was into T[ranscendental] M[editation] also. Those things kept me focused.

Like most middle class kids, Andrew went to college. His prowess in sports provided a scholarship at a prestigious institution. He had high hopes, but fate dealt him an unexpected hand and he wound up selling burgers and going to school on the side. It was, as he says, "a period of frustrations." This is prime territory for induction into the high life even after decades of dedication to discipline and focus on the future. Andrew had just the right friends to show him the ropes.

After high school, I got a track scholarship to Tuskeegee Institute. It didn't last too long. I got an injury to my leg . . . and I lost my scholarship [during my first year]. I had trouble with the stress of having to run faster and compete harder, learning how to study, and all that. [Also,] I had financial problems and lost 20 pounds in two months. So I came back home to Atlanta. I went back to get a job and go to community college. First I was a business major, then I switched to information systems. I ran into some roadblocks and got frustrated and let it go. I ended up managing some fast food chain stores.

Introduction to the High Life:

Andrew's introduction to the traditions of the high life came a little later than Stanley's, but it followed similar paths.

This is the time that I started druggin' [because my running career was over]. I had a friend who did drugs at parties. He would sniff coke and have a beer. He [used to] call me names: health kid, sissy, pussy, because I didn't use anything [when I was running]. I used to drink beer watching football or playing chess, but that's all. [At this time,] I started off sniffing cocaine. and I was very much under control with sniffing, on weekends.

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Family and work circumstances:

Andrew also found "strength" to control his drug use when his life took a turn for the better in both family and work situations. Like Stanley, he also reawakened (or rediscovered) aspirations that had lain dormant for some time, during a period of apparent aimlessness.

> When I reached 25 I got a pretty good job and my attitude changed . . . . [I began] working for Atlanta rapid transit. I started as clerk typist in the maintenance facility. I saw a job with a future rather than a job you just do on a daily basis and then eventually quit [because it's going nowhere]. I worked in accounting and parts and maintenance. [Then,] I developed an interest in becoming an electrician. So I went to the [union] local and took a test. I passed and they offered me a program that took five years to become an electrician. I quit an $11 per hour job to make $6.35. I always wanted to do something where I could have my own business.
>
> This is also at the [period of] time [when] I got married. I waited until I was almost thirty to get married because I wanted to be sure it was the right thing to do.

But like Stanley, not everything went according to plan for Andrew. In the course of training for the job that was going to allow him to obtain his piece of the American Dream, Andrew encountered the same form of discouragement Stanley faced on his hospital job.

> The training program was very racist. They let African Americans in, but we ended doin' all the busy work. They [regularly] sent me on a construction site and rather than [observing] and learning, they had me sweeping and unloading light fixtures, gettin' coffee, things of that nature. I rode with it. I studied hard at the school, learned on my own, and eventually they realized it and gave me [some] job assignments.

Tragically, Andrew also faced family difficulties at about this same time. Not only was his childhood tainted by a divorce that left him on his own and lonely, but he suffered a divorce as an adult also.

> Then the real cloud [appeared] in my life. I got divorced. When I got divorced I went through a lot.[28] We were married for three years and lived together for three years before that. The reason [for the divorce] was my wife was working and she would go off to work early in the morning and not come back until around one o'clock next morning. My son was one year old and he used to sit up until one to wait for her. This really bothered me, it tore me up. That lead to fights, arguments. I was very much in love with her. It was like all my dreams and everything I worked hard for clouded up and, y'know, it was like a big nightmare. The biggest problem I had was the loneliness I felt when my wife divorced me. I was also concerned about being a father to my son.

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Interestingly, the same family connections that proved so disappointing to Andrew, were significantly implicated in his associations with the drug culture.

> A: I started selling a little marijuana on the side to kick in a little extra cash.
> Q: How did you get connected to do that?
> A: From my wife. She smoked. I have to give her credit, she went to school, maintained a very good average, finished, and continued to smoke the whole period of time. She knew how to control it. She had a lotta friends who smoked also. I was supplied by her dealer, he was connected with Jamaicans. I dealt strictly to friends and associates.

Introduction to crack:

The discovery of crack was also an important element in Andrew's story.

> Getting back to cocaine, I was [always] very much under control with sniffing. If I had to work some overtime, that's some extra money to blow away. In the beginning it was just weekends, a weekend type of deal. . . . Then my best friend got introduced to crack around [eighteen months ago]. So I naturally picked up on it and I been doin' it from that time 'til [I came to Recovery House]. It seemed like I couldn' keep it under control. I moved in with my mom to see if I could get myself together. I was having problems on my job. I couldn' get along with folks. [I wasn't smoking on the job].

When his conventional world goes to hell, when those mainstream aspirations for family and career are dashed, can it be surprising that Andrew resorts to the gratifications that are touted by the ethic of contravention rather than the promise of the conventional ethos that has failed him yet again?

> I had like a "stuff it" attitude [like Stanley's frustration] and I started doin' more and more and more [crack]. . . . I continued to party with my friends and I became a functional addict. When I needed money, I did some sideline work [in the underground economy, non-licensed electrical work] and got some money. Or I'd buy enough [crack] where I could sell some and make a little profit, not spend so much on it. Somehow I got [along]. I was making $125 a day and in the afternoon I'd hustle $50 or $60 or, if I'd get lucky, get $200. I never stole or robbed anybody. I always believed in working hard for what I get. Even when I was druggin', I was working, and used my money that I worked hard to get. So I was still a functional addict.[27]

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Treatment:

At this point, Andrew began a relationship with a woman who was also a user. For reasons he does not explain they decided to stop using and tried some local treatment programs to little avail. His experience in treatment is, in its results at least, not unlike Stanley's

> Then I ran across a young lady who was active doing [crack] as well. We dated for a while. Once we both tried to quit. But rehab in Atlanta's not worth anything. It's so short term. We went to two or three different places. It didn't work out.

Shortly after these attempts, Andrew found himself locked out of his mother's house and sleeping in her car. This he calls "my bottom," using the 12-step terminology that suffuses Recovery House discourse. At that point he called relatives in New York who worked in drug rehabilitation. An uncle, who works at another therapeutic community, is a graduate of Recovery House. Andrew was admitted within the week.

One other interesting parallel between Andrew and Stanley's account involves their interest in religion. Stanley's interests are obvious throughout his account. Andrew's comments came late in our conversation and were unexpected and unbidden.

> The only good thing that I was doin durin' that time, the whole time I was druggin,' was I was goin' to church every Sunday the whole time I was running, especially when I was on crack. I still had a small amount of faith. Something told me to start readin' the Bible, so I did. Then I started prayin' a little bit. I was still going from job to job, lose one get another.
>
> I left everything in Atlanta. I left my girl. I left my son. I left my friends. I left some houses I had not completely finished wirin' up. I just dropped everything. I knew I was doin' the right thing. I knew nothing about a TC. When I started learnin' about what it was, I just about left. But I also went through a thing called divine intervention. Like I felt I wanted to give my will over to God.

Discussion

The role of religion seems to have been instrumental in Andrew's entry into treatment at Recovery House -- or at least he is trying to see it that way -- just as it was for Stanley at

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Redemption House. Andrew was not alone in this regard. Although he did not seem to be aware of it, I later learned there were at least three other men in my sample who understood their "process of recovery" in explicitly religious terms other than those typical of AA or NA recruits at Recovery House. I will have more to say about this in a later chapter.

Here, the central issue is the general tenor of lives of these two men before they tried Redemption House and Recovery House, respectively, and how it illustrates what might be called the *contextualized* (or grounded) demographic profile that typified many of the men I interviewed at both programs.[28] Here, I am particularly concerned with how the experience of these two men illustrates the way demographic circumstances (especially race, education, family status, occupational skills) interweave to create scenarios of opportunity and impediment (or restriction) that they must negotiate in their attempts to carve out lives for themselves. Partly because of the nature of their demographic circumstances, the terms of negotiation proposed by these two men are the product of at least two different and often contradictory moral and ethical traditions. Each tradition has its own logics and moralities, and both have significant influence in the choices Stanley and Andrew have made and the directions their lives have taken.

As Matza (1964) would argue, Stanley and Andrew are neither totally free agents, nor totally determined subjects (of either biological or socio-cultural circumstances). They stand, rather, at the intersection of freedom and determinism, capable of making choices, of exercising will, of acting as moral agents, but in ways that are bounded and limited by the opportunities and impediments they confront in their demographic and cultural circumstances. Certainly neither can choose to be white. But Stanley can choose to marry, if his proposed spouse will agree. By age 35, the choice to be an architect is virtually beyond his reach, and he knows it. But he is able to choose to drive a bulldozer to help build the structures someone with more opportunity, or better choices, has architecturally designed.[29] But is he able to choose not to use drugs, highly

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reinforcing substances? Certainly under the suitable circumstances! Is he always free to choose not to use drugs? It certainly appears to be a more difficult choice under different, less than suitable circumstances. Calculating the ratio between "doin' good" and "fallin'" is more difficult when you have to factor in disappointment, loss, humiliation and repeated frustration.[30]

Andrew's account includes many of the same elements found in Stanley's: underemployment despite personal efforts, conventional occupational aspirations frustrated by various forces including overt racism, romantic and family difficulties that add to disappointments, encouragement in activities of the high life from using friends and family, and previous "failed" attempts at treatment. His calculus is also much the same as Stanley's.

Does this logic include a biological or psychosocial impediment? There is certainly no consensus on this question -- and no hard evidence. The problem I see with this form of the question (can they choose not to use?) is that it eliminates the elements of life that are highlighted by a sociological and anthropological approach. It sees the Andrews and Stanleys as, in essence, isolated individualities. The bio-psycho-social determinist (disease or disorder) view prized by the treatment community, a view shared at least in part by most medical and mental health personnel, sees the Andrews and Stanleys as singularities who are bounced around by the "forces" in their "environments" like so many billiard balls or lifeless planets. On the other hand, the moralist view typical of Redemption House also individualizes and isolates them from all context but moral demands (just say no).

Andrew and Stanley are thinking and acting beings, members of a species unique on this planet, because they create meanings and try, at least, to direct their behavior in accordance with those meanings. Certainly those attempts can be thwarted or impeded by biological and/or psychosocial hindrances. But that is just the point. Life is extremely complex and paradoxical.

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Many of the men I spoke to expressed the desire to act in a certain way and the serious doubt that outside of treatment they would be able to do so. And the recidivism rates support those doubts. Are they lying to themselves and me and the staff? Are they morally weak? Are they diseased or disordered?

The question to ask, it seems to me, is what changes when they leave? The most obvious change is their immediate social circumstance -- their opportunity structure and their cultural surround, the chorus of individuals and groups who mediate the world of meanings and perception for them. There is a centuries-old philosophical principle known as Occam's razor. It suggests that when faced with many possible solutions to a dilemma, the simplest or most obvious is probably the best. To look for an explanation for this paradox of treatment or training and relapse, the simplest and most obvious answer is the varying contexts in which different choices are posed and made. When Stanley and Andrew are working and are relatively happy with their family circumstances, their drug use and other behavior is less dangerous and destructive. When their love lives are disappointing and their jobs are boring and humiliating, their recreational activities take on more significance and tilt in the direction of risk and harm to themselves and others.

As I read it, Stanley's life (or Andrew's) does not display an *inevitable* downward spiral of drug use, degradation, and despair. Rather, it appears to involve a cycle of ups and downs, (and in-betweens) with recreational or celebrational drug use (or abstinence) characteristic of those times when life is relatively good: when he is working, when his "daughter's mother" sees him "doin' good," when he seems to have a future that holds some promise of personal fulfillment in familial and/or occupational terms that approximate conventional definitions of success. During these periods, Stanley's celebration and recreation tend also to partake of the street ethic of masculinity, which causes him difficulty and perhaps some confusion about what his aims are in life. His attempts to maintain some semblance of both ethical directions, while a delicate balancing

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act between womanizer and family man, worker and schemer, do not inevitably lead into the kind of necessary failure that abstinence programs, both religious and secular, project in their rhetoric. As social control theorists predict, the closer Stanley stays to conventional others and activities, the closer he stays to conventionality (see Hirschi, 1969; Goode, 1997).

However, this marginal circumstance in life does provide Stanley with (supposed) coping mechanisms (alternative selves with attendant alternative meanings of success and failure) which he often resorts to when things go badly for him in conventional terms. When his dream job fails to materialize, when the woman he describes as "the desire of my heart" refuses to be his spouse for reasons that are more religious than romantic, Stanley has somewhere to turn for both the money he needs to pay his rent and the passion he desires/needs to feel good, also the escape he needs/desires to hide from feeling down.

Because Stanley resorts to these devices in periods of desperation and despair, does not mean that he prefers them to his job as a heavy equipment operator (or, perhaps, even as a hospital grounds keeper) or life with his daughter's mother. His divided consciousness, between convention and contravention, his dual ways of viewing the world and the options with which it presents him, is, I contend, no less a habit than the crack use or womanizing that are condemned at Redemption (and Recovery) House. These habits are more than simple logical choices, obvious to everyone, but they are also less than fixed and immutable (biological or psychological) "traits" of character, or genetics. These patterns of life are better understood as wrapped up in the meanings that life events carry for Stanley (and Andrew and others in their circumstances) and how he *chooses* to respond to events and make his way in the wake of circumstances beyond his making or complete control.

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What "being a man" or "being a success" means are not singularities for Stanley and Andrew or for other men in their "social location." The habits of mind, or better, the images of "(self-) interest" or, to use another, albeit, related language, (sub)cultural "logics of action" that direct or urge Stanley to follow one line of action over another are deep-set patterns (maybe even chemically inscribed somewhere in their brain) no more easily abrogated than is heavy cocaine or crack use.[31] But neither do they operate in a vacuum -- again, just like a drug habit. They are part of intricate and complex social and social psychological dynamics that are all too often over-simplified by our attempts to explicate them. I fear my attempt will be another oversimplification, nevertheless, I will take a crack at it.

In his "Economic Ethics of the World Religions" (translated as "Social Psychology of . . ." in Gerth and Mills, 1969) Weber writes:

> Not ideas, but material and ideal interests, directly govern men's conduct. Yet very frequently the 'world images' that have been created by 'ideas' have, like switchmen, determined the tracks along which action has been pushed by the dynamic of interest. "From what" and "for what" one wished to be redeemed and, let us not forget, "could be" redeemed, depended upon one's image of the world" (Gerth and Mills, 1969: 280).

I do not believe that I do any damage to Weber's point here when I suggest that, as long as Stanley has concrete reasons to believe that following convention holds promise *for him* (i.e., is in his [self-]interest), he is content (even anxious) to follow his version of conventionality, adapted as it must be by his experience in street culture and dark skin. When he can see, directly, that he, personally, has something to gain from conventional action in the world, he generally chooses that option, all other things being equal. But as a marginal man, Stanley "carries" at least two images of the world, two of Weber's "switchmen," if you will. One pushes in the direction of conventionality, delayed gratification, the "good" life.[32] The other urges Stanley in the direction of contravention, immediate gratification, the "high" life.[33]

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When the promise of the "good" life dissipates, as it does so completely for Stanley at the point of the racist attack by the hospital executive, it simply reinforces the image of the world (the high life) shaped by the street culture and the worst experiences of black people at the hands of white America. In some instances it prompts what Stanley might call "riotous living," in the language of the New Testament (KJV). In other instances it prompts what Andrew, following Recovery House jargon, called a "stuff it attitude," which tells the conventional world and its switchman to go to hell. Stanley might call it a rebellious or "hardened" heart. In this light (in terms of the contraventional view), Stanley's *logical* resort is pursuit of the high life. At the intersection of job loss, continued family alienation, increased drug use and related criminal activity, there occurs a switch from a pattern of life headed, more-or-less, down the track of conventionality to a track more inclined in the direction of contraventionality. "That's when I got frustrated. I didn' wanna go look for nothin' [no job]. I started buyin' crack, drinkin' heavy." Likewise, Andrew, who "started doin' more and more and more [crack and] continued to party . . . [and] became a functional addict."

But this is not a one-way track. Stanley's life witnesses this because he came back from this and other visits to the bottom end of the cycle (to return to a previous metaphor), including resort to treatments that were unsuccessful. This seems also true for Andrew, but it is less clear in his particular case, perhaps because his career is at a relatively early stage. (Bud's different experiences with drug use in Georgia and NewYork are instructive here.) I suggest that Stanley's current visit to Redemption House is typical of this point in the cycle (or location on the track) and that had Stanley found -- or been offered -- another job similar to earth moving equipment operator, his choices and activities would have "switched" in the direction of conventionality once again. At that point, he was morally exhausted by the impediments he had encountered in his negotiation with conventionality and lacked the social resources to protect him from choosing to

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opt out. When he was rescued from his despair, it was by his parents who returned him to New York and the social and familial context ("people places and things," as they say at Recovery House) that reinforced his high life choices all along. Stanley had not reached some ultimate moral or personal nadir. He simply ran up against the limits inherent in his contextual demographics, his socially constructed social location. He needed assistance, perhaps even "treatment." But, not necessarily the sort of abstinence-only program typical of our prohibitionist culture. What he needed, I contend, was to have his opportunities enhanced, e.g., another real job offer, preferably away from his current drug using associates.[34]

Donald

There is good reason to maintain my suspicions about the unquestioning belief in the inevitable downward spiral to moral and physical ruin maintained in the rhetoric of the dominant recovery movement, including both the therapeutic community and faith community wings.[35] Several of my informants provide evidence for the more cyclical model of heavy drug use that I have tried to indicate via the accounts of Stanley and Andrew.

Donald, a resident at Recovery House whose contextual demographics are different in a variety of ways, nevertheless, demonstrates a similar up and down struggle with hard drug use. Donald is more solidly conventional than most of the residents I met at either program. His contact with the street culture is minimal and mediated almost exclusively through his drug use and purchases. He was introduced to crack by a high school friend with whom he used to score coke and play basketball.

> I started when I was 25, 26 smoking crack-cocaine. I was unmanageable behind that after a year or two. Meaning I couldn't support myself. I was a sales manager for a water heater company. As a result of smoking I lost my job. I was laid off for calling in [sick so often]. After . . . that job, I went to Pergament's, still using while I worked there. I worked there until I got robbed. I was kinda "feeny." It's a kinda slang term meaning wanting the drug bad.

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> And I done something I'm payin' for now, I'm on parole. Back in '89 . . . I committed a robbery myself and went upstate [to prison] for two and a half years.
>
> I came back home in '91 and was substance free until that June, [about six months]. Then I would get high and stop and then on and off for a while. I was not unmanageable. I was more or less a social [user,] getting high [occasionally, on weekends and so forth]. But I knew more or less back in my mind that if I kept going I would [become] unmanageable. And I kept going. It lasted for four years.

That is, Donald continued to use crack in a relatively controlled fashion for four years while he maintained both his job and a functional family life. Based on details supplied throughout our two hour conversation, Donald appears to have had occasional crack binges during this period. He reports that "two-thirds of that time my using was manageable; it wasn't a binge." Most of his drug use was what could only be described as recreational. Even the binges lasted only a day or two, most often on a weekend, and then he would not use again for at least several days, until the next weekend, and usually much later. Often he would "abstain" for weeks at a time.

This pattern of bingeing is a common one among crack users and is not the same as physical dependence on opiates, for example, which produces a very different pattern of use (see Waldorf, Reinarman, Murphy, 1996; Bourgeois, 1996; Reinarman and Levine, 1998).[36] As near as I can tell from his description, Donald's use was not very serious as compared with many other crack users at these programs. Nevertheless, Donald displayed what the "peers" would call "serious guilt" over his use, which he obviously felt was out of character with the rest of his life.[37]

> I can remember getting high and coming home and I would always come home after my kids would leave [for school], if it was a weekday. Crying, "Why am I doin' this?" It was just terrible where everybody I talked to would say, "Oh you're such a smart guy!" That's what would make it worse. If I'm so fucking smart, why can't I stop using crack?

During these four years of crack use, Donald rebuilt his life with the help of family members who, unlike Stanley's, had the right kind of resources. Despite all of his conventional successes, Donald's middle class guilt continued to eat away at him. His only confessor during

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this time was, unfortunately, his parole officer. Although Donald was attending Narcotics Anonymous meetings as part of his parole requirements, he did not voluntarily disclose his use in the meetings nor to any of its members.

> I started working with my uncle who has a construction company on Long Island. From there I started working for _____ Sales, then I went to _____Valve. I was teaching sales and engineering there. My company trained me. They were manufacturers of industrial valves for water, oil, and gas. So I stopped that [job] when I came here. I came here because my parole officer talked [me into it]. I'm not mandated here. But every time I would get high, I would tell him. I was seeing him every two months. He would say, "What are we gonna do about it?" I met a guy through going to AA and NA who told me about this place. It took me two months to get in this program.

Donald was not suicidal, like Stanley, nor mandated to treatment, like many other residents of Recovery House. From all appearances, his life, unlike Andrew's just prior to entry, was relatively in order. Donald claims that he did not treat his wife and children very well as a result of his crack use, and that seems to have bothered him greatly. However, his descriptions of his "mistreatment" were well within the parameters of typical, if not "enlightened," family behavior. He did not describe any physical abuse of his family. At worst, he often ignored, occasionally verbally misused, and, at times, humiliated his children. While he blames his crack use for this behavior, he also tried to protect them (and himself) from any knowledge of his drug use. I doubt that his drug use -- and certainly not the drug use alone -- is accountable in any significant way for how Donald related to his family. I suspect rather that this causal connection was made as a result of the time (four months) he had already spent at Recovery House.

As part of a new resident's assimilation into the therapeutic community, it is necessary that he or she "confess" to the ways that drug use has destroyed his or her life (see Chapters 3 and 5; also Danzger, 1989). Given Donald's conventional existence, his stable job situation and current lack of criminal activity, it must have been difficult to discover indicators of moral decline beyond the drug use itself. (His earlier crime was truly an aberration that perhaps more than anything

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demonstrates the illusory nature of the idea of an inevitable downward spiral.) In order to display personal progress in treatment, however, Donald needed some way to "see" his recent crack use as debilitating. Emotional and verbal abuse of his children was perhaps the best he could come up with given the largely conventional reality of his life. It is quite likely that he, his peers, and counselors seized on this "sad tale" to legitimate his addict label and interpret his relatively benign drug habit as inevitably destructive of his life and relationships.[38]

The point is, Donald's account of his drug use provides very little detail to indicate that his life was in ruin, despite more than a decade of cocaine use and his own claims and fears to the contrary. In fact, the detail he does provide contradicts his own analysis. Donald had put his life back together following what for anyone not a member of the street culture had to be a terrifying and confusing experience. He paid his debt and with help of family members had rebuilt a relatively stable family and occupational existence. All the while, he was maintaining a crack habit! He argues, and assuredly his peers and counselors at Recovery House reinforce this view, it was getting bad in the last few months. And perhaps it was. He claims to have lost one job previously to crack use. But I suggest the inevitability is more rhetorical than real in Donald's case. Donald seems to have believed the prophecy of inevitable decline, and was expecting its fulfillment immanently. As he indicated, what he agonized about most was simply that he could not stop, not that he was in danger of losing his job or his family. The only real danger evident in his account was the danger of being "violated" by his parole officer and being sent back to prison. This is not an insignificant consideration, but not an indicator of addiction, only prohibition.

Although there is real personal and familial devastation associated with crack use in many instances, it does not appear to be the case with Donald.[39] Nevertheless, the treatment system demands rhetorical purity. Donald's guilt and fears were not enough, he was required to produce evidence of crack's devastation in order to be processed through the steps deemed necessary for

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treatment success. Donald's life has to be seen to conform to treatment rhetoric. Donald, conformist that he is, went along, I suspect, because he wanted to be free of his drug habit and, especially, the guilt associated with it. With the cooperation of his peers and counselors, he had to construct an image of his life as out of control in spite of evidence to the contrary. (Well, perhaps his children were out of *his* control, but that's another issue.)

In spite of his rhetorical correctness, like Stanley, Donald supplies clear evidence, that his crack use is not pharmacological enslavement and that, given the right opportunities, recreational crack use need not lead to inevitable decline of morals and behavior. Use often entails struggle and a cyclical pattern of "doin' good then fuckin' up," as one informant put it, which sometimes leads users to treatment at one or more of the low points in the cycle. But this is a rather different picture than is painted by the general discourse at Recovery House or Redemption House.

In Donald's case, certainly, he provides serious evidence of having put his one serious "fuck up" (the robbery for which he went to prison) behind him. And, except for dirty urines, there is little indication in his story that he is doing anything but "doin' good," despite certain personal shortcomings of the sort we all face. He was not on the road to moral, financial, or familial ruin, except that he was in danger of parole violation, and that alone could ruin his life. Perhaps it has already, since he is now in treatment and not at his job, with his family, or exercising his moral capacities "freely," because he is encapsulated at Recovery House, and when he leaves, will be forced to rebuild his life once again. The self-fulfilling prophecy of inevitable decline finds another victim via the criminal justice system. If this is not *criminal* justice, I don't know what is. The irony of this circumstance continues to be lost on the true believers at Recovery House.

In contrasting different "ethical" aspects of and influences on the lives of my informants, I do not mean to contend that conventionality is somehow ontologically -- or objectively -- a better or

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more correct choice or set of goals than what I have been calling "contraventionality." The preference for the former -- as well as the latter -- is itself a matter of social convention. Both ethical perspectives and the attendant structures of choice and action ("moralities of thought and logics of decision" *ala* Benjamin Nelson 1981: 99ff) and the values placed on them by various social groups are, of course, social constructions. As such, they can have no empirical priority. Their priority, that is, any preference for one over the other, stems from value positions not from empiricism. It is just that the perspective or ethic that I am calling conventionality happens to be shared by most of the population of the U.S., including and particularly that segment that exercises and maintains economic and political power and control, especially over those who prefer the contraventional view. As an expression of that power, one view and its attendant actions are labeled legitimate and the other is labeled "deviant" and often "criminal." Thus Stanley, Andrew, Bud, Donald, and hundreds like them also become "deviantized" or "criminalized" when they (get caught) engage (-ing) in essentially harmless, or at least victimless, activities. Their notions of themselves, their "identities," become stigmatized by these labels that are more "ascribed" by social forces beyond their control and understanding than they are "achieved" by any "evil" inherent in their deeds or intentions.[40]

Much of the official or formal labeling process with respect to drug use and sales is carried out by the criminal justice system. Increasingly, however, part of it is accomplished by the mental health care system where deviance is often "medicalized" and deviants become patients or "patient-like" in order to be cured of their "aberrant" world images and logics of action that do not correspond to the conventions of the age. Stanley's deviance is seen in moral terms at Redemption House, a decidely outdated motif for most of the treatment industry.[41] If Stanley resided at Recovery House, like Donald, he would be considered more patient than penitent. Whether this is actually the case or not, whether Recovery House and Redemption House are doing the same thing

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or two different things with their residents, remains the central issue of this treatise. To continue along this comparative tack, I look at the account of Miguel, a resident of Recovery House, in light of Stanley's experience.

Miguel

The account of Miguel at Recovery House provides a variation on the contextual demographics of drug users and the complex cycles they construct of their lives. It demonstrates the cultural and social marginalization typical of users from a somewhat different angle. Miguel's account differed in important ways from those already considered. Most immediately, Miguel was a heroin user rather than a crack user, like Donald, Stanley, and Andrew. This means that his patterns of use were different, in part because of the different pharmacological characteristics of the two drugs. Intensive crack use typically takes the form of bingeing. Users can spend prodigious amounts of time doing little else than pursuing a high, or their binges may last only days or hours. Heroin use, especially dependent use, follows a more regular, long-term, daily pattern of use, wherein one injects two or three times a day, although this varies according to the size of habit, drug availability and other factors.

As with Miguel, long time heroin users develop alternating periods of use and abstinence, including treatment perhaps, but these cycles are rarely bounded by days or weeks. Heroin use cycles are of longer duration, usually consisting of months or years. It takes weeks, if not months, to build a true physical dependency on heroin, and then often months of slowly increasing use before the habit becomes unmanageable and one begins to look for ways to back off, cut down, or quit.[42] The latter process may also take some time, and if a period of abstinence follows, it can be some time before the user starts up again, and yet more time to build another troublesome habit, and so on. Although, at the worst point of their cycles of using, heroin and crack users will often

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display similar chaotic and frenetic patterns, the paths they have taken to these nadirs are often quite different.

Miguel was also different in a another way. He was a man who displayed little of the split consciousness so evident in the accounts of Stanley and Andrew, but also shared little of the middle class conventionality of Donald. Miguel told a story that had little sense of struggle, either moral or economic, yet he encountered many of the same demographic impediments the others did. The day I spoke with Miguel he had been a heroin addict for 15 years. He had also been married for those 15 years and had three daughters. His most regular source of income over that period was drug dealing. He spent two terms "upstate" in prison as a result of this activity. He had been in Recovery House for two weeks when we recorded this conversation. He was mandated to treatment because of a parole violation for dirty urine. His only alternative was to go back upstate to prison, which would take him away from his family.

Unlike the other men described above, Miguel is white. He was born in Puerto Rico to a family of 11 children. He was sixteen when he moved to New York with his wife and his father in 1979. Things looked good at first. He started working in car wash, and a few years later became the manager. He went to school at night and learned to speak English by the time he was seventeen. However, the car wash was a double-edged sword.

> Guys at the car wash smoked pot and drank beer. I started experimenting. Since I was working during the day and going to school at night, it was hard to stay awake. That's when someone introduced me to cocaine. This guy said, "Just take a few hits of this when you get up and you'll be awright." Sure enough, when I got up I took a few hits and it pepped me up. So I started using it every day to stay awake. I liked the little rush on it too.
>
> Then I got to the point where I thought I was sniffing too much. I was messing up in school. I was missing days. In the morning I'd be sniffing and forget all about school. I was too lit up. So I smoked pot to bring me down, but it didn' work too good. Then there was another guy in the car wash who used to use heroin. He used to mix cocaine and heroin and use the little needles. He used to go in this little room, and I had to look out for [supervise] him and I watched him. He would shoot up and he'd get all lit up one minute, I guess from the coke

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rush, and be all panicky and shit. Then the next minute he be all nice and relaxed and mellow.

> One day I asked him could I try it and he said "Nah, you shouldn' mess with this." But I said, "Hey let me try it." I tried it out for the first time, and it was like wow, a high I had never experienced before. At first I got this big rush even before the needle was out and I got like this tingling sensation in the top of my head and I just passed out for a couple of minutes. Then when I woke up I said, "Wow that was cool. Lets try it again." And a few hours later I tried it again. Then the next night I said let me try the heroin by itself. So I did, and I liked that down little hit that it gave me, and I been with heroin ever since. I fell in love with heroin.

Miguel developed a heroin habit that escalated from $10-a-day to several times that over the next few months. To support his habit, he began embezzling money from the business and was eventually caught and fired. That is when he turned to dealing. He talks about this transition as if it were the most natural, untroubled progression imaginable. But then, this was the general tenor of his tale.

> So I was out of work for a while and one day, when I was a little short when I went to buy my drugs, the dealer said, "Listen, I can't give you a break, but if you hang out for a little bit here and watch out for the cops, I'll let you have a few dollars or a couple bags, whatever it is that you want." About a few weeks after that I started dealing drugs myself. I guess I wasn't that good of a dealer, 'cause about two weeks later I got arrested for selling. All I got was a DAT [desk appearance ticket].

Although the arrest was of little concern to Miguel, his heroin use had begun to intrude on his family life. He used the brief jail time he was given for dealing to "kick the habit," and thus began what was to become a fifteen year dance with the on-again, off-again cycle typical of many heroin "habitués."

> My wife started noticing the difference in me. (She doesn't have anything to do with drugs, not alcohol, smoking, nothing, even to this day.) I wasn't that friendly any more. I woke up with an attitude, the shakes and what not. So we started having little problems between us. So I finally admitted I was using. Then, after I went to jail, it was just for a few days, I cold turkeyed there and kicked the habit and I said let me just chill for a little while and see if I can find me a job. My wife got me a job as a porter at the supermarket where she was working.

Miguel, apparently intended to try the straight life, but opportunity (to get high) was readily available to a man of his social and cultural location. Notice, however, that even though he

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returns to heroin and stealing from his employer rather quickly, he is able to maintain his job and not get caught pilfering for three years, an amazing example of controlled use. Following this, Miguel reports his return to the occupation that seems his true calling with no sense of remorse or hesitation, and without the need for any self-neutralization. He gives no indication of being divided between different systems of ethical direction. Working is working, "you gotta do it," whether its selling groceries or street drugs, it's all the same. The risks are greater doing the latter, but he gives no hint of a sense of moral distinction.

> One day I walked into the bathroom and the security guard was getting high, he was sniffing. I asked him where can I cop. We had moved. So I gave him some money and he came back with [some drugs]. Little by little, I started stealing from the supermarket. And I went back to heroin again. After about three years, they fired me for stealing, but because of my wife they didn't have me arrested. She was embarrassed, so she left too. After that I went back to the streets and sold drugs with the guys I worked for before.

Miguel prospers on the street and is promoted to supervisor of his own crew. Apparently, things are okay at home, too, because he has a new daughter. But soon Miguel experiences another down side of the user-dealer cycle.

> One day a cop saw [a drug] transaction and arrested [me]. This was the first time I was really incarcerated. I got one to three [years] and that left my wife by herself with a new baby. We had this little basement apartment in [here he names the local neighborhood] Queens and the land lady was real nice. They took care of my daughter while my wife went to work. I did fifteen months. It was hard at Rikers [the New York City jail] because there was more drugs there than on the street. I was there for eight months. Upstate, where I did the last seven months, was even scarier than Rikers. So I came out of jail with a habit.

Once again, the conventional horizons of his wife and family prompt Miguel to try to leave the street life and "settle down." In the process, he encounters the latest scourge of the drug-using community and two of the more promising and successful means of dealing with both the issue of AIDS and problems with substance use. Unfortunately, both programs Miguel encounters are limited in what they can do by archaic and irrational legal restrictions. Like all public support systems for the poor, these are not overly generous to or accepting of drug users, and going

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straight, as is often the case, is more of a struggle for Miguel than dealing and using (though not more difficult than prison).

> My wife told me it is either her or the drugs. So I cut down a little and then I detoxed myself over about two weeks. I started working again and I heard or saw people I used to get high with that had AIDS. One day I bumped into my wife's brother who was in a methadone program [and he] told me that he was sick and I went with him to get tested and he was positive. (He had helped me detox, when it got bad he would give me a few little pills to sleep and what not.) He got sick really fast and my wife helped to take care of him. I was scared to get tested, but I was scared I had it, and it's really stupid, but I went and started getting high again [to help me deal with the emotional stress].
>
> Then I got on the same methadone program as my brother-in-law. One of the counselors there told me about the underground needle exchange program. So I went one weekend [on their walkabout]. It was exciting, had to look out for the police and whatnot. I got to know Allen Clear. He told me about the course I could take to be a volunteer, and I took that and [became a regular volunteer]. I was still on the meth program and I [occasionally]sold my weekend dose and bought drugs. Then I would pocket a few needles when I went around with the exchange and I would sell some of the needles and the whole *cycle started again.*[43] [Emphasis added.]

Miguel, himself, sees the cyclical character of his using and dealing career, at least as he tells this story in a semi-secluded storage room at Recovery House where this conversation took place. But he seems to indicate some sense of frustration with his cycle of seeming "eternal return" to the use of the needle. Given the experience of his brother-in-law and other fellow users, plus his training at the needle exchange that included extensive information on AIDS and its connection with injection drug use, Miguel appears to be looking for a way to end the cycle, or -- perhaps more realistically -- to find a safer way to continue. His account seems to indicate some uncertainty about how to deal with the new threats to his well being. Also, he obviously still wants to please his wife, if possible. All of these pressures culminate in Miguel's next decision to stop using. Unfortunately, fate plays a hand that cannot be anticipated. And that hand, in turn, is only playable under the "table stakes" that are Miguel's contextual demography.

> After a while I stopped messing with the heroin and I went back on the meth program again. I got me a regular job working for this little limo company, but had a bad accident. I was hit by a drunk driver. I got a lot of money . . . . I gave most of it to my Moms [and] my wife and I rented this little house, so the money went pretty quick.

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> The limo owner would drop me some money or drugs from time to time and I found myself going in that same direction again. I said if my wife finds out I'm messin' with drugs she's really gonna send me to hell this time. So I told the doc that I was using heroin and it was [blunting] the effect of the pills (Percodan). So he increased the dosage of the pills and I eased away from the heroin. But the fucked up thing was, now I was hooked on the pills. I had to go into detox to get off the pills.

But as all drug researchers and treatment professionals know, detox does not mean sobriety. The cycle is not over for Miguel, but its character is becoming more obvious to him. Even still, when the economic pinch comes to any of us, we turn to those resources with which we are most familiar and which are readiest at hand. Drug users like Miguel are no different from the rest of us in this regard.

> Then I said [once again] let me try things straight for a while, but after awhile, with my little job and two kids at home, living in the same neighborhood, the money from the insurance was just about gone, I started selling drugs again. Then I start using again. So that whole cycle kept goin': Use, slow down, stop, be okay for awhile, then gain my weight back, feel nice and healthy, whatever, and then start using again.

This is a fair capsulation of Miguel's using career, discounting the jail time and time in treatment, which to his mind, I'm sure, are subsumed under the "stop" category. His account captures both the major elements of this classic round of using and abstaining and the typical extent of a using career, about fifteen years. As several researchers have shown, after about this period of riding the cycle, users begin to get the picture, as Miguel does, and either tire of it or find it too threatening to other valued aspects of their lives and leave their habits for good (though it often takes several tries, just like tobacco). In some cases users simply cut back to more manageable levels of recreational use.[44] If anything, Miguel seems headed on this route, given the family pressures on him, the threat of HIV infection well fixed in his mind, and his numerous detoxes in the past. This cannot be a foregone conclusion, however, since the matter of making a living continues to confront him. Although Miguel had few skills, he was obviously intelligent. He was promoted to supervisor in a number of his jobs, both legal and illegal. And he did not seem to

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have the family and educational resources of Donald, nor the skilled training of Stanley or Andrew. Whether he would take this path or not cannot be known, since fate -- or rather one of the contingencies typical of Miguel's contextual demography -- once again takes a hand in limiting Miguel's choices

> Q: How did you end up at Recovery House?
> A: I got busted selling drugs on 110 Street (we moved to Manhattan). I went away to jail and came back out last March (1995). On parole, I gave a couple of dirty urines and they locked me up and they gave me the choice to finish my time upstate, to 2000, or come to this program.

One of the interesting things about Miguel's using career and its cycles is that he does not indicate any period when he is seriously "down and out." He was never homeless, and fortunately he avoided contracting HIV. Although he steals for drugs, it's always from an employer, i.e., he is employed at regular intervals and is always employable. The pressures to cut back or quit come from his "conventional" wife and his fear of jail and serious illness. His aspirations are relatively low by middle class American standards. He lives day to day in a family-oriented existence rather than a future and career-oriented one. This ethos is common among first generation immigrants from "developing" areas. Although there are strong strictures against drug use in certain sectors of Hispanic cultures, the traditional "peasant" approach to the cycles of work and play (ggod life and high life) fit comfortably with the street culture of drug use and petty crime that develops in the absence of regular opportunity for legitimate employment at a decent wage.[45]

The street drug culture is very adaptive for immigrant populations. This was as true for the Irish and Italians as it is for the Latinos and rural African Americans. While Hispanic men and women are hard workers, they do not generally partake of a cultural ethos that puts ultimate meaning on work or occupation. Peasant (or quasi-peasant) cultures do not eat to work, but work to eat. Their ultimate meanings are found in family, religion, and community rather than in individual vocation, until they become assimilated to the dominant Anglo ethos, that is. Even the

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opposition of Miguel's wife to his drug use has more to do with the threat it poses to family stability, via his mood changes and the threat of prison, than it does with any sense of its inherent evil or threat to his "identity" or career.[46]

Miguel's drug use causes him very little in the way of a moral dilemma, especially when compared with Donald or Stanley. This is, I suggest, because it does little to violate the quasi-peasant canons of morality as they have been adapted to the street culture of inner city barrios. The "high" life for Miguel is not predominantly about partying and women or feats of masculine prowess. He loves heroin for the way it makes him feel. Except for the restrictions required by prohibition, his habit would likely create little interference in his desired style of life or aspirations. Were heroin readily available in legal, safe, FDA-controlled amounts and purity -- at prices more in the range of alcohol or tobacco -- his use would likely fit quite nicely with his chosen manner of life and would certainly present no threat of disease or prison time. The fact that he finds himself in a treatment facility as an alternative to prison is purely contingent on the legal and not the pharmaceutical nature of the substance he chooses to use. So while racial, educational, and population demographic "variables" play a role in "determining" his status as user and the choices he makes regarding use, the legal status of the drug seems a more relevant factor in understanding the personal *dilemma* or risk that Miguel faces regarding his drug use. His account does fit much of my contextual demographics profile, but he is decidedly not morally conflicted (or at least I could not detect it) about his use and that, I suggest, is largely because of his differences of cultural/economic background more than anything else.

Except for the color of his skin, Miguel's demographics parallel (or are "worse" than) the others in virtually every respect. Yet his experience of his "addiction" is very different from theirs even while it follows many similar paths and patterns. Demographic data are important variables in understanding the actions of individuals and groups. But as separate categories -- or even

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combined in multivariate analyses -- they often miss the context of meaning and purpose that ultimately give direction to user's lives and activities whatever is the drug of choice (caffeine, nicotine, benzodiazapine, morphine, THC . . .) of the individual or group under investigation. Ideas about the world, its character and meaning, one's place in it, and one's relation to both "brothers" and "others" are what often, in the end, "determine" what track we take in the face of a given set of circumstances and its necessarily limited set of choices.

Meanings that are always socially constructed (both by and for us), and thereby deeply contextualized, are crucial to understanding why these men choose the actions they do, both to use certain substances the ways they do and to seek to stop. It is those meanings that are buried in the stories they tell and how they tell them, and often to whom and under what circumstances they tell them. It is those meanings that I am attempting to understand in this investigation. Ultimately, it is only in the context of those meanings that the demographic data we gather so objectively can tell us -- users, researchers, and user-researchers -- what we want to know.[47]

Conclusion

In this chapter I have argued for a more contextual view than is typical of much conventional treatment research about what sort of men come to treatment and training and why they have trouble with drug use. I have tried to see the lives of Stanley, Andrew, Donald, and Miquel as representative of the complexities and contradictions that my informants (mostly minority and poor users) encounter as they attempt to construct meaningful lives for themselves and their families. Given the impediments and limited opportunities they face, they use all means possible to negotiate a reasonable fate.

The means available to them for "making sense" and "making do" include at least two cultural systems of direction, two moral logics, which are often opposed to one another. This

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results in much ambivalence and exacerbates their marginality. It results, as I have shown, in a "now they do, now they don't" pattern of adherence to what conventional institutions consider appropriate conduct. The resultant attribution, however, is often unequivocal, especially when they encounter the criminal justice system. They are labeled deviants and drug addicts by society, its agencies of social control and correction, and, ultimately, by themselves. (They are also labeled sinners by the religious subcultures.) They then become candidates for redemption or recovery, both of which include a form of identity transformation or "re-labeling." How this happens in the context of religious and secular programs for rehabilitation is the subject of the following chapters.

As I have indicated, the overarching theme of this investigation is the essential similarity of the two programs, how they process their "clients," and how the clients negotiate that processing. I argue for that similarity despite the claims of both programs to the contrary. More to the point of the present chapter, I have attempted to offer my view of who these men are and what their lives are about early in this monograph, because much of what follows involves accounts that see them differently. Both programs are marked by the necessity of inducing "right thinking" in their residents. Right thinking means agreement with the program's ideology. In this chapter I have tried to read between the lines of the right thinking to see at least certain aspects of those previous lives still available in the residents' accounts.[48] I have used this evidence to argue a position that counters the similar ideological lines taken by both programs about the lives of these informants prior to treatment or training. What follows looks at these same men, and others, in the process of being treated and trained.

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Endnotes Chapter 2

[1]From "The Social Psychology of the World Religions," in Gerth and Mills, 1969: 280.

[2]Age is a crucial variable in the consideration of drug using and treatment populations. Most people who stay in treatment or training long enough to display what the literatures consider "positive effects," are over thirty. That the men I interviewed fit that category should be evident from the stories they tell. The "natural recovery" literature (see, for example, Winick, 1962; Waldorf, 1983; Waldorf et al., 1991, Biernacki, 1986) has also demonstrated the general "conventionalizing" effects of age on career drug users. My research only supports these findings. I do not focus on age *per se*, but only as it "folds into" the other categories, e.g., drug use history.

[3]There were a few men at both Houses whose ancestries included Caribbean cultures other than Hispanic.

[4]Interestingly, my gender rendered my status minority in management meetings at Recovery House.

[5]I.e. contentment or happiness. A more psychologically oriented observer might substitute the notion of "self-fulfillment" for meaningfulness. In our highly individualized society these may be considered interchangeable ideas.

[6]The notion of cultural directive systems comes from Benjamin Nelson's work (see 1981). Also, much of the following argument is influenced by the theoretical traditions of strain and opportunity theory (e.g., Merton; Cloward and Ohlin) and subcultural theories from Walter Miller to Dick Hebdige, all tempered by Matza's critical work on subcultural commitments in *Delinquency and Drift* (1964). There, for example, Matza (ibid.:28) writes that many juveniles are "in limbo between convention and crime." I suggest something similar for many, though not all, of my informants with regard to their involvement in the cultures of convention and contravention, as I characterize them. This, it seems to me, is what makes the most sense of the accounts of Stanley, Andrew, Donald, and Miguel, and by inference, the rest of the men at both programs.

Reinarman (1994) has drawn a similar distinction between the "Protestant ethic" and the newer "consumer ethic." Elijah Anderson (1994) writes similarly about the mutual influences of the "code of decency" and the "code of the streets" on young people in African American communities in the inner city. In a similar vein, Phillipe Bourgois's (1996) ethnography of crack use and sales uses a distinction between "mainstream culture" and "inner-city street culture" to explain both why African American and Puerto Rican young men fail in their attempts to maintain low level office and service sector jobs in the legal economy and why they then turn to crack and heroin use for psychic compensation and drug sales as an alternative means of livelihood. Bourgois' analysis is more systematically structural than mine, but cultural systems of meaning are nevertheless important to understanding why the minority men he writes about are unable to take his "structural" explanations of their (economic and ethnic) dilemmas to heart and, instead, interpret their own experience in the personal terms of honor and humiliation that seem so important to the men I am writing about as well.

From yet another academic front, Robert Wuthnow (1996), the Director of the Center for the Study of American Religion at Princeton, likewise sees two opposingmoral traditions traversing American life. He labels them "ascetic" and "expressive." Both models, he argues, evolved before the Civil War. However, as he demonstrates with numerous polls and interviews, both traditions remain powerful influences in American life today.

[7]I had three separate taped interviews with Stanley (not his real name). Two interviews occurred at Redemption House and one at the Teen Challenge Training Center in PA. The total time was more than four hours. I also had numerous informal conversations with Stanley during the four months I spent in this research.

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[8]The terms in quotation marks are, of course, drawn from the mainstream notions of conventionality. Their meanings are in keeping with the directive systems currently dominant in American institutional systems and generally considered ideal among American cultural elite. They are similar to Anderson's (1994) notions of "decent" and "street." He takes this terminology from his subjects and maintains their moral perspective in his own usage. I am uncomfortable, at best, with the moral implications of his categories. However, his descriptions of the struggles and ambivalences faced by all young people in these social settings is similar to what I observed in the accounts of the men I interviewed.

[9]There are similar subcultures recognizable among other working class ethnic groups, especially recent immigrants, most of which emphasize similar values of "manhood:" drug use (especially alcohol), physical prowess (in work and sport, e.g.), physical violence as a means of problem-solving, paternalism in general. (See Oliver, 1998.)

[10]I intend "high life" to mean not only the traditional illicit institutions (after hours clubs, speakeasies) and practices (what once was called promiscuous and more recently has been labeled liberated sexual practices) described (and generally condemned) in portrayals of popular culture activities in African American communities such as *The Color Purple, Autobiography of Malcolm X, Manchild in the Promised Land*, "The Great White Hope," *Cocaine Kids*. I intend here a broader meaning that would encompass these, but also include more licit leisure activities common today, such as, nightclubs or dance clubs, "discos," jazz spots, as well as the general trend toward "loosening up," "letting go," various forms of self-indulgence and sensual indulgence that find legitimation in such pop psychology notions as "healthy egotism," which may also be seen as self-improvement via self-indulgence.

This is an ethic that appears to have been popular within the entertainment and fashion industries and cultures for some time, but is now also being exploited by the advertising industry and widely "exported" from the entertainment subculture to a wider audience via the ubiquity of electronic media, especially television and the recording industry. Thus, I suggest, that those traditional "illicit" forms of the high life (drug use and "carousing") can now be seen as, in principle, drawing legitimation not only from their own "countercultural" notions of rebellion or nullification of the mainstream "responsibility" ethic, but also from the widespread expressions of the libertarian ethic in the entertainment and advertising media, as well as popular theories and systems of "self-actualization." For example, others have suggested that the Nike slogan "just do it" becomes not only a legitimation for indulgence in the purchase of high priced sneakers, but more generally for subordinating any sense of duty or responsibility to the collective to the "responsibility" to indulge rather than invest. Thus, what may be a relatively "mainstream" justification for limited modes of behavior (shopping) becomes (unconsciously?) "engrossed" or expanded in other social contexts to include wider and wider forms of behavior. "Just do it" serves the perhaps unintended consequence of a neutralizing technique that "enables" individuals and groups in certain contexts to enlarge the ethic of liberation to justify otherwise illicit and illegitimate activities.

In this context, then, the term "high life" implies a wide spectrum of activities and approaches to "indulgence" from the more recreational (weekend warrior) to the more committed, burn-out rock star stereotype. The "high life" can be indulged in in "dribs and drabs," or one can become immersed in "drugs, sex, or rock and roll" as an "escape" from, or "rejection" of, the every day world (Weber, 1969:323ff). Also, there are various points of entry along the spectrum that runs between these two extremes. The libertine culture is fed by many traditions and can be "resourced" in various ways, for various ends, by various groups and individuals. The affinity of black street culture and individuals for the broader libertine culture is a matter of historical contingency. I imply no necessary physiological, psychological, or cultural developmental connection here. Again, see Reinarman, 1994; Waldorf et al., 1991 (esp.279ff); and Anderson, 1994 for similar observations.

[11]Some argue that "the ethic of the marketplace has always been to encourage consumers to choose among products that made them feel good; from there it was just a short step to choosing among life styles that

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made them feel good, whether that meant using drugs or freer sex." (See a review of recent histories of the "sixties" by Patricia Cohen, 1998, which claims "that the counterculture's hedonist impulses had their roots in consumer capitalism.")

[12]A 1969 print ad for Love cosmetics reads: "Love today is different than it's ever been. It's freer, more natural, more honest - more out in the open." (Quoted in ibid.)

[13]Matza (1964) refers to the juveniles he finds in similar equivocal circumstances as "in drift" between different sets of demands. The requirements of the "subculture of delinquency" - something quite different from the "delinquent subcultures" posited by Walter Miller (1958) and others - he identifies are "techniques of neutralization" rather than positive moralities. Techniques of neutralization are rationales (or rationalizations) that permit situational release from conscience and attempt to deflect the sanctions of social control agencies, but do not commit individuals to "opposition values." Also, Anderson (1994:103) argues that although there is only a small segment of the inner city population that is committed to (has internalized) the "code of the street," all inner city young people are intimately familiar with this code of conduct and demeanor and must, "on occasion . . . adopt street behavior. In fact, depending on the demands of the situation, many people *slip back and forth* between decent and street behavior." The situation of the population from which my informants are drawn is quite as marginal as Matza's delinquents or Anderson's inner city residents. Is it any wonder they are equally "double-minded?"

[14]It will be my contention throughout this thesis that "attention" paid to the problems faced by the men who come to Redemption House is relatively more realistic than that at Recovery House, while the promised solutions are essentially similar in all but certain elements of their respective legitimizing rationales and rhetorics. Problems are seen as spiritual (i.e., moral) issues at Redemption House rather than as "personality or character disorders" (i.e., pathologies). As such, these problems do not necessarily require the expertise of professional clinicians nor sophisticated diagnoses from psychiatrists or psychologists. (Although some people with "addiction" problems may also have neuroses or even psychoses, I suggest this is less common than supposed by the interested serving professions. I further suggest that both types of problems would be greatly mitigated by large doses of economic and racial justice meted out to those populations most at risk for addiction problems.)

What these men need and what they are offered is a change of life, and to accomplish this they need to make some very hard choices, actually a series of choices over time. Each program attempts to "facilitate" these choices. These choices can be legitimated by either theological (at Redemption House) or psychological (at Recovery House) rhetoric. They can also be legitimated or "rationalized" (in both the Weberian and Freudian senses) by other rhetorical systems (e.g., existentialist, atheist, or Buddhist). They are, regardless of the rhetoric, virtually the same choices regarding general style of life, often including social and perhaps geographic context of life, certainly of social milieux. Among the choices that people in treatment must make is one about the meaning of their lives.

Redemption House offers an explanation based on theology, Recovery House offers one based on psychology. In this respect, it is my sense that Redemption House actually clutters up the process with rhetoric *less* than does Recovery House. The issue of choice and change is more directly confronted in the theological language than the psychological, but this is only relatively so. And, of course, this is my own impressionistic judgment. Also, there is more of an "air" of acceptance or forgiveness (i.e., understanding of *common human frailties*) at Redemption House than at Recovery House, where these are not absent, but generally more difficult to come by.

Certainly, the outcome studies, such as they are (seriously flawed on all sides) do not support the conclusion that one program is superior to the other in any practical way. Nevertheless, it has been my experience that discipleship training is *less* mystifying and decidedly more "user friendly" than the therapeutic community drug treatment programs I have visited and read about.

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[15]The "one point miss" seems to be a common experience among this population! At least it is a common *tale* among the accounts I collected during my work at Redemption and Recovery House; it turned up several times.

[16]This piece of information, offered spontaneously and without taking time to calculate, provides a point at which Stanley's story can be evaluated for accuracy. The chronology does, in fact, check out. The *birth dates* he had been providing offhandedly as he recounted these events corresponded precisely with the *ages* of his children as he described them *at different points*, with a similar lack of self-consciousness. These are minor points of fact, which have no central bearing on Stanley's story. Their accuracy does not insure that all the things he is telling me are truthful and accurate. They do provide a loose gauge, however, of the genuineness of his account, one that fits well with my own general perception of his basic sincerity - in the midst of his story-telling, at least.

Certainly there are points where the observer (reader and writer-interviewer) will be forced to be skeptical, such as, for example, Stanley's repeated claims of large sums of money serendipitously received. Nevertheless, it seems clear that his overall account weaves together real events portrayed accurately, though at times exaggerated, at times minimized or altered in other ways (altered chronology, e.g.), in order to fit the meaning structure he has imbibed (or perceived as strategic) during his five month stay at Redemption House.

He is telling the truth as seen through the prism of the Redemption House perspective. His selectivity is not likely to be a scam, unless it is one he plays on himself, as well as on me. His selectivity is part of becoming the Stanley of Redemption House rather than the Stanley of the streets. Both selves continue to "exist," more or less "available" to Stanley depending on the demands of the immediate context. Like any other skill, he is currently more polished at being an evangelical Christian than at being a Lothario, because he's been working on that set of skills for the past five months, 24 hours a day, seven days a week (more-or-less). But a reversion to Lothario requires only the appropriate change in social, and thus psychic context, as would a re-reversion to evangelical Christian. This is a simple observation that can be made at any drug treatment program by observing relapses and readmissions, or at any conversionist religious group by paying attention to the "multiple conversions" of a significant number of initiates. Ultimately, the story that Stanley is telling is one about his "chameleonism."

[17]Stanley means he used to have a habit. The price he attaches to this man's previous drug use pattern is almost certainly a gross exaggeration. As Johnson et al., (1985), have shown, users tend to overestimate the cost of their habits for various reasons, e.g., "discounting" days they do not purchase drugs when making estimates based on gross, rather than specifically targeted recollections. Also, it is quite likely that Stanley increased the man's own exaggerated estimate of his drug use proclivities as a means of dramatizing his threatening presence, which, in his account, Stanley overcomes by direct confrontation, thus establishing his own credentials as a powerful male figure in control of his own circumstances. This anecdote presents Stanley in a posture that violates the Redemption House ethic, but I'm sure he would justify it by saying it was in the past, before his conversion. Nevertheless, this sort of "street rapping" (to use a "TC" phrase) is forbidden at both Houses. Stanley is posturing for me in terms of both the before and after ethics (directive systems) that are equally central to his perceptions of reality and crucial to negotiating whatever circumstances present themselves.

[18]See Oliver, 1989.

[19]We should be skeptical here of Stanley's account of why he is not working for the construction company, clearly the highest paying and skill level he has attained in his on-again off-again occupational career. He claims the work is seasonal, which it certainly is in the less temperate climate of the north. However, I am told that this is not typical of the milder climes of Virginia or even Washington, D.C. (personal communication with T. Hood, regional project manager of construction sites for Madison Homes., Inc.of McLean, Virginia.). Whatever the reason, Stanley is not working for the construction company at this

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point. His story, nevertheless, continues its theme of repeated changes and other disappointments in work situation that seem related to his use of drugs (as commodity or intoxicant) and vice versa.

[20]We can give Stanley's account the benefit of several doubts here, but not total credibility. Although it is important to note that he does not hesitate to report heavy drug use, as well as no use.

[21]Bingeing, of course, is not the same as addiction. It is, nevertheless a problematic pattern of use. See Reinarman and Levine (1998: 77-80:142-147) on the difference between addiction and bingeing.

[22]This is a common description among this group of users, as well as others in and out of treatment, of physical sensations they associate with the urge to use. The argot for this experience among the medical-pharmacological research and, increasingly, among treatment professionals is "craving." The adoption of this term to indicate a desire to use a psychoactive substance outside of medical context seems to me another attempt to medicalize (or medically stigmatize) what is a relatively normal response to very stimulating experiences. Andrew Weil (1986) argues that the desire to alter one's consciousness is a universal, and therefore, normal urge. The anti-drug forces that control much of the research and treatment industries appear intent on using the term "crave" as a means of deviantizing this experience. The appeal that the term has for these groups seems to be related to the implied intensity and supposed physiological origin of a "craving" as distinct from such common sense terms as "desire" or "urge." Because the latter are more common in daily usage, they do not connote abnormality, but are too linked linguistically with normal interests in sex, food, elimination. Crave also may carry unconscious affinities with the word "craze" and certainly with "craven." This linguistic usage serves a political end of continuing to portray drug users as marginals in the public consciousness as well as within the "scientific" community. This maintains their status as "subjects" for research and correction rather than fellow citizens in difficulty. It maintains the near-century-old notion of users as "enslaved" to abnormal desires beyond control, yet morally responsible for their condition. This position was reinforced by the recent Bill Moyers' PBS special on addiction. That series presented the claim, *inter alia*, that "addiction is a brain disease" for which people should not be held morally responsible, but addicts *are* morally responsible to seek treatment in order to become abstinent. See also, Leshner, 1997, 1999.

[23]In so doing, Stanley not only follows a time-honored tradition of "failed" biblical personages (e.g., King David and St. Peter, as well as Eve), but also one that has what Matza (1964: 62ff) would describe as a "subterranean convergence" with the legitimate conservative Christian tradition of accounting for behavior. According to the evangelical canon, it *is* the Devil who tempts Christians to betray their commitments to abstain from sinful activities. Interestingly, there is a precise parallel at Recovery House. At Recovery House, slips are constantly accounted for by attaching responsibility to one's "disease" or "junkie mentality." The material reality of this disease entity or psychic malfunction has about as much direct empirical support as does the personage upon whom the brothers of Redemption House - like Stanley - project blame for untoward behavior otherwise unaccountable except by taking moral responsibility upon oneself. Both Redemption House and Recovery House rhetorics provide residents with a (n unintended?) means of deflecting direct responsibility for individual slips in behavior that fairly mirror one another but draw on what are usually considered the ontologically opposed realms of faith (the Devil) and science (the disease or emotional disorder). Ironically, however, neither of the neutralizing techniques extend to excusing the overall "condition" of the "brothers" (original sin) or the "peers" (addiction), a responsibility they must bear the full brunt of, in part by recognizing this distinction between the immediate and the general without it ever being made explicit in the rhetoric of either drug treatment or discipleship training. In other words, it is legitimate to blame the Devil, or the Disease, for a momentary lapse into a lustful thought or a sneer at a reprimand from a counselor. But one must take full responsibility for sin or addiction by surrendering to treatment (Recovery) or training (God) without excuse or justification. Both ideologies mirror one other in this respect.

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[24]A more lucrative and more readily available entrepreneurial enterprise than the crack trade could hardly be imagined for a person in Stanley's circumstance. The irony, as Erich Goode (1996: 49f) points out, is that success in such business enterprises most often plunges the businessman deeper into the underworld rather than bringing him closer to the mainstream. See also Currie, 1993; Bourgois, 1996.

[25]Andrew's account tends to skip back and forth in time without warning or chronological specification. This is not uncommon among my informants, but is particularly marked in Andrew's case. Therefore, some of his comments here have been rearranged to clarify the chronology of events. All comments remain in their original context and are in Andrew's own words and phrasing, except where brackets indicate otherwise. However some "chunks" of dialogue, usually two or three sentences together, have been taken out of their original order for the purpose of clarification and readability. With each alteration, I made every effort to maintain Andrew's "story line."

[26]"I went through a lot" is a therapeutic community mantra that points to a particular set of circumstances which represent significant stress in the individual's life. It implies that so much stress is involved that drug use has become, if not an unavoidable consequence, at least a reasonable or understandable coping device. The phrase always receives knowing nods and looks from listening peers. The intent in repetition of the mantra and response is not to "legitimate" the resultant drug use, but to neutralize it. That is to shift responsibility for use from the individual to the uniquely stressful set of circumstances under which he/she was operating at the time. It is not to say that use in general is okay, or that use on that occasion was okay, but given the juxtaposition of user pathology and unusual amounts of stress, use is not surprising. it is understandable.

[27]This corresponds to the findings of B. Johnson et al., (1985) and Inciardi (1986) that the majority of users do not engage in violent crime as a means of paying for illicit drugs. Stanley also used his "windfalls" as means for binges. One such windfall included "misleading" an insurance company, a form of fraud not at all uncommon among conventional citizens (see Coleman, 1998).

[28] See Glaser and Strauss, 1967.

[29]Unquestionably, this is an *ex post facto* rationale. It nevertheless demonstrates Stanley's connection with or commitment to conventional career paths and occupational pursuits, not to mention personal aspirations. These come to the fore when conventional opportunities are available and take a back seat when they fade. Should we expect anything different?

[30]Anderson (1994:103) writes, in a similar connection, "These decent [inner city black] people are trying hard to be part of the mainstream culture, but the racism, real and perceived, that they encounter helps to legitimate the oppositional culture. . . . A vicious cycle has thus been formed. The hopelessness and alienation many young inner city black men and women feel, largely as a result of endemic joblessness and persistent racism, fuels the violence [and other street behavior, like drug use and sales] they engage in." See Goode (1997:149-151) for a similar perspective.

[31]See Weber (1969: 280) for "images" and Nelson (1981) for "logics of action."

[32]Here I intend "good" to mean moral as perceived by the dominant ethical perspective, especially its view of how "others" ought to live, i.e. "behave."

[33]Here I intend "high" to carry the sense of happy, joyful, celebration. It does not necessarily include either the notion of illicit or drug use, although in the worlds of young American men these are not uncommon, as Stanley's experience shows. Also, it should be obvious by now that I do not intend to suggest that these two worlds are mutually exclusive, nor are they singularities in themselves. People can

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and do indulge in both "lifes" in various ways, to various degrees, at various times, and with various successes and failures. Both "high" and "good" lives are intended as ideal types.

[34]This is not to say that Stanley will "fail" at Redemption House, or Andrew at Recovery House. Obviously a certain, very small, percentage of residents do succeed in the terms of either program. I am not suggesting that these programs do not offer alternative meaning structures that appeal to some people with problems of drug misuse. I mean, rather, that their successes are the exceptions, not the rule. And there may be better ways to solve these dilemmas, on both individual and national levels. Better means more reliably and less coercively.

[35]For obvious reasons, the secular wing places much greater emphasis than does the religious wing on the temporal consequences of this projected decline. It is clearly more prominent in their rhetoric. For the folks at Redemption House, the ultimate degradation that results from drug use does not have to be realized or demonstrated in the current life of the user, it can be projected onto the next life where the consequences of refusing redemption will be his ultimate, i.e., eternal, ruin.

[36]Waldorf et al., (1991:27ff) compare four types of cocaine users: coke hogs, nippers, ceremonial users, and bingers. At his worst, Donald seems to fit the last of these. According to Waldorf and friends, bingers are "weekend warriors." They are abstinent between binges and are able to "compartmentalize" their use, i.e., separate it from family, work, and other settings "where one has to be . . . 'straight.'"

[37] Waldorf et al. (ibid.), consider this an important indicator of one requisite for quitting, viz., a stake in conventionality. This is a variation on Travis Hirschi's (1969) "social control theory" of deviance.

[38]This process of cognitive assimilation is the subject of the following chapters. The term "sad tale" is Goffman's (1961:67). It refers to the inmate's story of how he came to such an end, viz., incarceration. Goffman's inmates use their sad tales to deflect some of the stigma of their new label. Here, Donald seems to use it as a means of embracing and identifying with the label the therapeutic asylum thrusts upon him.

[39]One of the truly interesting ironies of my "sample" is the fact that the "worst" guys at both Houses were among the few men who had long term ("successful") marriage and family arrangements. Both George at Redemption House and Nate at Recovery House were serious bad guys, yet both had long-standing marriages that continued over more than twenty years. This was the case in spite of the fact that both men were long-time drug dealers, pimps and, perhaps hit men. Given the "family values" bent of both organizations, it is indeed ironic that these "bad guys" were among the most exemplary in this regard. This stands as one of the strongest arguments against the stereotypes of users and dealers widely accepted by the press and the public and perpetuated by programs like Recovery House and, to a lesser degree, Redemption House. The latter seems better able to accept such "atypical" realities when they occur and do not demand that they be forced to acknowledge and "construct" self-images and personal histories that protect treatment orthodoxy and deny actuality. Both Nate, after some initial hesitation, and, especially, George were very helpful informants regarding their respective programs. During hours of conversation over several days, neither man appeared to be the "bad guy" presented in their accounts.

[40]On the nature of crime, see Durkheim, 1964.

[41]This view is currently attempting a comeback among right wing conservatives. See "Killing Me Softly" in the July-August issue of *Policy Review* (Laconte, 1998), a Heritage Foundation publication, and recent proposed legislation in the House of Representatives to enact federal funding for faith community treatments.

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[42]The pattern I describe here is not a necessary or "natural" one. It is also quite common for heroin users to maintain a moderate, non-troublesome habit for years while also maintaining an otherwise relatively conventional lifestyle. Exemplars of this pattern include an elementary school teacher and a moderately successful neon sign maker, both of whom I know from interviews at a local needle exchange program. Each man works regularly and has lived for years in the same stable working class neighborhood.

[43]The walkabout was a scheduled excursion into inner city neighborhoods to distribute sterile syringes to injecting drug users [IDUs] in exchange for their used, contaminated syringes. This started as an illegal venture, but since has won state Department of Health sanction. The Lower East Side Needle Exchange program grew out of this venture. It now operates out of several storefronts, but continues the walkabout tradition twice a week. Other exchanges in New York are entirely mobile, distributing from vans at designated locations on designated days and times.

[44]Charles Winick (1962) was the first to document this process of diminution of use over time among heroin users, which he characterized as "maturing out." Patrick Biernicki's (1986) study of heroin users who stopped came to similar conclusions about the threat using posed to the "stakes" users had in other, more conventional aspects of their lives, e.g., relationship to a spouse or child, occupation, education. A constant refrain at Recovery House, much more so than at Redemption House, was that men were "tired" of the hassles of using, just tired and wanted to quit. This seems to confirm another notion about eventual diminution of use after users reach their late twenties or thirties. In this respect, Waldorf (1970) suggests that the dynamic is not "growing up" so much as "burning out."

Many of the men I spoke with at Recovery House talked about drug use as "a young man's game" that they were just too tired to continue. However, I did often get the impression that the refrain of tiredness was simply a mantra invoked as a readily acceptable means (a "sad tale") of explaining one's presence in treatment, one that certainly fit with program's pervasive rhetoric (see Chapter 3). One thing that makes me skeptical about the use of this refrain in treatment is that most of the subjects of all these studies were *not* in treatment. Biernacki, in particular, was interested in what has been called "natural recovery" of users that were not in treatment. The process of natural recovery has been explored by a number of independent researchers, (e.g., Peele, 1989; Waldorf et al., 1991; Fingarette, 1988, 1988a) and found to be common among users of all psychoactive substances.

Given the evidence regarding the cyclical character of using and abstaining careers in and out of dope, it may be that after so many cycles, it becomes obvious to those "addicts who survive" that, whatever the costs of abstinence or diminution, such a pattern is preferable to the hassles of heavier use under the conditions of prohibition in our temperance culture (see Levine, 1992). As Miguel might put it, "I love dope, but I hate going to jail and my wife ain't happy." This sounds more like maturity than burn out to me. In support of the "burn out" thesis Waldorf et al. (1991:234 f) suggest that the term "maturing out" is a poor choice, since it suggests a (perhaps unintended) "temperance-era moralism." However, all these authors agree, that recovery "wisdom" is not an uncommon consequence of long or heavy drug careers, albeit obtained "the hard way." Perhaps these theories need not be seen as entirely mutually exclusive.

[45]This discussion is based on my reading of, e.g., Scott, 1978; Darnton, 1984; E. P. Thompson, 1971; LeRoy Ladurie, 1978, 1979; Bourgois, 1996; Steinberg, 1989; Davis, 1975; Hobsbawm, 1959, and others.

[46]If her opposition is religion-based it includes the notion of inherent evil, but I doubt this is the case. After all, she has not left. And this, I suspect, is because the family remains more or less intact over the course of the fifteen years. Prison was the only interruption until treatment. Miguel's wife may have an entirely different tale to tell, I can only speculate here.

[47]Phillipe Bourgois (1996:13) writes:

> The participant-observation ethnographic techniques developed primarily by anthropologists since the 1920s are better suited than exclusively quantitative methodologies for documenting the lives of

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people who live on the margins of a society that is hostile to them. Only by establishing long-term relationships based on trust can one begin to ask provocative personal questions, and expect thoughtful, serious answers. . . . In order to collect "accurate data," ethnographers violate the canons of positivist research; we become intimately involved with the people we study."

It was not possible for me to become as intimate with my fellow participants ("subjects") as Bourgois did with his over a three year period. However, my almost daily contact with them over four months created a modicum of trust with several of the men I interviewed, in a way not possible (or necessary) via statistically oriented research.

[43]Bourgois (1996:184) also writes about the "terrors and anxieties (of a macho posturing central character) emerg[ing] *between the lines* of his *reconstructed* memories." [Emphasis added.]

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Chapter 3

Resident Accounts: Rationales for Treatment and Training

> I seen that I had to change sooner or later. I have to start doing things to help myself or I'm gonna die. At 37 I don't want to die. Today I want to live and enjoy myself. I don't want to die under the influence of drugs.
>
> Roberto, Recovery House

> I . . . spent three weeks in a hotel with three females. . . .I had crack, cocaine, and good Jamaican marijuana, two bottles of Jack Daniels. But I was unhappy because the woman I wanted to be with was a Christian. . . . After these women left, I took about 30 sleeping pills. I thought I was gonna die. I woke up without a hangover. The first thing I thought was to give my life to God. Deep inside I was too scared to kill myself, so I thought, let me try Jesus. Maybe he can help me.
>
> Stanley, Redemption House

> [B]oth motives and actions very often originate not from within [individuals] but from the situation in which individuals find themselves.
>
> Karl Mannheim[1]

One of the few descriptions of religious treatment programs to find its way into the drug research literature is that of John Langrod and his associates (1972, 1981).[2] Much of what they have to say is empirically accurate, but certain of their summations and conclusions are open to question on empirical and analytical grounds. Among these conclusions is the notion that the type of person drawn to religious based programs is likely to be different from that attracted by the secular programs, like the therapeutic communities. While this may be true to some extent, I doubt it will hold up to extensive research. As I described in the previous chapter, my own research

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suggests that Recovery House and Redemption House draw from the very same population and include residents with essentially the same backgrounds. In effect, they are the same people.[3]

At Redemption House, I met, interviewed, and was told of, numerous men, both residents and staff, who had come there after spending time at, graduating from, and even after joining the counseling staff of, various therapeutic communities, including Phoenix House, Odyssey House, Daytop, Pride Site, Project Return, and others. One man I interviewed at Redemption House had actually been a director of a therapeutic community on the Lower East Side of Manhattan for several years. Another was a graduate of Phoenix House, a classmate of one of the therapeutic community directors I interviewed, and a counselor at both Phoenix House and Odyssey House before entering the Redemption House program. Yet another man I interviewed at Redemption House found his way there instead of meeting a scheduled appointment at Recovery House intake the very same day. As was true of several of the men I interviewed there, none of these men had a strong religious background of any sort.

At Recovery House I met several men who had attended religious treatments. One of these men had graduated from Teen Challenge Training Center at Rehrersburg, PA, where I interviewed some of the men from Redemption House. One other Recovery resident had visited a private religious treatment before his induction, but could not afford its fees. In his interview, he lamented the lack of religious training available at his therapeutic community and expressed the wish to find an affordable place for treatment similar to the one he had visited. In addition to having direct experience with religious programs for drug users, several men at Recovery House had independently developed explicit religious aspects to their personal recovery programs. Many others at Recovery House claimed intense and meaningful religious involvement as a result of participation in Narcotics or Alcoholics Anonymous (NA or AA) programs, either inside or outside of the current program.

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In addition to the similarities in treatment experience and religious inclinations, the biographies recounted in my interviews included numerous other factors that indicate a strong resemblance in the lives and experiences of the residents of the two programs. In this chapter, I further explore the accounts, the stories, related to me in the conversations and interviews I had with the men of Redemption House and Recovery House during the three to four months I spent at each location. One of the most prominent elements in these accounts is the tales of personal crisis the men experienced prior to entering their respective programs. The issue of personal crisis or - experience of tension that predispose one to recruitment to conversionist groups is one that has been central to the investigations of religious conversion over the past several decades.

Affiliation

The issue of how or why one affiliates with a communal conversionist group has typically been posed as an issue of motives. This focus on motivations assumes that the primary actor was the individual as "joiner" or "seeker," and that the major causal factor was some personal, motivational "inner push" (perceived need or desire) to make a change of some sort in life, habits, or attitudes. This perspective was included in the influential Lofland-Stark processual, value-added model that has been tested, re-tested, and reevaluated numerous times since its conceptualization three decades ago (see Lofland and Stark, 1965; Lofland, 1966; Bainbridge, 1997). The first stage in this model posits an experience of pre-membership tension that propels the individual toward the new group affiliation. Many later investigators have also included (or found) this element of "relative deprivation" in their studies of conversionist groups. As I will describe, both programs in this study include similar deprivations in their interpretations of the experience of "addiction" and consider them significant motivators in initiating individual affiliation. Greil and Rudy (1983) have noted in connection with recruitment to Alcoholics

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Anonymous that organizational constraints pressure prospective members to reinterpret their past experiences as intolerably stressful because of alcohol use.

It is also possible to frame the question of why one is in a program for drug users from the other side of the "affiliative" equation, as one of "recruitment" rather than seeking or joining (see Robbins, 1989; Bainbridge, 1997). The questions then become: what are the methods that the organizations use to recruit new members or clients? How do they sell themselves and their programs to potential joiners? How do they entice or convince (influence) them to join? Or, in the language of "resource mobilization," how does the movement mobilize new recruits? These are questions not so much of motive as of organizational technique or mechanism, process or procedure for growth or continuous full utilization of services. From this perspective the affiliation results not from the individual's initiative so much as from "external" forces, particularly the recruitment systems of the organization, "pulling" on him to compel or perhaps cajole him into entering the program. The studies that have been done from this perspective have found two typically successful approaches to the "recruitment problem." The first is the "social network approach;" the second focuses on "structural availability" as the operative variable in recruitment of what one study has called "loose cannons" (see Lofland, 1966; Robbins, 1990; Danzger, 1986; Snow and Machelak, 1984; Stark and Bainbridge, 1980). In the first case, recruits are introduced to a new movement via "links to one or more movement members through a pre-existing or emergent interpersonal ties" (Snow et al., 1980: 798, quoted by Robbins 1990: 85). The second instance has to do with organizational outreach to "strangers and social isolates who are contacted in public places" (Robbins, ibid.). Later studies have combined these two approaches, and Bainbridge (1997:168) suggests that a "full analysis of recruitment should include the deprivations of recruits plus the resources and strategies employed by recruiters." Both of these approaches to

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the question of resident affiliation with a program seem to fit well with the information I collected at Redemption and Recovery Houses.

How is it then that the residents of Redemption House and Recovery House came to be at their respective programs? The most obvious similarities in response to this question have to do with what residents at both programs have to say about their own motives for entering treatment or training. When asked to account for their presence in treatment or training the men at both Houses recounted tales of deprivation associated with "drugging" lifestyles. These were easily ("naturally") categorized by type of deprivation or depravity and were, for all practical purposes, interchangeable between the religious and secular programs.[4]

The differences that appeared between the story lines of residents at the two Houses had to do with the questions of recruitment rather than motivations. Men at Recovery House talked of recruitment hardly at all. Even those who had been remanded by the criminal justice system did not see this as a form of recruitment, but rather as a result of the deprivation of drug-induced criminal behavior or, indeed, of arrest itself. This is curious, since "mandation" has been a useful and common form of recruitment for "rehabilitation" programs in America at least since the invention of the asylum system more than a century ago (Empey and Stafford, 1982; Rothman, 1971). At Recovery House, clients focused almost exclusively on their predisposing motives, even when pressed -- sometimes in very explicit terms -- about the matter of organizational outreach. The men of Redemption House, on the other hand, only one of whom had been mandated to training, talked freely and passionately about the recruitment processes, both formal and informal, that were of special significance in "pulling" all of them into the discipleship program. Therefore, this issue of organizational recruitment and/or its absence will be considered in separate chapters on each house.

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In this chapter, I explore a selection of typical accounts of the residents of both Redemption House and Recovery House regarding the *motives* they reported for being in a "drug program." Following the accounts, I address at more length the theoretical questions raised by this data: e.g., does it display comparability simply between groups of drug users drawn to treatment and training, or does it indicate some fundamental comparability between the two types of approaches (treatment and training) to individuals with drug problems? Also, is the data reliable or does it require explanation or analysis? Are the tensions or deprivations reported so consistently by all respondents "real"? That is, do they reflect the simple reality of illicit drug use or addiction, at least as it occurs under certain conditions? Or, do the stories reflect rather the ideologies of the two programs filtered through their socialized clients? And, if the latter is the case, can the client accounts be useful at all in a social scientific understanding of their experience? And finally, what exactly is the difference between these two programs? If the similarities are considerable, as I will suggest, what does it say about the nature of drug treatment programs operated at least in part with public support?

A Note on Method

The theoretical and political implications and oppositions continue between these two perspectives on affiliation, and are evident in both the literature on conversion and that of drug treatment, especially regarding residential modalities (see e.g., Bainbridge, 1997; Skoll, 1992; DeLeon, 1990; Danzger, 1989; Straus, 1979). Whether the new resident is a joiner (seeker) or a recruit, it seems, may depend largely on who is doing the investigating and how the question of affiliation is posed (see Robbins, 1990). My research at Redemption House and Recovery House attempted to avoid biasing the issue from the outset by posing the question to interviewees in language that was as neutral as possible in this regard. This generally meant asking: "Why are you here?" or "How did you get here?" As I indicated earlier, at Recovery House these questions

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generally received responses framed as issues of personal motivation, while at Redemption House the answers had a double-edged character reflecting both individual motivation, usually some form of deprivation, as well as a process of being drawn or led to, i.e., recruited to, the program in some way.

In addition to asking "neutral" questions, I probed residents in both directions at various times during the interviews. If a resident talked about motives and deprivations, I asked, at appropriate moments and in different ways, whether specific recruitment networks or procedures influenced his decision to enter treatment or training. Likewise, if a resident talked about recruitment, I asked about decisions and deprivations. In general, this meant being alert to comments that suggested the de-emphasized side of the equation and asking, "Can you tell me more about that?"

As I have noted, all interviews included deprivation tales. At Redemption House, the men also talked about recruitment, so very little conscious interview "technique" was necessary there, in this regard. At Recovery House, except for those men who had been remanded to treatment by the criminal justice system, virtually no one talked of formal recruitment systems influencing their decision to enter treatment. And when I probed in this direction, it proved almost entirely fruitless. Apart from the role of the criminal justice system, recruitment does not play a significant role in the self-understanding of the men I interviewed at Recovery House. According to their accounts, they are there because they chose to be, and they chose to be because of the privations they experienced related to their illicit drug use. Very few men (only three or four of forty) mentioned informal recruitment networks consisting of kin or acquaintances; the latter included, for the most part, AA or NA associates. Those men who alluded to informal recruitment downplayed this

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aspect of their experience. unlike the men at Redemption House who made it central to their accounts.

Clients' Crisis Accounts

Despite the suggestions of Langrod et al. (1972, 1981) and Muffler et al., (1997) to the contrary, when I asked the men of Redemption House and Recovery House why they were in treatment or training, their accounts were amazingly similar and were easily organized into "grounded" categories of motive (Glazer and Strauss, 1967; see also Kearney et al., 1994). The categories were derived from both programs; i.e., they told the same kinds of stories at both places. The categories all entail a particular form of personal crisis or deprivation that reportedly influenced residents to decide to enter their programs and include accounts from residents of both Houses. The main categories are:[5]

(1) the *fear* of AIDS;

(2) other forms of *death threats* associated with continued drug use;

(3) various forms of *self-degradation* such as stealing from one's family to secure drugs or wasting large sums of money on drugs and other profligate activities;

(4) difficulties with *sexual relationships*.

Several men I interviewed suggested more than one motive for entering treatment or training. The fact of homelessness is included in several types of crisis tales, but residents rarely consider it their primary motive. Therefore, I do not treat it as a separate category here. The situation of being mandated, or coerced into treatment or training by the criminal justice system in lieu of a prison sentence is treated similarly. Although it may appear to an outside observer to be the main reason for entering a program, it is rarely treated as such in the tales the men tell.

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1. The Fear of AIDS:

The *fear* of a life-threatening illness or circumstance was a common theme in many of the biographies related to me. Not surprisingly, a common source of such fears was the threat of infection with the Human Immunodeficiency Virus. The men at both houses, as well as throughout other locations within the street drug cultures of New York, refer to it simply as "the virus." Everyone familiar with these and related cultures recognizes the reference. In too many cases the fear coincides with the reality of infection, but in other cases it does not. In the following cases, the fear of AIDS is reported to be a major source of personal crisis or anxiety and an impetus to seek treatment for continuing drug use.

"Slick" is a 25-year-old man whose parents were born in the Dominican Republic. He had been in discipleship training at Redemption House for almost four months when I first interviewed him. According to his account, Slick was seven years old when his family settled in Brooklyn and joined a Pentecostal Church. Slick first talked about his early drug use:

> I began to use drugs when I was in junior high. [We would] smoke pot, huff glue, stuff like that. We were really wild kids. It was crazy. I liked to hang out, y'know? In high school I got introduced to cocaine at seventeen. I liked to do cocaine. Eventually I started to sell it. My sister went with this really big dealer and I asked him if I could sell it. He used to give me stuff free every weekend. It was just for me to make some get-high money so I could go to the clubs.

After high school, Slick developed interests in writing and radio work and had a part-time job as a disk jockey at a small FM radio station. He described how he enjoyed "the clubs" and spent his free time dancing and doing drugs. "Eventually," he seized the opportunity to sell drugs for his sister's boyfriend. After several years of escalating drug involvement that included increasingly regular days-long crack binges, Slick was arrested for "possession with intent" for the third time and opted for a shock program (boot camp-style therapy at an upstate facility) rather than prison. As he tells it, Slick did well in the program, but once back on the street resumed his

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clubbing and drugging lifestyle. Slick's particular crisis began after a four-day crack binge when he became distraught over the deterioration of his normally athletic body and general good looks. Frightened by the thought that he may have been infected by "the virus," Slick eventually decided it was time to enter the discipleship training program.

> It was January 1, 1993. I was just home from a four day binge and I went to my parents home and took a shower. Nobody was home. I just took a shower to try to wash myself. I felt real dirty. I was like, man, what am I doin'? I was, like, captive to it. I was smoking crack, y'know. I looked at myself in the mirror, and I had lost some weight and I used to work out. I said. Slick what are you doin' to yourself. I just couldn't look any more. . . . I was scared that I had HIV. 'Cause I was out there very promiscuous. [Sex] was one of the reasons that drove me back out there all the time.

At this point, Slick tried to stop using and "give himself to the Lord."

> [But] three days later, I was back doin' the same thing, back to my old self. Three days later I didn't feel [the Spirit] anymore. . . . The devil tricked me; he said, "you ain't got [HIV]." So I went back doin' what I wanted to do, what my fleshwanted to do.[6] Then my life reached a [de]crescendo. I lost my job. So I started selling again and got arrested. Then I did four months [in jail].
>
> Two weeks after I got out I went right back to getting high. . . . [One] night I went home . . . and was praying with my family. At that point the Holy Spirit was convicting[7] me to take the HIV test, because I was still thinking I was sick. I was holding my niece . . . and I was crying because I wanted to have a child, a family, and I didn't think I could because I thought I was sick. I had no symptoms, but I thought I could be sick because I got gonorrhea four or five times, y'know?
>
> My sister [the baby's mother] graduated from the Way Out [Christian discipleship] program [for women]. God delivered her. She had been out there in the street. I looked at my mother and tears was coming out of my eyes, and I said, " Mom I gotta serve the Lord."[8] Then my sister called Redemption House and got me in here. I slept the next two days and came here determined to serve the Lord.

Roberto at Recovery House was also concerned about his HIV status. Roberto is a 35 year-old Nuyoricano from the South Bronx who had been in treatment for ten months at the time of this interview. As he tells his story, he grew up as a "little gangster."

> Drugs got introduced to me when I first started affiliating myself with gangs. We had a gang by the name of Panthers back in 1969. It was either be part of the gang or become a victim of the gang. Because I came from a dysfunctional family [*sic*], I knew what it was to get beat down and I didn't want to get hurt on the streets, so I became part of. We started off drinking

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beer and little tabs of acid called "purple haze." At that time they had some kind of heroin they used to sell in $2 and $3 bags. It was almost pure, it was good, lotta people was ODin' [overdosing] behind it.

Unlike Slick, Roberto's life was not characterized by the glitter of the clubs and prestige of deejaying on FM radio. Like Slick and other users, Roberto reports being afraid of dying as a reason for entering a program. However, he lived seven years with the virus before seeking treatment.

Well, between thirteen to fourteen [years of age] I was sniffing [heroin]. By fifteen I was skin poppin' it already. Before I got to 16, I was already mainlining it. By the time I was seventeen, I was doin' everything there was. I was poppin' pills, takin' tuinals, seconal, peaches, Christmas trees.

Q: How did you pay for all this?
A: Well, I sold drugs also. After the gangs, we got involved in the marketing of drugs. We started makin' a lotta money and got comf't'rble. I stood in that life style for about 20 years. Also I made money by stickin' people up. There came a time I got so involved with the heroin, right, that I got addicted. And some mornings I would get up with no drugs to sell because I would do it all. So I would go out and stick up people. That same attitude I used in the gangs to establish my reputation. I would use that same attitude, that gangster [attitude], to go get my money. I would stick anybody up.

I spent about 20 years of my life in and out of jails. My longest term was 37 months. But I spent eight months here, a year there, 24 months, 27 months. Out of that 20 years I spent fifteen in prison. I threw away fifteen years. That was behind drugs. What made it comf't'rble in jail is that drugs follow you there. All I had to do was project that gangster attitude. We used to make our own wine in jail. But you can get what you want if you have the attitude and heart.

I came here in March of '95. [Because] at the end it was something that said listen, it's either or -- either you gonna do it [go into treatment] or you gonna get killed.

Q: Was there anything in particular that brought that to your attention?
A: Yeah, I caught the virus, HIV virus. Right? And what I was looking at was: if I don't stop using drugs it's gonna kill me. Or I'm gonna end up in jail and I'm gonna die in there. So I told myself, listen, either get yourself together or you gonna die. I tried everything else. After I caught the virus seven years ago, I tried getting killed. I was too much of a punk to jump off a roof or in front of a car or to pull a trigger on my head. So I decided, if I'm gonna live, let me live the right way. I seen that I had to change sooner or later. I have to start doing things to help myself or I'm gonna die. At 37 I don't want to die. Today I want to live and enjoy myself. I don't want to die under the influence of drugs.

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2. Other Death Threats:

The accounts of Slick and Roberto reveal commonalities in the lives of street drug users and in the resocialization inducement procedures of their two programs. But AIDS is only one form of death threat I heard about that was presumed inherent in the drugging life. The notion that death is an almost inevitable alternative to recovery or redemption pervades the rhetoric of the two programs and is typical of every similar residential treatment my informants and I have had contact with.

Robert, an 8-month resident of Recovery House, told me a story that exemplifies the general sense of a death threat that applies more universally to street users than does the virus. Like Slick, Robert looked in a mirror of sorts and saw what he believed to be his fate without Recovery.

> I used to get off in the portable toilet at a construction site in the Hunts Point area. One morning I went in there to shoot my drugs, and I seen this black kid in there. He was all twisted down and the belt was tied up around his arm, the needle all hanging out and the blood was dry. And I tapped him on the shoulder, I seen his pants were down, and I felt that stiffness. I said, "Oh shit," he was cold.
>
> The first thing I thought was to go in his pocket. I pulled out an empty pocket. Then for some strange reason I caught myself, and I backed off. I told somebody working in the site, and they called the cops. This was at nine o'clock. At four PM was when they were ready to remove his body. This was after they pulled him outta that portable toilet. They had him on the floor with his pants down his ass and one sheet of paper covering him up. I told myself, that's the last way I want to go is like that. I don't never want to go out like that. All fucked up, dead, stiff, people not carin' about me, people walkin' by me. I told myself he could be a splittee from a program. I keep that in mind, 'cause I don't want to do that.
>
> This happened about a week before I came to Recovery House. I decided to go to St. Barnabas Hospital and detox on methadone. They gave me methadone for five days and then two days of cold turkey. When they released me I went and got high again because I couldn't deal with the pain of the methadone withdrawal. The following day I came into Recovery House. I saw my reality, I saw my future. Every day I would get like a vision. I would visualize where I was gonna be at. . . . I refuse to go out like that.

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The next story comes from Gordon at Redemption House. It shows how graphically death threats can be "revealed" in the daily life of a user. Gordie was a three month resident when he told this tale of a life threatening occurrence that influenced his decision to seek discipleship training.

> One particular night I was sitting in the park getting high [on crack] when a guy tapped me on the shoulder. I was paranoid. I jumped up and took a [martial arts] stance. This guy looked at me and said, "Calm down. My name is Dave. I was in my bed sleeping and God spoke to me and said, 'Get up, there's someone who needs you.' God sent me to you. Are you saved?" I said, "No." He said, "Can I sit down? God loves you." He read John 3:16. I accepted Jesus Christ right there. But I did it to get rid of him. I wanted to be alone to get high. He gave me $20 and said it was God's money. "Go get yourself together, because God has something wonderful for you."
>
> Three days later, I went to get my unemployment check. As I was coming out two guys stuck me up with guns. I jumped them and had both on the ground beating on them. A girl came up behind me and slashed me in the face, right here. When she cut me, I heard a gushing sound. I said, "Oh my God I'm dead." I thought my jugular was cut. I was running away and took my shirt off to stop the blood. I ran to a hospital. It took about 66 stitches to close me up.
>
> A week later, I was in the same park getting high again. The [same] guy came up to me. As I was walking he said, "Charles, God is an *avenging* God. He will *take your life*, if you continue to disobey him. You don't have many more chances.." He gave me $40 and again he said, "this is God's money. If you don't use it right, something is going to happen to you. He's going to let you know." He told me that the devil had a hold of me. "You don't see it, but he has you." I was getting high that night, but I threw away everything [the drugs] I had on the spot. I went to the Upper Room [outreach center, and they sent me to a discipleship program]. [Emphasis added.]

Saul, a supervising counselor at Recovery House, tells a story that might be considered paradigmatic with respect to the experience of physical danger associated with the world of illicit drugs.

> I've been in treatment seven times, all TCs over a period of maybe fifteen years. [Getting serious about treatment] had a lot to do with what happened to me prior to coming into treatment the last time around. I was almost killed. I really saw that as a sign.
>
> Briefly, a guy pointed a big 357 magnum at my face and pulled the trigger three times, no twice, and the gun didn't discharge. At that instant it was like time had slowed down. . . . I heard the first click. And it was like this loud slow motion click and my whole life is flashing before me. I said. "Oh God he's gonna kill me." And I remember thinking: your family is gonna come and see you dead in this abandoned building in this crack spot. And I remember saying to myself, you can't die like this. And then I remember saying, "Damn, if you're

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gonna die like this, you gotta do something. You can't just stand here." That's when I heard the second click. Like in the movies, after the second click, everything came back and I jumped at the guy and the rest is history.

I managed to come out of that okay, I didn't kill him or anything of that nature, but . . . [sigh] I didn't go straight home that night. I continued to get high. Then the next morning about six, six-thirty I remember going home. I remember saying to myself, "Damn, you [were] almost killed." That's the first time in all the years that I been on the street that I came face to face with death.

A couple of weeks later I ended up in Phoenix House. I called them and had to wait two or three weeks for a bed. I haven't looked back since. That was eight years ago.

Life-threatening violence involving the use of firearms was not limited to the men at the secular program. AJ, a 35 year-old black man had been at Redemption for three months when he told me his story. He recounted a tale that took place in his home town of San Francisco, in the house of the uncle who raised him after his parents split up and abandoned him at nine years of age.[9]

When I went to my uncle's house, I guess he was upset about something. When I came in he was throwing papers all around and had spray-painted our $500 stereo set. Stuff was, like, ransacked. He told me the police came up there and they tore up everything. They cut up every piece of furniture that was cuttable. But he never told me what they was looking for. I kept askin' what the search warrant was for, but he wouldn't tell me. I found out two days later they was looking for cocaine. Supposedly, someone had tipped them off about my uncle hiding over a million dollars of cocaine in the house. They never found it.

I became afraid that if they came back and saw me there, they would hold me and try to get some information outta me. I told my uncle to pack up and close the house and go live with some friends for awhile. But he didn't want to go. So I had to force him out. . . . So I took the .32 [caliber pistol] and forced him outta the house. About two days later, my uncle's ex-wife came to the house while I was cleaning it up. Supposedly, she was the one that told the police. Me and her got into a big fight, fist fight. And I wound up shooting her in the back. Then I got so scared that she would identify me for the police that I packed my bags and left for Washington. I had some relatives who lived there.

They called my uncle to check on the situation, and he said his ex-wife was shot, but she never told the police. So I went back to San Francisco and resumed cleaning up the house. My uncle came in with three other guys and we got in a serious fight. They wanted to do some serious damage to me. We got into a gun fight. I had two .32s that I always carried with me and luckily only three shots were fired. I got hit in the leg, which I still have the scar. [At this point AJ showed me a jaggedly circular scar about the size of a nickel on his right shin.] I ran outta the house as fast as I could, went to an old girlfriend's house, got some money from her

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and came here to New York. [Shortly after arriving in New York, AJ was recruited by a Redemption House outreach team.]

Physical threats to life and limb that reportedly stem from involvement with illicit drugs are not limited to firearms. Bud, a tall, bespectacled black man of 36, was a two-month resident at Recovery House when he recounted this tale of a dangerous truck accident that he attributed to his use of drugs. This, he explained, is one of the elements that led to a previous ten-month stay at Phoenix House.

Then I took a leave of absence and . . . went into [the] program. It was like this: I was driving for almost eighteen years, trucks, small or big, whatever. I was getting into driving tractor-trailers now, from state to state. If you get busted with drugs on you that's inter-drug trafficking [*sic*]. But I wasn't looking at it that way 'cause I was using. But who knows how they gonna look at it. So basically I couldn't see myself destroying [my boss's] life and the lives of the other drivers by me using drugs. Any kind of accident I get into I gotta take a urine test. If I got drugs, he can get sued by the other people in the accident. I didn't want that to happen, didn't want to take it to that level.

Q: Was there any particular event that occurred around this time that led you to this decision?
A: Yeah. I had an accident on the Manhattan Bridge. I was using drugs at that time, but not that day. It was just that my mind was clouded. My boss had just gone down to Georgia and was trying to build up his (interstate) business and he left me up here in charge. He had a 24-foot Mercedes truck, beautiful truck. I picked up a load that was too heavy.

So coming up the bridge on the outside lane, I had to speed up because of the heavy load. Then when I got to the top, traffic is all backed up from some guy had a flat down there. And here I am, my mind is wandering, I'm like, yeah he left me in charge; he got a lot of confidence in me . . . . And then I saw the backed up traffic, and I got all this speed built up and I can't stop. The brakes wouldn't grab. I tried downshifting, that didn't work. So I thought: I can't kill nobody. So I thought of throwing the truck off the bridge, jumped up on the rail. It wouldn't go over. It rode the rail for a while, then it bounced back on the road. Next thing you know, it was a six car pile up, y'know? Nobody died. They say a guy lost a finger, all this and that. Thank God nobody was in the back seat in the first car I hit, because the trunk ended up in the guy's back seat, y'know?

That really scared me. It made me think a lot. I can't see myself taking nobody else's life. [So] after that accident, I started thinking a lot. It got my wheels to rolling, man what am I doing out here using drugs? But at that time I couldn't stop

Q: What was the outcome of the accident? Did you get arrested?
A: No. They used my truck to pull some of the other cars apart and they gave me a ticket. I told them the brakes failed, they didn't grab, so they gave me ticket. But I saw life pass before my eyes. I thought I was going to jail. But then nothing happened and I didn't go to jail. I went to the rest of my stops, finished the day, went home. I told my boss about the

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accident, he said not to worry. Then what brought it to light, there was some guy taking pictures and [they] ended up in the Daily News. I was standing at the front of the truck looking down as if saying. Damn! I wish I still had that clip now.

In the general discourse at Recovery House and Redemption House the various sources of death threats to users of illicit drugs is a common theme. It is not only understood as a source of the decision to enter treatment or training as in the stories recounted above. As I will describe in a later chapter, the threat of death associated with illicit drug use is a potent rationale for remaining in treatment or training, as well.

3. Self Degradation

In addition to the fear of AIDS and the generalized violence that lie in wait out in "the world"[10] for those who resist treatment or training, another common theme of life crisis that predisposes to treatment or training is the general degradation and degeneration of one's life and sense of self that is considered an inevitable consequence of illicit drug use. This particular type of deprivation tale is not about the possibility of physical death, but rather a kind of death of self. It is about a sense of disparity between an ideal self or desired way of life and the current situation of the respondent prior to entering treatment or training. Labeling theorists refer to this as a kind of self-labeling (Davis, 1980). In the cases of my interviewees, it reportedly led to treatment rather than continuing deviant careers.[11]

Keith, a four-month resident of Redemption House, told the following story about his loss of status and the consequent personal decline into a form of activity that carries a unique stigma among both treatment and training clients.[12]

I wind up leaving the state and going to Baltimore to sell drugs. Did pretty well. Made a lot of money selling drugs. We were . . . buying cars, jewelry, living good. I was still getting high, sniffing coke, smoking' crack. Even though people thought I was some big time drug dealer, I would sneak off to the crack houses at night smoking . . . getting everybody high. I started sniffing dope then. [That's when] a woman there introduced me to it. They have this

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terminology there, you know, women like the DD. That's the dope dick. A guy high on dope. it stays hard longer or something. We were making a killing . . . really doin' well.

Q: How did you get from that situation to here?
A: I came back, you know, my friends wind up getting killed. Everything went away. God took everything away. We had [trouble with] some guys out there and [had to] come back to New York. I wind up from co-op apartments with terraces to living in the streets. After that I wasn't working for two years. . . . My life was not going anywhere, and there was nothing I could do about it. . . . I got back with my wife, maybe that would help me. I loved her and my daughter madly. I would do anything for them, only I couldn't. We lived in a shelter for seven, eight months. We finally got money to get an apartment. I spent the money getting high. Pshewwww! [This seems to indicate not merely frustration, but resignation, as if this is some sort of final, absolute indication, even confirmation, of his hopeless condition.]

Man that's it, my mother breaking, my wife flipping, I said I just want to die. Lord kill me, take me outta here. I don't want to live no more. I can't take it. Next thing you know, my wife don't want anything to do with me no more. She ain't got no place to stay, [because] they threw us out the shelter. (I had been getting high with people in the shelter and stealing from people in the shelter . . .) God is awesome! God is awesome!

My wife is [now] in Jersey with her mother. I just really felt like crap, man. Felt like nothing. There wasn't no hope for me no where, no how. One night, it was four o'clock in the morning, I couldn't get in the shelter, so I went uptown to my mother's house. Took the train from Brooklyn to her house. I told them they threw me outta the shelter, so they let me in the house, but they watching me, y'know? They know I came here to steal something. When I was in the closet getting my clothes, I saw my mother's suede jacket, so I stuffed it in the bag to sell the jacket. I just wanted to get high. So I went back out on the street, four, five o'clock in the morning, walking around all morning trying to sell this jacket that's worth $400. I could not sell this jacket. I went down to, "Yo, gimme five dollars bro. All I want is five dollars." Even the guys at the crack spot were not interested.

In the process of pedddling his mother's jacket, Keith meets the person who becomes his conduit to Redemption, and in a week he's in the training program. The reason Keith offers for seeking help is the downward spiral of his fortunes from "ma[king] a lot of money . . . buying cars and jewelry" to "Yo, gimme five dollars" for the $400 suede jacket that he stole from his mother. This downward spiral, which Keith sees as the inevitable consequence of his involvement with illicit drugs, is considered a common symptom of sinfulness among the men at Redemption House.

The story of falling so low in the course of the drugging life that you stoop to stealing from your own family is a common one among my interviewees at both programs. Consider the account

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of Larry, a two-month resident of Recovery House, regarding his motives for entry.

> Yeah, I started selling drugs, but I got caught up in the mix, as they say. Got busted, went through the system. Then I was mandated. They sent me to Project Return down on 100 Street. I had to stay there for six months. That was only a six month program. After a while I started running wild. Using every day, not just occasional using, on the weekends. You use just on the weekends, can't nobody say he's using crack again. But then after a while you don't care who knows, and it starts to show, losing weight and this and that.
>
> Q: What was it that brought you to the realization that you needed to get back into a program?
> A: I was stayin' at my cousin's house. Had a little room fixed up in the basement. You start by stealing little things when you was using. I didn't go out and rob from other people, but I take from my family. Then things started getting out of hand. I took an air conditioner that was stored in the basement. Nintendo cartridges. I was only working at odd jobs at this time. Then it got to the point where he said, "You got to go. You can't be doin' that here." After I got here, I wrote a letter thanking him for that. I told him that he saved my life. He seen that I couldn't manage my life at that time. I went back and stayed with my Moms and this and that. But I found myself doin' the same things wherever I go. So I know I needed help. So I went to an agency trying to get back into Phoenix House, but they sent me here.

Armando, who was a Level III resident back for his second time at Recovery House, related a similar experience:

> Q: Tell me about your first treatment experience.
> A: I was here in 1990. Here for fifteen months.
> Q: How did you come to be here on that occasion?
> A: Due to the crack. It got me to the place where I stole everything from my mother's house and sold it. Sold my mother's stuff! Anything I could find to sell, I sold. To the point where I couldn't take it no more, Moms couldn't take it no more. I was too paranoid to go out and do a robbery or something like that. I had a car and I used to go around here [Recovery House] and see the people in the [yard out] back [where residents take cigarette breaks]. One day I said I better go get some help. I came here and they sent me to [the induction center]. I bought a quart of beer and went [there]. The following week I was in here for treatment. It was hard, it was weird. I didn't know anything about treatment. Little by little, I learned how this place runs. After a couple of months, I was able to talk about my issues and how I started my addiction.

Alex, who said he was born in the "British West Indies, but raised in Brooklyn since I was four," still spoke with a lovely, rhythmic, back-beat island accent. At Redemption House only two weeks, he seemed resigned to the fact that he was unable to control his behavior without outside

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"guidance." He also seemed bewildered by the fact that some in his family were not supportive in the wake of his "fetchin" activities.

> When I was down dere [Miami], [I] started gettin' into drug life more serious. But I would come to New York for coupl'a days. You know, see my Moms. I go back and forth on vacations. Sometime I go to islands for vacations. I go to Barbados, Trinidad, Antigua.
>
> Q: Were you dealing at this time? Is that where the money came from?
> A: Yeah, to be honest wit'chou. But as life goes on, you know, my drug life began to get more serious. I start takin' t'ings from outta my house, you know? Coupl'a years back, I came here to New York and my Moms leavin' da house. And I fetched lotta t'ings up outta da house. When I fetched dese t'ings up out da house, it happens my family didn't want ta see me no more. Start fetchin all deir little valuables, TV and everyt'ing. Dat's how far I went. De only t'ings I leave in de house, de furniture, a little bit a ornaments. I even took the microwave. It was friends from New York who had turned me on to da high, influenced me. My Moms, she on a job. She works nurses aide work. They had a big floor model TV that I couldn't move out, but I was about to.
>
> My brother in Florida has a mechanics shop, a restaurant, some stores. . . . I used to work for him. But when I live with him, I got to follow his rules. He don't do no drugs, no cigarettes, not'ing. He drinks occasionally.
>
> After I came outta the [28 day NA residential] program, I stayed with my brother t'ree years. He be my guidance. Everywhere that I would go, he be dere or have someone dere to watch over me. If I'm out dere by myself, I'm quick to pick up on drugs or bad company. [After NA] I stayed clean for t'ree years. Then after t'ree years, he got me a condo by myself. After a month he leave me and go home. I went and picked up a hooker. The hooker was smokin' [crack] and I started smokin' too. We end up smokin' $500 that evening just to have some pleasure and some fun. It end up leadin' back to da street.

Shortly after this, Alex found his way to New York and, like AJ and others, encountered an outreach team that introduced him to the discipleship program at Redemption House.

The careers of Larry and Alex in drug sales did not parallel the success that Keith claims for his business, and Armando did odd jobs before his downfall. However, in the end, which is the focus of all accounts, all of the men told of stealing from their own families to pay for their drug use.

Bud, who went to Phoenix House after an accident with his truck on the Manhattan

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Bridge, later added another element to his drug induced decline into depravity. His story of stealing from his company probably does not bear quite the same degree of stigma as stealing from family. However, Bud seemed particularly attached to his boss, who he said had treated him "like a son." As a result, he reports strong feelings of guilt and self-recrimination as a result of betraying this trust.

> Q: So your using didn't disrupt your work?
> A: At times it did. At times it didn't. It was a time that I was staying up here, driving a straight truck that I did something that really hurt me. They gave me a truck with a load on it to deliver. I sold the whole load. It was a load of scouring pads, the big ones for doin' floors. You can find anybody to buy that. Hardware stores, places that rent floor cleaning equipment. I went from store to store until I sold almost the whole load.
> [The next day, when] I told [my company] the whole story what I was doin'. . . . they replaced the merchandise I stole and told me to go out there and deliver it. They didn't fire me. They told me somethin' 'bout we gonna take this outta your pay. They never did. That messed me up right there. Because I'm hurtin' all these people and they still love me like a son, treatin' me better than I should be treated. I didn't know how to deal with it. That was one of the overall reasons that made me go into a program.

Julio had been at Recovery House for six months when I interviewed him. His story is yet another variation on the degradation theme so prevalent in residential programs. He is a powerfully built young man, perfect to play muscle for petty schemers.

> Q: So you stopped using powdered cocaine on a regular basis and started using crack regularly?
> A: Right. See, the coke I would use [only] when I got paid, when I had money. Then the crack got me to a point where I didn't really care if I didn't have any money, I would go look for the money. You see? When it was the cocaine, I was able to maintain and hold on and do it whenever I had money. But I guess the crack was so intense that I would have to go and sell things, pawn things, steal things, whatever, just to do it. Then I would see myself doing the same thing over and over and I didn't want to do that anymore.
> Q: Then what happened?
> A: Then I came into treatment.

> Q: How did you get into treatment? You visited the place in Syracuse . . .
> A: Yeah, but that was awhile before. I wasn't really ready. I wasn't ready to surrender. That was just something of curiosity. That was two years ago. The part that you asked me about, I can go back to the last month before getting in here. I was with some young ladies and a friend of mine that lived in the same block. They would go out in the streets and sell themselves, and I would be the lookout and so forth. And I would get money and it would go to drugs. I had just started doin' that. So that right there, me going home late mornings, having to deal with different situations in the street, putting my life up for a hit of crack, I told

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myself, this is not me. Today I am worth more than this. That's [what] made me go into treatment.

Q: How long did you work at this activity?
A: 'Bout a month. I had been hangin' out with them longer, but wasn't part of the [business]. They would tell me, all you gotta do is just watch what car I get in and make sure I'm okay, and twenty minutes I'll be back and get you high. So I did it just for the get high part. I didn't have to go steal anything or borrow or anything else, its just there.

4. Female Troubles: [13]

In the era of crack, the most commonly told tales of sexual obsession are stories about women giving themselves away for payment in crack (see Williams, 1992; McCoy et al., 1995).[14] Therefore, I found it particularly interesting when several of the men I spoke with also reported troubling obsessions with women that they believed were related to their own drug use. Some of these men considered their relations with women or their desire for sexual gratification in general as troublesome as their drug use. Nevertheless, they all viewed their use of drugs as an integral part of these "troubles."

Stanley, a six-month resident of Redemption House, is a tall, deep-voiced, handsome, fun-loving black man in his mid-thirties. I introduced him in the previous chapter. His sexual proficiency and the dilemmas it created for him are among the central themes of his biography. In the following, only one of the half-dozen or so similar exploits he recounted, Stanley decides yet again to seek help.

I was always girl crazy. When I got introduced to drugs at seventeen, that also introduced me to the women, to the partying. I would live for the weekend. . . . I was always at clubs and partying. All the women that I was with were always older than me. I was always the youngest in the crowd, but I was big for my age. I was getting into the [night] spots because of my height. . .

When I was seeing my second daughter's mother . . . , I was [also] messing with an Italian woman and a Chinese woman, and they would all come to visit me at different times, at lunch time or, or, I'd get so confused. The Lord blessed me, because doin' all these women, I can say I slept with 150 women, since I started from fourteen [years old] 'til now, the Lord blessed me. I never had to go to the hospital for a rupture or any kind of [venereal disease] or

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whatnot. God really had his hand on me, 'cause I did some really wild things. I know God had his hand on me. I never used rubbers, even to this day, never.

I lost my garment job for one thing. . . . [T]hey had gave me a profit-sharing check for $10,000. I took that money, gave my mother some of it, gave my daughter some of it, $1000 for herself. I gave her mother $1000 to spend for herself. The rest of it I blew in three weeks. . . . I took that profit-sharing check and spent three weeks in a hotel with three females. I had crack, cocaine, and good Jamaican marijuana, two bottles of Jack Daniels. But I was unhappy, because the woman I wanted to be with was a Christian.

After God came into her life, two years after my second daughter was born, God had touched her. . . she accepted the Lord. All three of those sisters are saved, filled, and work for Social Security. They all [are] administrators. They go to Pastor Gray's Pentecostal Church in Brooklyn. I was the only person she ever slept with. But ever since then, I couldn't touch her. She wouldn't see me. She tried to bring me to the Lord. She tried to study [the Bible] with me. But every time we study, I'd get into the flesh.

These women [in the hotel] satisfied my flesh, but that inner heart desire that I wanted, she wouldn't go with me. After these women left, I took about 30 sleeping pills, I smoked up everything I had and slept for two days. I thought I was gonna die. I woke up without a hangover, no sickness or nothing. The first thing I thought was to give my life to God. I [had] tried to kill myself, but I couldn't even do that right. Deep inside I was too scared to kill myself, so I thought, let me try Jesus. Maybe He can help me.

Stanley's "troubles" relating to women are matched at Recovery House by Barry, as well as is his inclination to seek a religious solution.[15] Barry, a three-month resident, is also an African American, but there his physical resemblance to Stanley ends. Barry is short and a bit stocky, with a prison-honed musculature. Moreover, he seems moody, quiet and a loner, quite unlike the gregarious, good-time Stanley.[16]

My girl said I had a problem 'cause I would stay away from home like two days at a time getting high with this guy who lived upstairs from me. . . . I just continued to get high. Then in '92 I went to Star House program up in Borough Park, part of the shelter program. It's a six month (residential) program. I left after six months, but I didn't graduate. Then I went home. Three days later I started getting high again. I went on a run with the money I accumulated in there. And then I stayed sober from March 'til September. Then I started getting high again. Then I stayed sober for few months and started again. Then I went to Daytop for about four months, came home and started getting high again.

Q: Why did you leave Daytop?
A: They put a lotta pressure on me. I started liking this Italian girl. And most Italian people don't like it when you trying to get into they kinda little sect there. I started catching problems. We was always looking at each other and smiling and it started going too far. I tried to slow it down, but she always followed me around and talked to me. She's a real nice

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person. But they started putting me through a lotta contracts.[17] I think it was a racial thing, to tell the truth. From both sides. I got black pressure and Italian pressure on me. I left.

Q: How did you get here?
A: Well, I started getting high again, and one day I was at a friend's house and he was a drug dealer, but he got mad at me for smoking crack in his house. We got into an argument and he stabbed me in my leg. I was staying at the shelter program. A guy that works in the reachout program there asked, "who got a problem?" I said, "I do. I have a drug problem." He said, "I'll get you in a program." I said, "No I'll do it myself." Then I went out and sold everything I had left and went on a sixteen-day run. I went back, and he sent me here.

Q: What do you think you're problem is?
A: My problem? I don't know. I been getting high for ten years. It's like I don't even know myself no more. Whenever I get in a relationship with a girl, it only lasts [a couple of] months. That's one reason I'm here. All my life, I always like beautiful woman. I just feel like I can't give 'em up. I tried, you know, but . . .
Q: Doesn't the Quran allow you to have more than one wife?
A: Wives!? But women, heh heh heh, that's different. I think that's why I fell a lot. 'Cause God . . . wants you to be morally totally [*sic*]. Like looking at women, y'know, with little dresses on, half naked. Not supposed to look at women, that's a little sin. You get sins on top of sins, then He put a rap on you, y'know? And that's why I always fell, because I did little stupid things.
Q: What things?
A: Women. Start getting crazy about them. Start playing, go to extreme with [them].

Q: What will you do when you leave here to avoid doing that?
A: Nah, it's gonna be very hard. I was hoping that this time I get a wife. I almost had a wife before, but I start getting high. Oh, you know how I fell again? I got this girl an abortion. I think I caused myself some compunctions, from guilt and I started getting high again. I went to extreme. I had girlfriends . . . .

Q: Didn't you tell me when we were talking before [a few days prior to the recorded interview] about an elder in a mosque praying with you for several days?
A: Once I went to stay at a mosque to do my [religious obligation] and the brother saw my face and knew something was wrong. So they kept me around them. I used to spend the night at the mosque and all that. They used to keep me around because they said they were trying to keep Satan and his demons away from me. That lasted for about a month. It worked too. It did a miracle. I was really out there at one time. I started praying and, like I said, I start getting money from all kinds of places. And things started coming, just like being a human being again. It was like a marvel. Then I started drifting off. Started putting women in my life. You know, clothes and stuff like that. They [the elders] let me go 'cause they thought "God must be with him." Eventually I fell real bad, women, sex. Started having sex with lotta women, getting high, losing my possessions, real bad.

In the course of our conversations, Stanley and Barry cited identical scriptural promises that they felt were important to their spiritual quests. Stanley's was from the Bible, of course:

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"Trust in the Lord. . . and he will give you the desires of your heart" (Psalms 37:3-4 RSV).[18]

Barry paraphrased the Quran:

> I believe that if I kept more to the religious norms, I would be more successful in life. 'Cause God, He just wants us to do right . . . and love Him. So if you love people, you show love for Him. Stay away from drugs, gambling, fornication, and He said He'll give you everything back that you want.
> Q: It says that in the Quran?
> A: Yeah.
> Q: Says that in the Bible too.
> A: Yeah?

Armando, at Recovery House for a second tour, recounted yet another common variation on the theme of sexually oriented crisis.

> I was in that relationship four and half years. In that time, I was in treatment three times. I relapsed, she relapsed. Now [I'm] back in the fourth time. She's active [still using drugs]. I decided to stop. The cycle has to stop somewhere.
>
> I was in two other programs, one a three-month and the other a TC in Pennsylvania. I finished December eighteen. January first I relapsed, and March eighteenth I came back to treatment here. I left the Pennsylvania TC after eleven months, because of the relationship with the same woman. I'm no longer in that relationship and my focus is now on my treatment. Before I was doing what I had to do in the relationship, but now I'm doin what I have to do for my treatment. I knew she was dippin' and dabbin' and lyin' to me. I guess we both were in denial and that's why I relapsed.
>
> After I left here the first time, I stayed clean about four months. We would drink beer from time to time. Then one night, after drinking, we decided to get some crack. We thought things would be different this time. First thing I felt after I first picked up was I felt really rotten. Because after working so hard for fifteen months . . . I went on a run . . . umm actually I didn't go on a run. We kept dippin' and dabbin' for awhile. We lived together, so every time we got money we got high. It continued like that until I'd go into treatment and she would stay at home. She told me she was gonna change, she never changed. It went like that for four and a half years; it was madness. She never went back to treatment.

Even among residents for whom difficulties with women were not seen as a major source of program entry, sexual proclivities were nevertheless interpreted as continually problematic.

"Slick" was a prime example at Redemption House.

> One of the biggest struggles here as I go out on visits and everything is women. I know that's a weak area in my life and I'm glad the Lord has opened my eyes to that. So I can "above all else guard my heart, for it is the wellspring of life" [biblical quote]. So I focus on the Lord,

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and I pray a lot. And whenever I'm in a situation where I can be tempted, I run from it. For it says in James 4:7&8 "Resist the Devil. Submit yourselves to God. Resist the Devil and he will flee from you. Come near to God and he will come near to you. Wash your hands you sinners and purify your hearts you double minded." And when I'm in a situation where I think I'm gonna be tempted, if she's very pretty, I just walk away. Because I know that will draw me near to the Lord. I know that's always gonna be with me, that desire for a companion. But I don' wanna be in a situation where I'm gonna look at a woman and she's so beautiful that I'll remember the things I used to do and undress her [in my mind]. Lotta people get caught up in that area and end up submitting. I wanna stand strong. I wanna be like Daniel. I'm reading the book of Daniel right now. He said "I will not defile myself with the kings food." That's how I wanna be.

In each category, the parallels between the perceived problems that induced or led residents of both houses to seek organized assistance could not be clearer. The stories are the same stories; the "sad tales" that they relate to account for their presence in a drug program are the same sad tales.[19] In addition to accounts of "why we are here," the two programs share rationales regarding "who succeeds."

Success Stories

As I indicated, I do not intend that my description of residents' accounts be taken as exhaustive, but only illustrative and indicative of the program parallels, especially at the level of program rhetoric and residents' consciousness. I chose to focus on the problem of entry because it seems to me that "why we are here" is a primary concern for the residents, reflected in their daily conversation as well as the accounts reported here. It is equally reflected in the rationales developed by staff members at both programs to deal with that question. A similar parallel is evident in accounts that are concerned with the other "end" of treatment and training, that is, why some people succeed (in program terms) and many do not. The agreement on the explanation for this quandary was almost unanimous across the two Houses.

Forest and Walter offered comments on this question that were typical of virtually all Recovery House respondents.

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Forest: Recovery House is like shock treatment, especially since we have to get up at 5:30. but without the physical exercises, 45 minutes of physical training and a five mile run. I kind of miss that. When I left shock, I was in pretty good shape. Recovery House is okay. I see there can be a lotta treatment here, *if you rally want it.* But whatever program you're in, *you have to really want this*. You have to have a sincere desire to put your life together to stop using. I just complied, I never really applied! [Emphasis added.]

Walter: My honest belief, programs, they're good, But it *all depends on the individual.* I've seen peers of mine who have split programs after three and four months and never picked up again.. They're sitting on six and seven years [abstinent]. They never picked up, they never graduated that program. Here I've graduated programs, split programs, and still picked up. What's wrong with this picture? What's wrong with the picture is me. I still wanted to get high. I didn't listen to the messages of staying away from those people, those places, and those things. Because I'm that individual who does those things and goes to those places.
Q: Are there any particular techniques that you can use now to avoid those people, places, and things?
A: There are no techniques. You just have to *be determined.* There again, you have to want to get clean. [Emphsis added.]

At Redemption House, AJ and Marvin see things in much the same terms.

Q: Why do some people who come here get their lives turned around, go to the Farm. and others don't?

AJ: Umm. [After a long moment's reflection:] For me, I would say it's the way I identified myself with the program. It's something inside of me, a desire that *I really wanted* and did my best to obtain that desire. Some guys come in and spend the same four months, and they want to go to Teen Challenge, too, but something happens and they don't go. The best that I can say is they didn't really want it. It's like the Apostle Paul said, y'know? We run the race to finish. Some don't have that desire and that's what stops them, that desire *not* to finish. They might not want to admit it, but that's the underlying problem. You'll get it if you really want it. I was told that when I first came in here. If you really want Teen Challenge and you really want a better life for yourself, *it's up to you*, you make that decision. Harry mentions that a lot. [Emphasis added.]

Marvin: I got into Redemption House not understanding it wasn't just a Christian program, but a drug rehab. As I mentioned before, if I had known it was a drug rehab, I wouldn't have walked through the door. I wouldn't be here today. I wasn't interested in a drug program. I was working in a drug program for the government. As far as I'm concerned, they don't work. I sat in that program for four years. I conducted some of the N[arcotics] A[nonymous] classes, then I would walk out and get high. So would everyone else, the staff and so forth. But this program, this program works, *for those who want it to work.* [Emphasis added.]

Is this a curious claim to find at either program, one which asserts the community is the therapist, the other that the Holy Spirit accomplishes the change? Obviously it serves a

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legitimation function for the organizations. If some (or most) do not get saved or get well, whose fault is it? The "gotta want it" claim exonerates the program for failure. Why didn't it work, well it didn't get a fair trial. But what cognitive benefit do the residents gain by adopting this adaptation? For one thing, overt attacks on the program are not allowed. They are immediately "cooled out" or, if they persist, the source is eliminated from the residence. The "want it" claim is a necessary complement to the program ideology. But more than that, perhaps, it allows residents some (illusion of?) cognitive space in the midst of massive conformity demands. Is this their way of finding room for some sense of autonomy? "I may be conforming, but I'm choosing to do so, since it wouldn't be happening, if I didn't do it, if I wasn't cooperating, using what's available here, via my own volition." Here perhaps is a means for clients like Walter or AJ to believe they *are* in control of their destiny, and to take pride in their accomplishment. Also, it is a way to differentiate themselves from those who failed to turn around. AJ suggests that "finishing the race" is "something to be proud of" something he could "look back on and say, 'I made it.'"

What is left out of this bit of program rhetoric is the evidence from "natural recovery" studies, which show that to "want it" users must have a *reason*, i.e., a **stake** in the conventionality they are seeking. Recovery or sobriety is rarely an end in itself. This is implied in the crisis stories I described previously. More often, sobriety is seen as a means to salvage or regain some other conventional value, like a career, family connections, "self-esteem," or to avoid an early death (Waldorf et al., 1991). Recovery and redemption, from this perspective, are not about "wanting it," but about wanting something else, something important that drug misuse tends to interfere with. While writing this particular section, the following appeared in my morning newspaper:[20]

> . . . the biopsy and the chilling diagnosis [dysplasia . . . the stage before malignancy] was convincing enough to make [Philadelphia Phillies' pitcher, Curt] Schilling stop [chewing tobacco after sixteen years of ten times a day]. "I want to be a great husband and father, with a full face," said Schilling, who is married with two children. . . . The thought of losing my family almost made it easy . . . to quit. He had tried to stop before and endured headaches and insomnia. . . . He used a six week nicotine patch [and] an organized support group.

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Discussion

This comparison of accounts of previous lives and motives for entering treatment and training evidences widely shared experiences of deprivation and depravity across the two programs and seems on the face of it to indicate a strong similarity, if not identity, between the client populations at Redemption House and Recovery House. These stories of motives and previous life experiences confirm my demographic data (discussed in Chapters 1 and 2) that the two populations are really one, that, contrary to the claims of earlier studies, both types of programs, secular and religious, draw their clientele from the same population.[21]

However, there are important reasons not to rush to this conclusion alone. There may be other reasons why these accounts are reproducable across the two program settings. The demographic similarities are real, of course. However, accounts of moral failings can be read in various ways. Since this is an investigation in the sociology of conversion as well as the sociology of drug treatment, it seems pertinent to look at what the former perspective has to offer on this subject. For example, the New Religious Movement (NRM) literature discussed by Snow and Machelak (1984:175ff) contains a significant number of observations regarding the *suspect* character of convert accounts. This includes reports of pre-recruitment distress by clients in drug treatment programs (Greil and Rudy, 1983). Moreover, Heirich (1977) has offered evidence that preconversion "deprivations," like those of the residents accounts, do not adequately explain conversion experiences, nor does earlier socialization such as religious training, as the Langrod studies suggest. (See also Danzger, 1989a)

Although numerous empirical studies of conversionist groups have found that clients tell typically similar deprivation stories, many recent works conclude that these "self-reports" are

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formulated in conjunction with the programs' conversion rhetorics. McGuire (1991: 73) summarizes the methodological problem:

> The main difficulty in distinguishing the degree of change that occurs in any given conversion is that the individual who converts reinterprets past experiences in relationship to the new meaning system. Therefore, it becomes difficult to determine what amount of the convert's description of the changes . . . represents the objective process of conversion and how much expresses the convert's subjective reinterpretation of those events. The convert [typically] constructs the story of [his] conversion, drawing on a socially available set of plausible explanations or "rhetoric." . . . Rhetorics of change [often] emphasize the dramatic nature of personal change [and] compare the evil or unhappiness of their previous way of life with how wonderful their new way is. Rhetorics of choice emphasize how much the change resulted from personal, often agonizing, decision, [since] our society places [so] much value on individual decision.

As McGuire summarizes the NRM conclusions, she suggests a different possible, or at least a more complete, explanation for the similar stories at the two programs. The two groups of residents create similar stories to present to their programs (and any researcher who happens along in the meantime and offers a diversion from the everyday boredom or tensions of treatment), because they discover that these kinds of stories are expected of them. They are expected because they fit the treatment program's ideology, its image of what a "drug addict" is, and the training program's belief about what a "sinner" is. And, it is common knowledge that an integral and constant part of treatment (and training) is admission of these fundamental "facts." I am an addict/sinner or we are all sinners/addicts in here, were constant refrains included in my conversations and observations at the two Houses. From this perspective, since these client tales of "before" are constructed "after," they must be considered the products of the social context (including the individual consciousness) in and by which they are produced, that is, the treatment or training program. They are retrospectively constructed accounts that in all likelihood reflect the (ideological and rhetorical) viewpoints of the treatment or training program as much as, if not more than, the "actual facts" of the client's biography.[22]

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In addition, from the sociological perspective, the issue of motives is never treated in an abstract, individualistic fashion. In the tradition of the classical sociologists, motives are not merely the "property" of individuals, but can be readily seen to vary by social group and or category (see e.g., Douglas, 1978; Wuthnow et al., 1984; Mills, 1940; Danzger, 1989). Both the NRM conclusions regarding self-reports in highly ideological settings and the "sociology of motives" suggest, contrary to my initial conclusions above, that the similarities in the accounts of the clients at Redemption and Recovery Houses may be more appropriately understood as indicating similarities between the two programs at least as well as similarities among the individual clients or their backgrounds.[23]

Therefore, it seems prudent to investigate further the issues of clients' previous lives, their reported motives for entering treatment or training, the reconstructed nature and general status of their accounts as data sources for this research. Are the similarities really just the result of similar backgrounds of the clients? Or does this similarity of understood motives indicate more about the nature of the programs themselves and their view of world, self, drug addiction, treatment and training? Do the stories that clients tell have any validity with regard to their experience before, during or after treatment and training? Can they be trusted as data, or must they be dismissed as mere rhetoric? Is there evidence available to indicate whether or not these stories are reliable or mere rhetoric? Or, is there some, as yet undiscovered, middle ground?

My investigations lead me to believe that both explanations have validity at Redemption House and Recovery House. (Perhaps because of the special population they serve as compared with other conversionist groups.) Most of the stories the men tell, I believe, are essentially true (i.e., they represent real events), but are not necessarily accurate. The events recounted probably did happen -- to somebody, perhaps even to the story tellers themselves in most cases, but probably not all. Certainly, most, if not all of the men embellish their accounts. They exaggerate, conflate,

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imitate, variate, create; they borrow and adapt stories in ways that meet the expectations (rhetorical paradigms) of the treatment or training setting in which they find themselves at any given moment.[24] It is also likely that they utilize real events of their own lives where they are applicable, but in selective and "distorted" fashion. This process has been typical of all cultures (perhaps oral cultures especially) everywhere and, I submit, continues to be true of this one, but is decidedly intensified in these highly ideological movement settings.

Above all, in their story-telling the men of Redemption House and Recovery House are selective. They select the stories they tell according to the largely informal directions they have received from other members of their program, both staff counselors and more experienced residents. The selection process is learned, beginning with the very first day in treatment or training by listening to others and eventually trying out "drafts" of tales on "peers" or "brothers" until they get the desired response. The selection process is typical of all conversionist movements and total institutions (see Danzger, 1989: 224ff and Goffman, 1961). It is generally done in good faith, at least at the two program I profile here. It is part of learning "the (appropriate) truth" about one's self, one's world, and one's fellows.

This form of storytelling is not limited to treatment floors, it occurs as well on street corners, in sports bars, or "police" bars, private business clubs, suburban ladies "teas." Wherever people (whatever their drug of choice) gather and promote camaraderie through discussion of their own "exploits," this type of "tale-spinning" goes on. And tales are plentiful. The world of the street drug addict, like any other social world, has its mythologies and lore, its "stocks of knowledge" about what the experience of drug addiction is or is expected to be in various contexts. The stories of degradation and deprivation that residents tell, for example, bring them status and acceptance among their peers and overseers -- sometimes it is the same story for both audiences, sometimes not. For residents in general, and newer residents in particular, the stories help them

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orient themselves in the new cognitive universe, once they learn which ones told with which emphases are meaningful in the new setting and which are deemed inappropriate.[25] But drug addicts in treatment and training are far from the only population that selectively alters its biographies according to social setting. After all, we have all written resumes and had job interviews, or testified in court -- even those of us who happen to be police, prosecutors, psychiatrists, social workers or other protectors of the public order.

The general process of selective recollection is well recognized, especially under conditions of intense ideological "bombardment" in a closed or protected organizational or cultural setting (see Berger and Luckmann, 1966; Lofland, 1966, 1977; Ofshe and Watters, 1996). It is fundamental to any resocialization process, especially in formal settings like Redemption and Recovery Houses. The similarity of the life stories that I heard at the two communities is a reflection of the similarity of the real experiences and associations shared by both groups of men *over the years* prior to entering treatment (i.e. of belonging to the same sub-population) *as well as* to the similarity of the expectations about the residents' previous lives shared by the two program ideologies, despite their sharp differences with regard to other realities.

The programs direct their clients not only to be selective, but how to select the elements of the stories they tell from their own memories as well as from the collective stock of knowledge provided in the treatment and training processes. Each program provides its own interpretive paradigm that directs what sort of story elements are acceptable and which are not. As Danzger (1989: 224) writes, "the account is thus a reflection of the group's values and self-perception, *as well as* the individual's." [Emphasis added.]

As I have suggested, one of the things that the two paradigms share with each other is a rhetoric of change. This expresses the "fact" that before the residents of the two houses entered

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their respective programs their lives were filled with danger, depravity, degradation, and distress, but now they have seen the error of their ways and are ready to change (McGuire, 1992). Carefully attended to, and viewed in this comparative framework, resident autobiographies, like those I have explored in theis chapter, can point to the process of selective recollection at both programs and give indications of the nature of the paradigms that shape it.

It will be my task in the next two chapters to analyze the ways in which client tales are shaped by the separate program rhetorics, including important ways they are similar and important ways they differ. In the next two chapters, I look at the evidence of these selective processes. First, in Chapter 4, I consider resident accounts of conversion at Redemption House, the self-admitted and indisputably ideological movement organization whose view of the world of drugs and the world in general is grounded in religious faith rather than in clinical science. Then, in Chapter 5, I look at similar procedures at Recovery House, and at how its treatment processes can be illuminated by comparison and contrast with discipleship training, and what the results imply about the claims for a scientific and rational basis of the therapeutic community treatment.

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Endnotes Chapter 3

[1]Quoted by Mills, 1939/1974: 442.

[2] See also Muffler et al., 1997.

[3]Considerable research on religious conversion does in fact suggest that "previous disposition" is an important contributing factor in religious conversion (see extensive literature cite in Greil and Rudy, 1983:12). However, I intend to argue here that the apparent differences in ideology between the religious and secular organizations are in fact less significant than their similarities. As a result, we should not expect previous dispositions regarding the nature of "addiction" or religious outlook (with the exception of converts to Islam) to play a major role in recruitment. This claim is supported by the important work of Heirich, 1977 and Danzger, 1989.

[4]On the face of it, this would seem to indicate that the experience of illicit drug use was the same for both sets of residents regardless of the ideological character of the program in which they participated. However, things are not always what they seem (Berger, 1963:23). The precise nature of the similarities in resident accounts, and the methodological status of those accounts and the information they entail, I will address in the course of this and the following two chapters. Also, the extent of these similarities appears to belie the conclusions of the Langrod studies, which suggest that the two types of programs draw from separate populations.

[5]I do not intend to suggest that these categories of motive exhaust the reasons men had or gave for entering treatment or training. They are simply the most prominent; they are the most typical among the men I interviewed. Other individual motives were identified, some of these will be considered as they relate to other contexts and issues.

[6]"Flesh" is a familiar expression in evangelical and Pentecostal circles. It refers to one's carnal or sinful (often, though not always, sexual) desires or activities as opposed to spiritual (Godly or righteous) desires and activities.

[7]Another evangelical term that refers to a sense of guilt that is believed to be the result of God or the Holy Spirit communicating directly with the individual "Christian's" soul or "heart." This is the ultimate meaning of a "personal relationship" with Christ: God is in constant and direct communication with those who have "accepted him into their heart and been saved." In essence, the Holy Spirit becomes the individual's moral conscience. "Conviction" is that conscience "reminding" one of what he or she "ought" to do or not to do. In this case, Slick believes the Holy Spirit is the source of his fear about the virus.

[8]This refers not simply to being saved, but to following God's will." i.e., His individualized life plan for each "Christian."

[9]AJ's point is the violence and danger that surrounds drug use and dealing, but it is also interesting to note how the various categories of drug tales overlap and intermix in real life. This story could also easily fit in the degradation category (see below), since AJ's depravity leads him to do serious damage, both morally and physically, to his own family. In addition, as a result of this encounter with his family, AJ ends up homeless on the streets of New York where he eventually makes contact with an outreach team from Redemption House.

[10]In this context, "world" is a term of decidedly religious origins, that is used identically at both Redemption House and Recovery House. Nelson (1981: 220) writes that it is "from the cloister that we

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receive . . . the dualism of 'Religion' and 'World.'" Weber adapted it from the ascetic groups he studied and paired it with the term "religion" to demonstrate the sectarian consciousness of a strict boundary or "tension" between the realm of the sacred group of brothers and the realm of all others, the outsiders, the uninitiated, the enemy, the rest of mankind that is not saved, that does not belong to the elect or the enlightened. "The 'world' . . . is a realm of temptations . . . not only because of . . . sensual pleasure . . . but because it fosters . . . complacent self-sufficieincy . . . at the expense of the uniquely necessary . . . active achievements leading to salvation" (Weber, 1922/1964:165). It is indicative of the approximation between the ascetic life at the therapeutic community and in a Protestant sectarian organization like Redemption House that both groups use this reference to indicate the chasm and tension between themselves, the righteous, and the culture beyond their walls, the unrighteous.

[11]From another angle, this could be seen as part and parcel of the career of a drug addict. This is so because treatment, more often than not, serves to label (or reinforce the label) and, thereby, the identity of addict upon those who enter such programs. This is especially true of the majority who split the programs, some of whom will return time and again until they find some accommodation (including burn out or mature out) with this socially imposed identity. See Skoll, 1992.

[12]In this connection, it is interesting to note the solid agreement across programs about the depravity of violating certain aspects of "family values," despite the differences between the two programs regarding other items on the conservative agenda, such as, e.g., abortion and single parenthood.

[13]The sexual obsessions I discuss in this section may be better categorized as a variation on the general degradation and degeneration theme, since they, too, contribute to a self-recognition that "accounts" for entering treatment or training. However, due to its formally "victimless" character, I decided the issue of relations with the opposite sex was better treated as a separate, though obviously related, motif. Additionally, my choice of title for this section has received some criticism for its *apparent* insensitivity to issues of patriarchal bias and discrimination against women that continue to afflict both formal and informal relations between men and women in our society. My initial use of the title, "Female Troubles," was prompted primarily by my sense of how this matter was experienced *by the informants*. Despite the criticism, which may have validity regarding possible misperceptions of my intentions, I have chosen to keep the title precisely because it reflects the perspective of the main speakers in this document, the men who told me their stories. I believe this to be consistent with an ethnographic approach to social research. I also enjoy the play on words that, I believe, ultimately tweaks the nose of yet another icon of male domination, i.e., the marketing of sex for drugs that exploits women in ways conventionally considered beyond the pale of all civilized behavior. On the contrary, I suggest that such behavior simply extends and reflects the "normal" patterns of sexual and market relations in this society, as well as the more traditional patterns of the market for sexual relations, i.e., prostitution. See Erich Goode, 1997.

[14]For a different perspective on this phenomenon, see Rosenbaum et al., 1990; Kearney et al., 1994; Murphy and Rosenbaum, 1999.

[15]Note that Stanley's inclination toward a religious solution led him to Redemption House, a religious program, while Barry's led him to the (ostensibly) secular program at Recovery House.

[16]Incidentally, Barry's is the only story at Recovery House that includes a reference to formal recruitment other than through the criminal justice system.

[17]I.e., official program sanctions that include additional work and/or loss of privileges.

[18]The staff at Redemption House might have pointed out to Stanley that his ellipsis includes the phrase "and do good."

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[19]Goffman (1961:67) refers to the inmate's sad tale as an "apologia . . . for his present low status."

[20]*New York Times*. 1998 (April 26).

[21]Langrod et al., 1972, 1981; Muffler et al., 1997.

[22]Snow and Machelak (1984:176) write " the social construction of conversion accounts may thus be regarded as a kind of 'alignment process' involving the linkage of individual biographies with group goals, ideology, and rituals. Converts' constructed accounts do vary, but the variation is around a central theme." See also Danzger, 1989.

[23]Danzger (1989: 223f) has developed a "constructionist" perspective on motives and accounts regarding conversions to Orthodox Judiasm that incorporates insights from an intriguing variety of sociological and social psychological sources. Among the theories and studies Danzger has synthesized are Weber's notion of "adequacy" (see my appendix on theory) and C. Wright Mills' observations that "vocabularies of motive" - explanations for behavior that are considered acceptable - vary over time and across social locations and cultural settings. He combines this insight with similar ideas from more psychologically oriented observers (e.g., Festinger, Asch, Milgram) to conclude that "we will not find a motive...to explain why a person [converts]" simply by listening to his description of converting. For social science, the explanation lies rather in one's "group affiliations," and other social structural variables. Thus, if two groups tell similar tales, they are likely to be similar in ways worth exploring, especially if they claim to be very different.

[24]Goffman (1961: 150f) writes:

> Given the stage that any person has reached in a career, one typically finds that he constructs an image of his life course - past, present, and future - which selects, abstracts, and distorts in such a way as to provide him with a view of himself that he can usefully expound in current situations. Quite generally, the person's line concerning [him]self-defensively brings him into appropriate alignment with the basic values of his society.

[25]Danzger (1989:226) writes, regarding converts or "returnees" to Orthodox Judaism, "The repetition of [inappropriate] stories [of their conversion] is discouraged, and a different account . . . of return is constructed, with neither the community nor the returnee aware of this process."

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Chapter 4

The Divinity Made Me Do It: The Social Construction of A Calling at Redemption House[1]

> I believe God is in charge of who comes here. Even when the Devil sends one of his devices in here to divide us, God [is] in charge of that too. I believe God wants each and every one who is here to be here. Knowing that, I'm able to be confident that they [the insincere ones] will be the ones that blow up and go out of here.
>
> Martin, Redemption House Manager

> The Lord is calling guys to come here and find the help they need to get their lives straightened out. And this is the place to do it, too. It truly is.
>
> Marvin, Redemption House Resident

In the previous chapter I described how men at both houses report virtually the same motives for entering their programs. In this chapter I discuss the important respect in which Redemption House residents' understanding of the reasons they are in discipleship training diverges from the issue of pre-entry deprivations and depravities. This aspect of their stories will help to demonstrate that client accounts are not simple factual narratives (or lies, for that matter). It will illustrate how accounts at Redemption House are shaped by and reflective of the group ideology (Danzger, 1989). Here, I describe how Redemption House resident accounts are instances of a common (perhaps universal) means of adapting oneself -- including one's past -- to a new and different order of existence and meaning. In the early stages of discipleship training, I witnessed the men using biographical reconstruction as a means of self-reconstruction; they learned a new way to conceive of their pasts in order to make sense of their present selves. At the core of this

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new meaning of self or identity at Redemption House is the experience and meaning of recruitment. Unlike the men at Recovery House, Redemption House disciples-in-training tell vivid stories of how recruitment was also an important factor in drawing them into an affiliation with their current program.

Cognitive Recruitment: The Reconstruction of Biography

As I use the notion of recruitment (or affiliation), it is not limited to the physical entry of the resident into treatment or training, but also includes his cognitive affiliation. I take the indications of the latter to include (1) duration in the program (the longer he stays, the more successful the recruitment/affiliation) (DeLeon, 1984) *and* (2) the (re)construction of his biography to include the program's rhetorical paradigm as an explanatory scheme for his recruitment. That is, the recruitment/affiliation stage is complete when the resident learns to understand and explain (to himself and others) his entry into the program in terms of the program ideology. Thus, for this investigation, the recruitment/affiliation phase of the redemption and recovery processes includes behavioral and bodily submission/assimilation to the treatment or training regimen (encapsulation and the daily schedule) *and* cognitive acceptance of (or identification with, internalization of) the program's world view and interpretive regime, at least regarding the meaning of his presence in training or treatment.

Snow and Machelak (1984: 173-4) include the reconstruction of biography in what they call the "convert role." This role also includes a master attribution scheme and the suspension of analogic reasoning. There is no disagreement here. Recruitment, which they ignore as a separate category in their otherwise excellent review of the literature, is an analytically separate and identifiable part of the conversion process at Redemption House (see Robbins, 1988). Moreover, this analytical separateness is necessary because the meaning of recruitment is crucial to the

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process of conversion at Redemption House. In some conversionist organizations there may be very little time lag between (and therefore little cognitive significance given to) what I am calling physical and behavioral recruitment and cognitive affiliation. At Redemption House, for most if not all recruits, there is a clear difference in time between these two aspects of the recruitment process. When the recruit displays cognitive affiliation by reporting a program-appropriate (reconstructed) biography, he has taken the initial step in his cognitive transformation to discipleship. The adoption by each resident of this essential evangelical theodicy gives meaning and purpose not only to his current existence but to his past and future as well, and is, I suggest, the prime symbol (and empirical indicator) of the individual's cognitive affiliation. Concomitantly, internalization of program ideology appears necessary (though not sufficient) for initial acceptance of a recruit as a brother and fellow disciple by other long-term residents and staff.

Each four-month resident and ex-user staff member I interviewed at Redemption House has a recruitment tale as well as a deprivation or depravity tale. For the men of Redemption House, depravity tales provide contrasts to their tales of recruitment and thoroughly highlight the "grace and glory" attributable to God for the redemption He provides for even the lowest of sinners, drug users who abandon or betray their families. Recruitment, rather than mere depravity, is the "real" reason they are here.

Mechanisms of Recruitment

Empirically, the two most common means of recruitment to the discipleship program at Recovery House correspond to what other investigators have found regarding recruitment to similar conversionist organizations. The first involves "social networks," while the second focuses on "structural availability" as the operative variable in recruitment of what one study has called "loose cannons" (see Lofland; 1966; Robbins, 1988; Danzger, 1986; Snow and Machelak, 1984;

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Stark and Bainbridge, 1980). In the first case, recruits are introduced to a new movement via "links to one or more movement members through pre-existing or emergent interpersonal ties" (Snow et al., 1980: 798, quoted by Robbins, 1988: 85). The second instance has to do with organizational outreach to "strangers and social isolates who are contacted in public places" (Robbins, ibid.).

On its face, this latter conception seems to support common sense and popular notions about recruits to many of the new religious movements (NRMs). Certainly drug program recruits would seem to fit this image of pathological, alienated loners. However, research by Heirich (1977) and Bromely and Shupe (1979) demonstrate that NRM recruits are not a highly marginal, alienated, or materially dispossessed population. Rather, most devotees of the new religious movements are young, middle class, and educated, with stable family backgrounds. In this population, structural availability has to do with being young, single, and free of occupational ties, which helps explain why first year university students make such fertile recruitment fields for NRMs. Clearly, most recruits to Redemption and Recovery Houses are not "young," not very "educated," nor very "middle class."

There are, however, other dimensions along which treatment and training recruits can be seen to be "structurally available" for residential programs, ways that are specific to the populations drawn by treatment and training programs. There is a danger in the structural availability perspective on recruitment that Robert Wuthnow has referred to as "sociometrical reductionism" (Robbins, 1988: 87). As Wuthnow argues, availability cannot be substituted for analysis of either individual or organizational goals and beliefs, but is only useful as an analytic when these cultural elements have been taken into account. Once cultural issues are accounted for ("controlled for"), availability can be seen as an important way of understanding recruitment patterns at the two programs under consideration here. In this context, Muslims, for example, are

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not very likely to be recruited to Redemption House, no matter how structurally available they are, because of its overt Christian ideology.[2] As a result, more Muslims are found at Recovery House than at Redemption House. Regardless of their structural availability, Muslims are ideologically unavailable for recruitment to the latter program because of the nature of its religious outlook.

However, among the (at least nominal or cultural) Christians in both programs, many men come from situations of structural availability (i.e., unemployment, lacking immediate family responsibilities or the ability to live up to them, prison-bound, homeless) often associated with (but not inherent in) illicit drug use. They have little or nothing to prevent them from spending weeks or months encapsulated in a residential program, as long as they are not pursuing their drug habit. Redemption House intuitively recognizes this situation by concentrating its outreach efforts where these structurally available men hang out: parks, missions, shanty towns. Recovery House has no such recruitment procedure. It relies instead on the criminal justice system to supply it with those who are structurally available because of criminal prosecution and on other social service agencies, including Alcoholics or Narcotics Anonymous as well as informal networks, for referrals. For these men, the alternative to spending months in treatment is spending years in prison or months on the street. However, while many men in both programs are recruited as a result of structural availability, many more refuse to affiliate, preferring the streets or the prisons to rehabilitation. Also, many, perhaps most, users of illicit drugs are unavailable for (or simply do not need) residential treatment because they have jobs, live with "functional" families, or are otherwise socially and economically stable.[3]

To my knowledge, every man at Redemption House was recruited (that is, learned about and/or was advised to enter Redemption House) by a friend, relative, or other acquaintance who was familiar with the program, or by an outreach worker from one of the churches or other organizations associated with Redemption House. This was the significant "variable" in the

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equation that led to their bodily recruitment, not their prior religious affiliation. That is, these recruitment mechanisms functioned regardless of the recruit's prior religious commitments. However, most "recruitment agents" of both types were graduates of Redemption House or a related discipleship program. In AJ's case, as I describe below, it was Martin, the manager of the House in his role as outreach worker with the Raven ministry, who directed him to Billy White's Upper Room where he learned that a "bed had just opened up" for him at Redemption House.

AJ was recruited only when he had lost his bed at MacAuley's Mission, and thereby became "available." The Raven ministry is operated by The Times Square Church, which is pastored by the Wilkersons, the founders of Teen Challenge, Inc. The Raven truck makes regular rounds of the city parks, missions, and other locales where homeless people, substance abusers, and other street people (isolated and alienated from conventional society) congregate. It offers food, clothing, blankets, and other amenities, as well as "the message of Christ" and the opportunity for some, "who are blessed by God," to go to a Christian discipleship program. In Slick's case, which was recounted in the preceding chapter, the agent was his sister, who had graduated from a related discipleship program for women.

The Meaning of Recruitment

The recruitment accounts of the men of Redemption House were equally divided between the two paths to physical recruitment: kin or acquaintance and program agents.[4] This was a striking difference from the stories I heard at Recovery House, where recruitment tales of any kind, including *via* the criminal justice system, were considerably less common and received much less attention in resident accounts.[5] What is more important, however, is the fact that each four-month resident's account of this steering and recruiting, whatever the "empirical" detail, is interpreted as evidence of Providence (the Hand of the Lord) guiding the recruit into discipleship. In addition, a

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kind of serendipity typically marks the details of each account of the personal journeys to Redemption House, and as might be expected in an evangelical framework, this situation is seen as evidence of the workings of providence on the individual's behalf. Indeed, there is a clear consensus among the "established" residents (three to four months in residency) and the staff of Redemption House that the details of their recruitment constitute crucial evidence that they all have been called by God to their positions. In the original pre-Lutheran sense of the term, they all have "vocations" at Redemption House that are confirmed by the very fortuitous (or miraculous) nature of their discovery of Redemption House. The residents of Redemption House, at least the ones that endure, are members of a divine elite, the Elect, destined for salvation.

The staff, including the Director, eagerly supports this sense of calling among the residents and models the process by telling their own well-established tales of providential superintendence at every opportunity. The organization itself has an official account of being called to do God's work in the South Bronx. This is an elaborate tale of how the building that currently houses the program was acquired during a time of desperate financial need as well as "spatial deprivation" (need for a new building). The solution, as all the brethren will attest, was prayer, which brought an "unexpected" offer of just the right building at just the right below-market price and just the right contributions to help with the down payment. A tale of deprivation that is resolved through apparent serendipity (in response to faith) is paradigmatically understood as providence.[6] This story was recounted to me by several different people in the course of my visits to Redemption House. It was a fixture of the morning Bible class curriculum taught by the Director, Harry Evans. It stands as a paragon of the belief that each of the redeemed is (or should be) doing God's will for his own personal life. This belief is paradigmatic at Redemption House as it is for all evangelical organizations and individuals. But at Redemption House this belief is also the immediate goal of cognitive recruitment. Its comprehension and adoption by the resident-addicts

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constitutes the first step in the larger process of conversion to discipleship, or, in more sociological terms, the process of resocialization through ideological or cognitive commitment.

Below, I offer illustration and elaboration of this theme in client accounts to demonstrate the centrality of this notion for the Redemption House religion and for the sociological understanding of its discipleship process. In addition, I offer "internal" comparative evidence for grounding the cognitive paradigm of recruitment in program ideology rather than in some pre-existing interpretive inclination among the recruits due to a peculiar "faith community proneness" that differentiates them *a priori* from therapeutic community recruits.[7] This internal evidence consists of a comparison of the accounts of long-term (four-month) residents with those of newer recruits (less than one month's residency). The latter not only display no evidence of the cognitive paradigm for recruitment (idea of a calling) but also are unable to recognize or make independent use of such a scheme when it is suggested to them. This, I suggest, is convincing evidence that the idea of being called by God to discipleship training at Redemption House is typically a product and not a cause of that discipleship.

AJ's Recruitment: an instructive account

"AJ" is a 30-year-old black man from San Francisco who was introduced in the previous chapter. His story illustrates extremely well the processes of behavioral and cognitive affiliation or recruitment as it is experienced at Redemption House.

In the months before entering the program during the autumn of 1994, AJ was homeless in lower Manhattan. He was sleeping at a local mission on the nights he won its bed lottery and in a cardboard box on the street when he did not. A few weeks before entering Redemption House, AJ was approached in front of the mission by an outreach worker from The Raven Ministry. AJ told me he was desperate at the time, penniless, 3,000 miles from his home, and in fear for his life

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following the gun battle with his uncles, described in Chapter 3. He had nowhere to turn for help. As he told his story on a dreary and cold January day in the multi-purpose room at Redemption House, he had been a resident there for ten weeks.

> One Saturday afternoon, I was at McAuley's mission, and this big food truck used to come and park right across from the mission. And they would set up there with their microphones and everything, and they would start preaching in the middle of the park. They were giving out hot-dogs and coffee. They had clothes, too, and blankets. So I went over to get a cup of coffee and a hot-dog, and I hear Martin [the Redemption House manager] speaking. And wow, it seems like he speaks with such conviction. He came over to me and said he was interested in saving my soul. And I said why? What is it about *my* soul that you're so interested in saving? And it got to the point where he mentioned about the Upper Room. I was guaranteed a bed that night and I said what's the Upper Room got to offer me. And he says, "Well, if you're lucky, you just might get to go to a discipleship program that lasts for four months." So I agreed to go to the Upper Room [with him] the next week.
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> Martin picked me up and took me to the Upper Room. [When we got there] they brought out the food, and this guy gave the sermon about how he [used to be] into drugs and all this. I asked myself, why does getting some food always have to be connected with a sermon? What I was really concerned with was getting off the street. All my resources were gone. I was at the point where I was thinking about going out and robbing somebody so I could get arrested and have some place to get off the street. I tried begging for a while, but I didn't get much. And I wasn't gonna go washing windshields like some of the guys do. Right now I was at the breaking point.

AJ is very perceptive; he picks up on the interpretive paradigm right away, or at least in hindsight he sees its development from the beginning. His account is more self-conscious or perhaps just more straightforward than most others (see below); it is also more ambivalent and reflective.

> So after the service, we ate and this guy, Billy White, came up and he mentioned about discipleship programs. He says, "If you're interested, stay after the service and we'll counsel you." I figured my chances were pretty slim since there was about 60 people there. But after the service everybody just got up and left, except four. So Billy White asks again if I'm interested. I says yeah. I told him what my motive was. I was interested in getting off the street. I wasn't interested in getting into no Christ. He said OK and left. I went back to helping clean up. A little while later he comes back and says, "Guess what, *a bed just opened* at Redemption House." Something clicked. Like Martin was telling me, some guys get lucky. They go to the Upper Room and God just blesses them, you know, gets them off the street. And that's because he's *calling them for a purpose*. If he wasn't calling you, he never would have provided you with a room there. So I said, OK, I know what's happening. [Emphasis added.]

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AJ says at first he thought he just wanted "three hots and a cot." But now he thinks that perhaps more was going on, and the more he's here, the more he begins to see it their way. Here he refers to Martin's "advice" about the ultimate meaning of the available bed. It is the unequivocal mark of God's Hand guiding him to Redemption House. It may also be that AJ understood (based on prior experience at the Salvation Army and the mission, as well as his keen antennae) that he must go through (or report) some such metamorphosis in order to keep warm and fed for the four months of winter. Even if AJ was entirely cynical about his change in perspective, his account nevertheless indicates recognition of this important program requirement.

He also indicates the program's use of a process that corresponds to Lofland and Stark's (1965) notion of "lovebombing." Lovebombing refers to the tactic of the Unification Church and others to smother new or potential recruits with attention, compliments, and other rewards (exclusively and exhaustively "positive feedback") as a means of influencing their decision to affiliate. Redemption House does not use lovebombing *per se*. But AJ's tale seems to imply that the intense schedule of services, theological instruction, and personal counseling might amount to a kind of ideological or rhetorical barrage. Or, perhaps, in this context, "shower" might be a more appropriate metaphor than barrage or bombing. Undoubtedly, the brethren of Redemption would consider these services a "shower of blessings."

> Now, to this day I had different [mixed] feelings about whether God was really calling me or not. It seems like after that day, when they told me to come and gave me directions to get here, at first I didn't want to go. I found out [when I got here] it was a totally *Christian* discipleship program and I got these old feelings again about when I was at McAuley's mission: I didn't want to get involved with no religion. I didn't want to get into something where going to meetings is mandatory. So when I got here that's exactly what happened: if you want to stay here you got to go to the chapel service. But I agreed, because it gave me the opportunity to stay off the street. And after awhile I got used to it, because I was beginning to hear from all these pastors who come here some things that I didn't know too much about. And these messages kept turning over and over in my head and I kept thinking maybe God *is* calling me, I don't know. It seemed like, after a while, the idea of having a place to stay

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became irrelevant, and something else took over. So I says there's more here than is actually on the surface. Emphasis in original]

The longer he remains encapsulated within the totalizing universe of discourse at Redemption House, the more AJ assimilates. This is not to suggest that AJ or others are rendered incapable of making a decision opposed to the program line. Clearly, most entrants to both Houses "successfully" resist the messages directed at them and leave very early on, perhaps in order to escape the "bombings" (showerings) as well as other aspects of the program they find objectionable. However, those who do stay, for whatever reason, as AJ does for admittedly non-ideological reasons, find themselves in a cognitive environment that fairly successfully screens out all opposing viewpoints. After several weeks of encapsulation, any resident would have to struggle mightily to avoid any inroads into his consciousness by the pervasive program rhetoric.

Nevertheless, AJ indicates his continuing ambivalence by maintaining a certain cognitive [role] distance from the main focus of commitment in the evangelical context. He discovers that the program offers him a chance to learn a skill and become employable. It is "a door to a better life." Additionally, after the Farm,[8] he speculates, there comes some "ministry," according to the projected training schedule that he is quickly comprehending. But he imagines himself not in an overt ministry like preaching or singing the Gospel, those which are most highly valued in evangelical circles. Rather, AJ imagines a service ministry, working in the soup kitchen or the Raven truck, where his direct contribution to spreading the Word will be to "tell others like me" about the discipleship program. He does not fantasize directly witnessing for Christ or saving souls as most other residents have done in the weeks immediately prior to moving on to the Farm.

> After the first few weeks I was here, I started thinking like that, I started changing. About that time, Edwin [a staff member and recent Teen Challenge graduate] was talking [in a chapel service] about Teen Challenge. He [said] you can learn this, you can learn that, you can get into the ministry, doors can open up for you immediately. When you go to the Farm, you'll be amazed how God works for you. So I began to hear all this about Teen Challenge, and that's when my ideas about just getting off the street began to change. I realized I didn't

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> have too many trades to work with and where they can offer me something where I can support myself, y'know? I can get me a trade, get myself a job, I don't have to worry [any more] about how to do that. That's when I said to myself, go back to your room, realize you got a place to stay for the next four months.
>
> This discipleship program has provided me with a *door to a better life*, something I can look forward to, y'know? After Teen Challenge, I can even get involved in a ministry, Gospel Tabernacle has a soup kitchen. They even got a Bible College, if I wanna go back to college. Times Square [Church] has many ministries. They have the Raven truck. Since I was homeless out there, I could do that and help people that way. I could always tell people about discipleship programs and help them get into them. There's a lotta people out there that don't know about this. [Emphasis added.]

AJ watches himself changing his opinions—or at least describes the process as if he were undergoing it—as a result of his encapsulation within Redemption House and his participation in the various rituals of commitment and identification (prayer, hand raising, testifying). He is curious about the changes he is experiencing, but not entirely innocent about them and their source, nor is he surprised. Nevertheless, he participates increasingly in the rituals, and his *interaction intensifies* (see Robbins, 1988; Snow and Machelak, 1984; Lofland and Stark, 1965) with the "brothers and sisters" of the evangelical community.[9] In doing so, AJ begins to identify with his new surroundings. These two social mechanisms, ritual participation and intensive interaction with group members, are identified by all conversionist or commitment studies as the major influences on personal commitment (see Kanter, 1972; Robbins, 1988; Snow and Machelak, 1984; Rambo, 1993). Certainly, Durkheim would concur.

> The very next night after that meeting, we went out to church at Redeemer. I got a chance to listen to these people talk. It seems like every church outing we go to, something happens. For example, when I went to the Gospel Temple, the pastor was talking about discipleship programs and Redemption House and everyone was raising their hands, y'know? So I raised my hand too, *since I was part of the group*. [Emphasis added.]
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> Then the next Tuesday we went out to Pennsylvania. We went to the Mennonite Church in Morgan. [Our Director] got up and explained to them about the House. "The ultimate goal [of the discipleship training] was to provide [the residents] with a spiritual awakening about who they really are. They are sinners and need salvation, Christ died for them and redeemed them from the world." So I'm listening to this and my ideas are beginning to change. Maybe God *is* doing something for me. Maybe this Redemption House *was* the place I was destined to be.

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> After the service we went down there [in the church basement] and ate home cooked meals. I mean, chicken; I mean, we had it all. I couldn't believe it. I ate so much I could hardly move from the table. I was really impressed with the hospitality. Everyone was so concerned. The people came and talked with us and wanted to know about us. I was sitting with one lady and I could tell she was on fire for the Lord, the way she talked and the interest she showed in Redemption House. I tried to explain it to her the best I could.

AJ knows these changes are the result of being where he is, encapsulated within the Redemption House universe of meaning. Nevertheless, he also concedes it might be the operations of the supernatural that got him here, and if so, it must be for a purpose, a calling . . . and yet. AJ stays within himself. He is not caught up in a frenzy of metamorphosis. Although his demeanor is serious throughout, he does not embrace the "role of convert" (Snow and Machelak, 1984) with overt emotion like some of the others. Even the normal, relatively circumspect expectations for enthusiasm at Redemption House seem unsuited to him. Nevertheless, AJ reports that he became convinced that it was God who orchestrated the details of his recruitment to Redemption House.

This orchestration now includes what is often a biographical clincher, the fact that God was instrumental in his survival of a serious, life-threatening incident proximal to the recruitment process ("I could have been killed"). The clear implication of the latter is that he was spared for just this calling to discipleship. With this, AJ's recruitment is complete. His account is indicative, or as he might say, "testimony" to that. His curiosity, however, remains, and so does his cool. He does not entirely relinquish his marginality, but in that reticence he is perhaps the most instructive for the social science observer, albeit not the model convert from the perspective of the program.

> I think it was after that night that I finally came to the conclusion that God has followed me in all of this. If He had wanted, I would have died when I was in San Francisco. I have a bullet wound to show for it [a nickel-sized scar on his right shin], but I could have died. And I came to the conclusion that the reason for being here was not just to get off the street. That was an idea that was changing over and over. I guess you could say I was going through a metamorphosis.
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> That's when I realized, yeah, I do need some type of, uh, savior, I guess, or salvation. And I went upstairs and sat on my bed and said, from all they been tellin' me about salvation and how to receive God in your heart, I did the best I could with what I learned. Mentally I said to myself that I'm a sinner and I need salvation. I prayed right there. Supposedly I received

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> Christ in my heart. I didn't have any apparent emotional feeling, like some people, you know, how Harry always talks about, some people when they get the Holy Spirit, [it] just moves all over 'em, its Wooooo! Y'know, it wasn't like that.
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> After that, I had a chance to talk with Harry. He has had a lotta people who gave their life to Christ. His advice was to stay for the duration of the program; if God's willing, you'll go to Teen Challenge. Y'know, he made his point very clear. Your're not pressured into anything. We are new Christians and were not pushed into becoming righteous over night. That's what he emphasizes, Y'know? He told me, don't expect to be righteous over night. Just stick with the program and get as much as you can from it. Hopefully I'd go. If I had any other questions, feel free to talk to him. I felt good. I felt I could come back and be part of the program without condemning myself for what happened in the past.[10]

AJ did go on to the Farm in early March. By mid-April he was gone. The Farm, with some 400 residents, was perhaps too impersonal, or too demonstrative (Pentecostal enthusiasm is a religious style more in evidence there than at Redemption House) for AJ to maintain his marginal commitment, or even curiosity, without the immediate impetus of snow and cold to keep him there. Although his ambivalence expresses better than anything else the true level of his commitment, his account, nevertheless, captures the essence of the early transformation in consciousness necessary for the Redemption House training to be successful. Or, to put it another way, AJ provides an excellent illustration for analysis of the process of a Redemption House recruit constructing a transformation in consciousness, negotiating an appropriate autobiography using the central Redemption House notion of recruitment as calling.

I submit, in light of AJ's account, that the experience of recruitment at Redemption House should be understood as a process that involves more than simply getting him in the door. Recruitment includes getting him to the point of an initial act of commitment or identification with Redemption House, its members, or its ideals and dogma. One, if not *the*, primary indicator here seems to be the resident's ability to acknowledge that his initial recruitment was a supernaturally-guided process. Even the street-wise con artist AJ, the classic "doubting Thomas," acknowledged (on the drive from New York to Pennsylvania on a drab, snowy day in March) that this program

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rationale had not only offered a reasonable explanation for his experience, but that he had adopted its logic as his own. As Hank Williams's classic spiritual puts it, he "saw the light."

> I'm a believer. If God wasn't calling me, I'd still be out there. I'd be sleeping in those boxes again. I believe He has. It's not because of my desire to get off the street. It's hard to explain the reason why God has called you. I can't explain the ultimate reason why. But I believe it. God has called a lot of people, but not all respond. The only difference is, I responded.

Obviously, neither I nor the Redemption House staff can know precisely what was going on in AJ's mind on any given occasion. After he left the Farm, he visited Harry and told him the whole San Francisco shootout story was spurious. That does not necessitate the conclusion that he did not experience a cognitive transformation ("genuine conversion"). It seems clear to me that his account indicates that AJ struggled with two different constructions (versions or interpretations) of his biography while at Redemption House. Although initially skeptical, he seemed inclined to accept the new outlook, that God had called him there for a purpose. Certainly, to adopt a different metaphor, he was negotiating a settlement with the implicit requirement that he accept this notion. His encapsulation, and the constant "paradigm bombing" he received, "compelled" him to come to terms with this alternative view of events, or, as the Redemption House brothers would put it, with "the message of Christ."

According to the Director of Redemption House, whether his "bargain" was cynical or genuine is only knowable in hindsight. But that, too, begs the question. To say that he never "really" changed because he recanted, denies the evidence of his behavior while at Redemption House. It denies the complexity of human beings; it demands that they be one thing *or* the other, for *or* against, never divided. It is, indeed, to adopt a fundamentalist approach to the self. But sociological insight into the connections between person and social context rejects this limited (know-nothing) approach (see, among others, M. Mauss, P. Cushman, G. H. Mead, Weber, Mannheim, Goffman).

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When the social context is multiple or pluralist, persons reflect that.[11] When social contexts change, they reflect that too, especially when that change is as radical as that from street addict to perfectionist, abstentionist treatment or training program. To see it otherwise decontextualizes both behavior and discourse (i.e., speech behavior). To see AJ as only a con man (or failure, i.e., not a true recruit) abstracts him as individual singularity (an actual historical impossibility: AJ as Robinson Crusoe) out of the social, cultural, and historical contexts that give substance and meaning to his being.[12] To do so means committing an act of *sociological denial* (Reinarman and Levine, 1997: 37f). Even his lies, if that is what they were, are evidence of his sense of alternative realities, and of his need or desire to *re-form* his biography -- the meaning of his self, his belief in who he was, where he had been and where he was going, if only for four months to retain his "three hots and a cot."

AJ's option was to leave, to go back to the social context that formed the basis for his pre-Redemption House persona, which he apparently did, ultimately. But while AJ was in the program, by staying, he chose to engage this alternative interpretive tradition and its understanding of the events of his life, at least the bare facts of his homelessness and finding the bed at Redemption House, but perhaps more as well ("I could have died"). Whatever his "take" on his life prior to entering Redemption House, the hold which that interpretive "take" had on him, its power as a cognitive directive force was shaken, loosened, weakened during his stay. While he was at Redemption House, he contemplated (or at the very least recognized) and, I believe, temporarily embraced an alternative means of both comprehending his past and pursuing his future. He saw "a door to a better life." Even his spurious life can be seen as an attempt to take hold of the new world view, a new past and a new future. It may also be seen as total cynicism, a con to hang onto his "three hots and a cot."

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Almost certainly, there are elements of cynicism in AJ's account of his sojourn at Redemption House. But total cynicism, I suggest, would be more difficult to maintain than total embrace of the convert role, an option he also seems to have rejected. AJ may have been a thoroughly marginal man, able to change his biography to fit every change in circumstance for his own advantage, a true con-man, a completely Goffmanesque "self-less" wanderer changing identities like so many dirty shirts, in accord with the subculture of the month. Nevertheless, his account holds up a mirror that reflects how such transformations are experienced and constructed by those who undergo them at Redemption House.[13]

What AJ's account of his experience at Redemption House indicates more than anything else, in my view, is the importance of what Zinberg (1984) has called "set and setting" to the process of both redemption and recovery, as well as in all autobiographical constructions of self. What is selected, what is rejected, what is emphasized, what is de-emphasized, and what is wholly invented is heavily influenced by one's social location, where and with whom one lives and discourses. This is nowhere more evident than in the sort of total institutions that Greil and Rudy (1984) have referred to as *identity transforming organizations*, where religious and rehabilitative groups provide their residents with organizationally specific and ideologically appropriate "blueprints" for re-interpreting their biographies. Peter Berger (Berger and Kellner, 1981, and elsewhere) would speak here of "plausibility structures."[14] Twelve steppers would use the more instrumental notion of "networking." AJ's reality, his cognitive sense of who he was, what was real, what was genuine, and what was changing was intimately tied to his social circumstance; as it is with us all.

With one eye on Howard Becker (1963: 41ff), I suggest the following: while he was encapsulated in this new subcultural setting, AJ was "learning the techniques" necessary for becoming a new social and cultural being, *viz.*, a member of the new community, by talking and

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listening to, by discoursing with, his immediate peers and advisors. A central "technique" was the construction of an ideologically appropriate biography, a new definition of who and what he had been, and who and what he was becoming. His account presents evidence that he was also "learning (how to) to perceive the effects" of his use of the new "technologies." More precisely, those effects were the changes in his consciousness that resulted from the techniques of biographical reconstruction, ritual participation, witnessing, and intensive interaction in his current community of discourse. ("I raised my hand because I was a member too." "I could have been killed.") His account likewise indicates that he was "learning to enjoy the effects" of this change in consciousness that he was negotiating: "I felt good. I felt I could come back and be part of the program without condemning myself for what happened in the past." And he was learning the vocabulary of motives for becoming a disciple at Redemption House ("God *was* calling me for a purpose").

The process of redemption, and of recovery (as I explore in the next chapter) from drug addiction is the same process. It involves the same social dynamics as becoming, in Becker's classic study, "a marijuana smoker," or deviant of whatever sort. It is a process of socialization, or, in this case, of re-socialization. It involves learning new cultural ways, both behaviors (practices) and attitudes (beliefs), through identifying with a community that mirrors or feeds back a legitimating sense of one's place in that context. It entails learning a new definition of self and world, a new definition of the situation that is grounded in a new social and cultural (and cognitive) setting. Emotion is perhaps the glue or cement that "fixes" the attachments to others, to activities and to ideas -- including the idea of "self." But emotion is not the essence of the process. It is only one element, and too often in the operation of both forms of conversion, redemption and recovery, emotion (or emotional*ism*) obscures the operative social processes that it accompanies.[15] AJ's

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more cerebral and self-reflective account of his recruitment and (faux?) conversion helps clarify the social and cultural underpinnings of these changes in consciousness.

Themes and Motifs in Redemption House Recruitment Tales

Both despite and because of his means of recruitment, AJ learned to see the Hand of God operating in, under, and through the various human agents and agencies involved in his recruitment. Also, his story has the flavor of the miraculous amid a background of personal desperation and crisis. These are among the central themes of the Redemption House paradigm of recruitment. They are evident not only in AJ's account, but also in those of each of the six men I spoke with at Redemption House who had completed four months of induction and moved on to the Farm. Although the accounts are not always as insightful, ambivalent, nor as sociologically perceptive as AJ's, all adhere to the same interpretive frame, finding God's direction and assistance in their odyssey to Redemption House. To make this point, I offer the following accounts, which I consider typical.

Marvin

"Marvin" was also recruited by the Raven outreach network. Marvin, a forty-year-old black man, started using crack three years prior to joining the program, after his second marriage disintegrated. Over that time, he reports having lost his job as a computer systems instructor at a private business college and barely surviving two long hospital stays with a mysterious blood infection. Shortly before entering Redemption House, Marvin found the Lord while visiting a local church, unrelated to the outreach network. He and a friend were looking for a free meal following a weekend binge. As a result of his new-found faith, he recounts, Marvin stopped using drugs and alcohol, began reading the Bible, and used prayer to escape the death threats of local drug dealers.

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Shortly thereafter, he was anonymously recruited to Redemption House through the Raven ministry.

> At that point it didn't dawn on me that I was changing. But [now I can see] I was learning that, as that minister said, if you pray and are sincere, God will answer your prayers. Since that Palm Sunday, every little prayer I asked for, God gave it to me. I found it a miracle.
>
> I was still living in this apartment building where they were selling drugs nightly on the first floor. There was an occasion when my roommate told the dealers that we needed some drugs and that I would pay for them. Therefore I'm responsible for paying. I said to myself I had no money to pay for these drugs, I didn't use them. I prayed, "Please God, get me outta this mess." I couldn't hide and I didn't want to be running around hiding when I hadn't done anything. But if something don't happen, these guys will kill me for a measly few dollars."
>
> [A few days later,] I was down waiting for someone in that park by City Hall near Pace University. That's when I ran across a guy, Martin knows his name. He walks up to me and says, "Do you believe in Jesus?" Normally, I would tell a guy like him to get away, but for some reason I let him talk. That was my way out, but I didn't know then. He hadn't said anything about a discipleship program or anything. At the VA outreach center, guys used to be telling me about that truck that came by that gives out all this free food. The food was no good. It was chicken franks and I don't eat chicken franks. But what they had to say hit me that night. It meant *I was being prepared to come here*. My faith is much stronger now. There's no doubt in my mind. [Emphasis added.]

As with AJ, the Raven recruiter saw to it that Marvin got to the Upper Room.

> Billy White . . . made a phone call and said, "You can go Monday, would you be ready?" I said, "Yeah." Little did it dawn on me the commitment that I just put myself in. He said it was a Christian discipleship program, and I was curious to find out what it was. I said to myself, I'm gonna give it a shot. He never mentioned that it was any kind of drug program or anything like that. To me it became my salvation, 'cause it served to get me away from [the drug dealers in] Brooklyn. Being up here in the Bronx, I am completely away from everything.
>
> But I believe it's all for a reason. I truly do. *The Lord is calling guys* to come here and find the help they need to get their lives straightened out. And this is the place to do it, too. It truly is. [Emphasis added.]

Gordon

Gordon, the 34-year-old former Marine introduced in the previous chapter, tells a similar story with a bit of a twist. His miracle was not so much in finding an available bed (although that is included) or escaping from drug dealers. His miracle consisted of how his recruiter claimed to

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have found him in the first place and the juxtaposition between his predictions and a subsequent assault on Gordon. Gordon is a graduate of Phoenix House and was a counselor there for more than three years before he "fell back into drugs." As a result of his relapse, he said, he lost "my woman and my child." Gordon was out of work, spending most of his time hanging out in the park smoking crack. His story also includes the themes of isolation and crisis, recruitment by the Hand of God, an associated near-death experience, and his *post hoc* recognition of divine agency.

> One night I was sitting in the park getting high [on crack]. A guy tapped me on the shoulder. I jumped up and took a [martial arts] stance. This guy looked at me and said, "Calm down. My name is Dave. I was in my bed sleeping and *God spoke to me* and said, 'Get up, there's someone who needs you.' God sent me to you. Are you saved?" I said, "No." He said, "Can I sit down? God loves you." He read John 3:16. I accepted Jesus Christ right there. But I did it to get rid of him. I wanted to be alone to get high. He gave me $20 and said it was God's money. "Go get yourself together because God has something wonderful for you." [Emphasis added.]
>
> Three days later, I went to get my unemployment check. As I was coming out, two guys stuck me up with guns. I jumped them and had both on the ground beating on them. A girl came up behind me and slashed me in the face, right here. When she cut me I heard a gushing sound. I said, "Oh m' God I'm dead." I thought my jugular was cut. I was running away and took my shirt off to stop the blood. I ran to a hospital. It took about 66 stitches to close me up. Anyway, that didn't stop me.
>
> A week later, I was in the same park getting high again. The guy came up to me. As I was walking he said, "Charles, God is an avenging God. He will take your life, if you continue to disobey him. You don't have many more chances." He gave me $40 and again he said, "This is God's money. If you don't use it right, something's going to happen to you. He's going to let you know." He told me that the devil had a hold of me. "You don't see it, but he has you." I was getting high that night, but I threw away [all the drugs] I had, on the spot. I went to the Upper Room.
>
> The guy had given me some tracts with the address on them. So I went there and met Bill White and some other people. They asked, "Does anyone want to go to a program?" and I raised my hand. They said come back tomorrow and they sent me to [a different discipleship program]. I spent three months there and left. The same day I went back to the Upper Room. Billy told me I have to wait 30 days to go back. I said, "No," and started to pray. Five seconds later Billy said "Come here, you are going to Redemption House. Here's a token." That was November 13, 1993.
>
> At Times Square Church I met the guy I saw in the park. [While in the first discipleship program,] I was baptized at Times Square Church. He saw me. He scares me. Every time I go there, he speaks to me. He always gives me scripture and tells me *God has a calling on my life*. Its hard to accept that. I'm new in the Lord. A lot of things I question, because of my psychological background.[16] [Emphasis added]

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> I have to pray and expect God to answer my prayers in His time, not mine. I'm used to making things happen, not waiting. But I've learned to sit back and listen. I'm not here to teach, I'm here to be taught. Christianity contradicts everything I've been taught in college, the Marine Corps, and Phoenix House. But I know God is there. I'm beginning to believe. It's hard.

Examples of more informal recruitments, by friends, relatives, and complete strangers, are also common at Redemption House. They include the same themes and motifs common to the stories of men recruited by the outreach network. In the previous chapter I described Slick's story of recruitment from depravity by his sister and mother. Keith is the former drug dealer, also introduced in the last chapter, who was down on his luck. Like AJ and Marvin, Keith's story includes the element of an encounter with an unknown, redeemed addict.

Keith

For a while Keith lived high, dealing in Baltimore and New York, and sporting fine jewelry and fancy cars. But eventually both dealerships folded, and Keith and his family ended up in the city shelter system. As Keith put it that day in Redemption House, "Everything went away. God took everything away." When he was thrown out of the shelter system for smoking crack, his wife left him because he had smoked up the money she had saved for an apartment. After finding himself locked out of the shelter, Keith went to his mother's house. As he tells it, "they let me in the house, but they watching me, y' know? They know I came here to steal something." They were right. Keith stole a suede coat from his mother's closet and went back to the streets in the pre-dawn hours to sell it. His story is suffused with a sense of depravity, and it too cites the unexpected (miraculous) availability of a bed as evidence of his calling to Redemption House, when he could just as easily have ended up at Recovery House. In addition, Keith's recruiter is a complete stranger who he meets "miraculously" in the process of trying to sell his mother's coat for drug money. The stranger is a graduate of a related discipleship program.

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I could not sell this jacket. I went down to, "Yo. gimme five dollars. bro. All I want is five dollars." Even the guys at the crack spot [were] not interested.

Then I walked by this laundry. This young girl was going inside. I said, "Do you wanna buy this jacket?" She looked at it, wound up buying it. While I'm waiting for the spot to open up, this girl winds up witnessing to me about Jesus Christ. So I wind up talking to her and she bought me breakfast. She told me that when Jesus Christ saved her and took her out of dope and prostitution as a young girl, He saved her life. She showed me the scars of wounds on her body. She gave me the numbers of different places to call to get help, Christian ministries. We talked for about three hours. Then, in the laundromat, another girl started witnessing to me with her Bible. Now they double-teamin' me. And I said, "Yo, maybe that's what I need, I need God to change my life." I had an appointment to go to Recovery House [the very same!]. She said it wasn't a good place to go. She said I needed a Christian program. I needed to be rooted in Jesus Christ, that would be essential to me getting back to having some type of life.

I still wanted to get high so I went to the crackhouse. When I get high, I get paranoid. I gotta look around see what's goin on. So I look around and on the table was scriptures of Matthew 7:7, "Ask and you shall receive, seek and ye shall find, knock and it shall be opened." *I said God is calling me* to come to Him. This was Saturday. Then on Monday, I'm calling all these programs. I guess because it's Martin Luther King's birthday, I got no response. At one . . . , they said it was a women's program, but we can give you some more numbers. One of the eight numbers was Redemption House. [Emphasis added]

[The woman on the phone] said, "Don't worry brother, we gonna pray for you and lift you up and ask God to help you." I called Redemption House and spoke to Edwin. He said they didn't have any beds, I'd probably have to come the end of the month. I left a number and said I'd call back. My friend and I went out to get high. When we got back to his mother's house, she said, "Edwin called from Redemption House and said they have a bed for you, a guy left and they have a bed." I came in the next day. Been here ever since. That was January 18, 1994. Monday I'm going to the Farm. Everyday I been here, praise the Lord, I been allowing Him to work in my life.

I'm here because *I have a higher calling.* Its not just to be saved, to go back to a church and live a normal life again. I have a job to do, I have been commissioned to preach and teach the Gospel. I have been called out of millions to help the Lord in his mission to save lost souls. That is my job. I have been chosen. I know that to be a fact. [Emphasis added]

Although Keith did not elaborate on his recruitment quite as reflectively as AJ, or even Marvin and Gordon, his account contained all of the elements of the Redemption House model of recruitment. In fact, it is difficult to miss Keith's attribution of supernatural guidance. Of all the men I interviewed at Redemption House, Keith most exemplified the convert role as described by

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Snow and Machelak, 1984. (See Keith's accounts of his conversion and God's direct, miraculous guidance in personal matters cited in Chapter 7.)

Each story displays at least four common elements that lend it credence in the Redemption House ideological context:

> 1.) it reports circumstances of severe crisis or depravity related to drug or alcohol use, sexual promiscuity, and/or criminality that characterize the client's life prior to entering the discipleship program;
>
> 2.) it reports recruitment *via* evangelical networks (both programmatic and surreptitious) and/or a chain of mysterious, coincidental, or serendipitous events leading to entry to the program, which are seen as evidence of divine direction;
>
> 3.) it reports a near death experience as part of the evidence that God was orchestrating the journey to Redemption House, an indication of a last chance;
>
> 4.) it reports a *post hoc* awareness of divine influence in the circumstances of the recruitment.

The fact that not only these four examples but all the stories of later residents include these elements is testimony not necessarily to the amazing similarity of subjects' life histories, but to their adoption of a singular organizational "vocabulary of motives" that provides an interpretive guide to understanding the "true" meaning of their recruitment and other vicissitudes of their lives. In this respect, Redemption House provides a prime example of an *identity transforming organization* (Greil and Rudy, 1984). The discipleship training program provides an organizationally specific and ideologically appropriate "blueprint" by which residents who stay long enough learn to re-interpret their own biographies (see Danzger, 1989: 222-230).

Perhaps the most important element these tales have in common is that they see "the Hand of the Lord" in the circumstances leading to their recruitment. This pattern is a familiar one not only in discipleship programs for drug users but throughout the history of evangelical Protestantism, where God is seen to call people out of lives of deprivation or depravity to Himself and His service by means of dramatic, even miraculous, encounters and experiences. In fact, the

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operative principle may be: the greater the depravity, the more dramatic the transformation, the more "glorious" the conversion (perhaps as source or claim of status).[17] St. Paul's miraculous conversion on the road to Damascus is the classic case here, but there is also Saint Augustine, John Wesley, Jonathan Edward's sermons, Billy Sunday, Chuck Colson of Watergate fame, and others. The list is enormous. The Redemption House recruitment tales are only a variation on a centuries-old pattern that has taken on particular importance in the evangelical subculture in the U. S. Of course, the ultimate model is Jesus' "calling" of the twelve disciples.

In more general terms, this pattern is also familiar to social scientists who study conversionist groups. Rambo (1997: 40), for example, reports Olive Stone's study of a remote island village where church membership was possible only through a conversion experience that involved a vision. Ninety-three percent of the population had been converted. Rambo writes:

> It is crucial to note that the requirement of a vision to verify the conversion experience actually elicited the production of such a vision . . . [that is] the context's requirement for conversion influenced the actual experience of the conversion process. There was, of course, variation in the details of the visions, but the vision experience itself, when mandatory as a proof of genuine conversion, was universally repeated.[18]

This process has also been noted in less exotic contexts. It was Herbert Danzger who called my attention to this factor in the process of conversion. In his descriptions of Jews returning to Orthodoxy, Danzger (1976 and 1989) noted that the classic Christian-style convert tales of a miraculous intervention were not acceptable in the context of Orthodox congregations. Jewish returnees who told such stories were received coolly, but were not excluded. When Danzger revisited these same congregations some time later, he discovered that the converts' tales had been modified to emphasize performance of ritual obligation, like study of the Torah, as the motive for return. The miraculous elements were gone. This vocabulary of motives finds more resonance among Orthodox Jews than do the tales of supernatural intervention – or a calling – typical among evangelical Christian converts, including Redemption House residents.[19]

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New Recruits: A Natural Experiment

There is good reason to believe that learning to construct an appropriate biography in the terms of the evangelical cosmology is a major task early in the socialization process at the Redemption House.[20] While all residents preparing to leave for the Farm and the second phase of training had created appropriate biographies for themselves, there were other residents who I interviewed shortly after admission (up to three or four weeks) who did not display well-formulated Redemption House-appropriate biographies. The biographies of these earlier residents often included deprivation tales. It is, after all, common knowledge in our culture at large that such stories are typical fare (in several senses of the word) in treatment programs. It should also not be surprising that men would seek treatment just when things were going badly or they were afraid they might.[21] So depravity tales are not surprising. However, these early tales did not, in any of the (six) interviews, include divine intervention as an interpretive device, nor did most (five of six) of them seem as anxious to recount, in detail, the tales of their own (more recent) "depravities" as did subjects at later stages of treatment. Somewhere between two to four weeks and eight to twelve weeks, it seems, the typical resident biography is altered significantly.

"Denial" is the twelve-step explanation for this discrepancy. The faith community interpretation would be that the newer resident is still "in rebellion against God;" he has yet to "see the light." These two, I suggest, are virtually identical. This is a "denial" of the evangelical understanding that all, including oneself, are sinners, in need of salvation ("treatment" or change), and that God is responsible for their presence in the program. The latter seems tantamount to the twelve-step notion of "turning one's life over to a higher power." As I described in Chapter 1, personal surrender is an essential and explicitly required attitude at both Recovery and Redemption House. Another, more sociological, way of viewing the phenomenon of discrepant understandings of one's recruitment is that these earlier subjects are still interpreting their experience via an

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"imported" vocabulary of motives, that is, one that is different from either treatment or training rhetoric (although it may include elements taken from earlier encounters with one or the other organization, especially for recidivists who know better how to play the treatment or training game).

From this more sociological perspective, the newly recruited disciple's life has, up to now, focused on scoring (both dope and material means to purchasing it) and avoiding trouble (with the law, with dealers, with social workers, and certainly with researchers who have nothing to offer). Others have called this pattern "ripping and running" (Agar, 1973) or "taking care of business" (Preble and Casey, 1969). From the new inductee's perspective, to claim that God has turned his life around, and that drugs have been his ruination, is a "denial" of what is likely an obvious fact to him: that while his life on drugs may have created -- or coincided with -- some disadvantageous circumstances (homelessness, poverty, disease, prison), his drug use also provided (or once provided and hopefully will again provide) him with great pleasure, solace from a hostile world, and perhaps the only untroublesome experience in an otherwise hectic and tumultuous existence.[22]

The advantage of interpreting the variable character of resident biographies sociologically is that it implies no moral evaluation of either interpretation, before or after conversion; neither is right, neither is wrong. Each account has validity within its own context, which requires no denial of the other. Denial is not the exclusive province of users or other "defectives" in order to justify their own misbehavior. It is simply that the larger society condemns their interpretations and condones those of officially sanctioned organizations such as AA and NA. Treatment and training programs must likewise deny the meanings that active users attribute to their own experience, which they bring with them when they enter these programs. Neither view is free of ideological elements, nor is either grounded solely (or even soundly, I will argue) in science and rationality. Each account or viewpoint instead reflects the social and ideological contexts that influence its

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construction. Each sees the particular elements of the individual's experience in terms of the larger ideological "blueprint" operative within the current social (using, treatment, or training) order.[23]

In the foregoing pages I have examined recruitment schemes, depravity tales, and the somewhat more elusive interpretive device of divine providence or "the Hand of the Lord" among the accounts of assimilated residents at Redemption House. It was a relatively simple matter to point up representative examples of these rhetorical elements since they occurred in virtually all of these resident accounts. The matter of demonstrating the *absence* of this element among newer residents required a different tactic. How, I wondered, do I demonstrate the absence of an important program element to someone who has not sifted through the reams of transcriptions and pages of field notes? Since the element of divine providence occurs especially in relation to the way men found or "were led to" Redemption House, it seemed reasonable, if done with subtlety, to give early inductees the opportunity to demonstrate their awareness -- or lack of awareness -- of the device and their competency in its use as a means of interpreting their own experience. In other words, how do men at various early stages account for their presence at Redemption House? Do they quickly pick up (or indeed enter the program knowing, as professional drug research evaluations suggest) the paradigm of divine providence?[24] Are there varieties of adeptness at using it, first to account for being in the program and, second, to account for any aspect of their biographies?[25] These are issues I considered as I interviewed newer recruits.

Counter-Examples: James and Alex

I found all six early accounts to be devoid of any clear sense of divine providence that was adequate to the Redemption House understanding or ill-adept at its application. More important for this account of accounts, good fortune (or was it something else?) provided two "natural experiments" that allowed me to "test" the availability of the notion of divine providence to the

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conscious awareness of two of the newer residents I interviewed. The results of these "tests" are considered below as evidence that discipleship training at Redemption House includes, indeed requires, the inculcation of a program-specific understanding ("blueprint" or paradigm) of life prior to training, the meaning of recruitment, and, thus, one's presence in the program.

"James," a 36-year-old black man, was in his first week at Redemption House when I interviewed him. When I asked what brought him to Redemption House, he first responded, "an accumulation of things: stealing, robbing, shooting drugs." When I probed a bit further, he said that his wife of seven years had left

> because I was smoking [crack] too much, got too aggressive, started physically, you know . . . [pause]. That and the drug, y'know, I don't think she could take it. She went back to her people in Albany two weeks ago. It made me look at myself, and I went to a rehab program on Park Avenue [in Harlem]. Going through intake, the atmosphere was too loose, women were flirting . . . [but also] I met a brother who told me he had come through here and showed me pictures of [the Farm] and everything. He said after you're here a few weeks, if you want to leave, you can leave. That's what really got me here. I want to be able to leave if I want to. I didn't know it was a Christian ministry program.

Here, early in our conversation, James tells a fairly typical deprivation tale. But the most important substantive element in Redemption House recruitment is conspicuously absent. There is no reference to divine intervention or a calling for a purpose. This was typical of very early entrants. In fact, James's most directly stated reason for coming to Redemption House was "to be able to leave."

At a much later point in our discussion, James turned quite reflective in response to a question on how Redemption House can help him:

> I think getting more into the Bible, more into God. We came upon a topic today [in class] about the word love. I always said to myself, "Yeah, I love God." But if I love God, I wouldn't have been behaving the way I was. Or my concept of love was wrong. I need to sit down and learn. I need some help, y'know 't I'm saying? I don't know where I'm wrong on this point here."

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Indeed James seemed at sea compared to later interviewees. His cognitive dissonance was palpable. After a moment's reflection he said, with no prompting:

> J. mMy sister is in the other program.
> Q: The Way Out?"
> J: Yeah.
> Q: Did she enter before you came here?
> J: Yeah. That's what helped me decide. She's been in about two months. Before she went in there, we got high together. I saw her at her, y'know, *bottom level.*[26] And I had been listening to my mother, [who] had been speaking about that program, and I thought maybe this [program] could do something for me. [Emphasis added]
>
> Q: Did your mother mention this program?
> A: Yeah, she had mentioned this one and another one . . . just before I went into [Harlem induction center]. Then when the guy [there] mentioned it, I said, "Hold it, hold it," 'cause he came up with the same thing, Redemption House, and we got to talking and I decided to come up here. So when I came up on Saturday, I was on [a pass from the other program]. We went to see my sister, and I told her and she said, "Yeah, that's where you should go."

Here, James paused again, and I seized the opportunity to "test" whether a little prompting could tease the Redemption House meanings out of what appeared to me to be ready-made events for a providential framework.

> Q: That's quite an interesting coincidence!
> A: Yeah. [pause]
> Q: Can you tell me more about that?

In response, James nodded and began to talk about the visit with his sister just days before coming to Redemption House and mused aloud over their many shared drug-related activities. She was apparently one of his usual associates in drug use. He rambled for a while about his various misdeeds and regrets, ending with his most constant refrain, the need to apologize to his wife for "uh... you know." Despite my "methodological intervention," James continued to tell a tale focused only on deprivations. He displayed no awareness of the possibility that the "coincidence" I mentioned might be interpreted differently, as something more, namely as evidence of divine intervention calling him to Redemption House, the omnipresent element in the accounts of the older, more assimilated residents.

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Ten days later, in an informal conversation with Martin (the House Manager) and several senior residents and staff, I "casually" mentioned (without using any names) the "triangulated" coincidence of (1) James's mother "speaking about the program" (Redemption House); (2) his sister being a resident at The Way Out; and (3) the "brother" at the Harlem program referring to Redemption House and showing pictures of the Farm. Everyone present immediately jumped on this "data" as clear evidence of the "Hand of the Lord" orchestrating the events that resulted in James' presence in Redemption House. As Martin put it: "That's the way God works to bring men to this program, even stealing them from other ones." Unfortunately, James had left the program by this time and could neither learn the "true" value of his experience nor fulfill the promise of the divine efforts as understood within the Redemption House context, that God had a special calling for him. As Martin would likely say, many are called, but few are chosen!

In his interview with me, Martin was even more explicit about this principle tenet of the program.

> I believe God is in charge of who comes here. Even when the Devil sends one of his devices in here to divide us, God [is] in charge of that too. I believe God wants each and every one who is here to be here. Knowing that, I'm able to be confident that they [the insincere ones] will be the ones that blow up and go out of here [i.e., split].

James had failed to see his tripartite coincidence as the Hand of the Lord. He had not (yet) learned to re-interpret (or from Redemption House perspective: correctly interpret) his experience in a framework appropriate to discipleship. Had he done so, his status in the program surely would have increased, since such "clear" evidence of providence is highly prized at Redemption House. Had he learned this lesson, had he "correctly" reconstructed the coincidence, would he have stayed in the program longer? I can only speculate.[27]

Recall, that *all* of the accounts of four-month residents included a definite awareness of the hand of providence in the circumstances of their recruitment *without prompting*. Unless James is

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an aberration, these older residents have *learned* to incorporate the Hand of the Lord into their accounts as a necessary and appropriate interpretive device for understanding their own biographies. The biographies of other early residents (prior to four weeks) consistently fail to include it, while older residents always rely upon it. This transition in the meaning of recruitment indicates how decisive is this cognitive element. At the center of their discipleship training is a transformation in the meaning of their life experience from lost sinner and directionless, chaotic drug user to proto-saint whose destiny is (and has already been) directed by the Hand of the Lord of the Universe. This change, I suggest, is *both* an effect and cause of time spent in the cocoon of discipleship training.

My interview with another recent inductee can help to solidify this central point. "Alex," whose "fetchin" activities were introduced previously, was born in the British West Indies. Raised in Brooklyn since he was four, Alex still spoke with a lovely, rhythmic, back-beat, island accent. When I asked him how he came to be at Redemption House, he gave this account:

> I left Florida two weeks ago. I came to New York for vacation to see my Moms and nieces and like that. I got off d'bus at Port Authority and walked around 42nd street. I ran into a friend I knew and ended up get'in' high all night. I had a female around me, so I had some pleasure and whatnot. Next day come, I was still smokin', but I stopped. After a coupl'a hours I didn't want no more. I was hungry, hadn't eaten since I got in . . . . I saw a church bus servin' food, so I went and I eat good. Den dis female pastor, she look at me and she say, "The Upper Room," -- something like dat -- "its open." I said, "Where is dat?" She said, "Come, walk straight up here."
>
> She took me dere (forty-first street & eighth avenue), and I had a little talk and a little gospel got into me and I started singin' and jumpin', you know, and feelin' good. One of d'brothers asked, "Is dere anyone here who like to be in a church program?" I been lookin' for a program like dis for years, 'cause I went to different drug programs, but dey couldn't help me [stop using]. I went to NA and AA in Florida, but dey couldn't help me. I completed an NA [six-month residential] program one time. But a coupl'a years after, I picked up back and ended up living on the street again. Dat's when my brother asked me to come up here and stay wit' my Moms. But I end up pickin' up again and den, like I say, go to Upper Room. Dey give me a token for d'train, and I come up here.
>
> Q: Do you think the program will help you?
> A: Well, I been lookin' for a program like dis for a long time. And it happens just dat I foun' dis program.

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Here Alex has just recounted a trail of coincidences that stretch from Florida, up Interstate 95 to the Port Authority bus terminal in Manhattan, on to the Raven Ministry food van, and then to Redemption House *via* the Upper Room referral ministry. This is prime "data" at Redemption House for interpretation as the providential Hand of the Lord. At this point however, Alex sees only fortunate happenstance: "And it happens just dat I foun' dis program." And this despite his claim to have been looking for just such a program "for a long time." Like James, who also reported recent past events seemingly form-fitted for the Redemption House paradigm, Alex seems totally oblivious to the potential meaning of the story he recounts.

This "failure" is even more obvious a few moments later when Alex recounts an early lesson from his fellow students at Redemption House regarding the "true" meaning of his journey from Florida to the South Bronx and Redemption House.

> Since I'm here, 'bout a few times, t'ings get into me dat I start feelin' urge to walk out t'rough d'door. I tell myself dat dis is not for me. But every time one foot step out, somebody pull it back in. D'Holy Spirit pull it back in. Like God just pull it back in and tell me, "Look, you ain't goin' nowhere. Dis is for you."[28]
>
> Q: You've already wanted to leave, but you haven't?
> A Yes, twice. Yesterday and day before I tried to leave and a brother took me out dere and talked to me so good. We talked for 20-25 minutes and when finished it was time to go to class. And we start singin' and prayin' and d'Holy Spirit got up in me again, and I end up stayin' dat day.
>
> Yesterday I was givin' up to get up outta here and, I don't know, somethin' pull me back. I can't remember what it was . . . I don't know why. But I t'ink it was because d'Lord made me and d'Lord *callin' me*. Because brothers tellin' me when I came here and I was telling dem I just came from Florida and dey said, "Alex, you came from Florida and you end up in dis program? Dat means d'Lord really sent for you to come here." Dey said dey got a lotta brothers who sign-up for dis program who can't get in. And I just come from nowhere and just end up having it, even though I was looking for a Christian program a coupl'a years back. But I t'ink a church can help me. If I can get to live in a church or live among church people, dey would be my guidance. So I always tell myself dat's d'only t'ing dat help me besides my family.

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Here, Alex reports that the interpretive paradigm was supplied (modeled) for him quite directly, specifically, and early by other residents, and it clearly appeals to him. However, he does not make independent use of it. When he first recounted his route to the program, he made no reference to providence. Only serendipity determined his encounter with the female pastor and her invitation. Alex's straightforward account suggests no special meaning to her selection of him, no sense that an unseen hand is orchestrating events from above. This is altogether unlike his later comments regarding his decision to *remain* at Redemption House, *because of the Holy Spirit*. At this point he also "fails" to recognize the Holy Spirit working through the brother who convinced him to stay the first time he tried to leave.

Alex has been directly introduced to the new interpretive framework (paradigm) and to how it may explain and give new meaning to his own biography. But he has yet to integrate the data and the interpretive scheme on his own. When he tells the episode to me, it is still what "de brothers was tellin' me." The Hand of the Lord is not yet the meaning *he* finds in the events of his own past. The Hand of the Lord is not yet the essential meaning of his experience. That is, it is not yet the meaning he attributes to or finds in the events of his own life. Or, to put it in more Meadian language, he has not yet internalized the notion that the Hand of the Lord is the agent of his historical experience. In this sense, despite his enthusiasm, Alex has not yet become a member of this evangelical community of former drug users, but he seems closer to it than does James. Alex has spent more time in the program, weeks as opposed to days, and more importantly, more time in *intensive interaction* with community members, e.g., the brother who pulled him back in and the brothers who modeled the providential recruitment paradigm for him. These are only two examples of the sorts of encounters with and discussions of the new meanings that occur day in and day out. Presumably, Alex encountered several others either directly or indirectly over the more than two weeks he had already spent in the evangelical cocoon at Redemption House.

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The Holy Spirit, with whom Alex seems to have some familiarity, functions for him primarily in a mystical fashion more typical of Pentecostal, Holiness, or other charismatic forms of religion than is the case among mainstream evangelicals: it "gets up in him" and arouses feelings of joy and "deep spirituality." His mother, who was raised a Roman Catholic, attends a "spiritual unity" church, which is most likely charismatic. Alex appears to be utilizing that more-or-less familiar framework to structure past and current events in his life. However, he has yet to comprehend that, from the Redemption House perspective, the work of divine providence can be recognized, not only *post hoc*, but also *in situ*, in ordinary, everyday events when they display the right timing or direction. For evangelicals, God not only works through history, but also and more importantly, through biography. Alex, unlike James, received his first "object lesson" early on, but he too will need more time immersed in the Redemption House culture, where God's wonders are recognized and recounted in the events of biography, before he *learns to perceive* the effects of the Hand of the Lord in the mundane events of his own life and *learns the techniques* for comprehending and displaying that perception of his own experience both to himself and to others. Alex appears more comfortable with religious discourse than James, and therefore *may* have a better chance of "catching on" at Redemption House.[29] But he has not yet identified, let alone identified with, the appropriate meanings, which he must do if he is to be accepted by "the brothers" or to accept them and the redemptive program they offer.

When asked the question "Why are you here?" or "How did you get here?" the brothers at Redemption House are also answering the question, "Why did you stay here?" Their physical recruitment was the result of various social networks, both pre-existing and surreptitious. Their cognitive recruitment, on the other hand, was clearly the result of their continuing intensive interaction with the other brethren, their participation in the program rituals, and remaining in the encapsulated cognitive universe long enough to care about adjusting to it, adopting it, and/or

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identifying with it. Why some did and some did not is not possible to say from this data, or any other I known to me. Obviously, program variables are not the only operative influences. It does seem though, from this data, that these influences only become stronger as residents remain encapsulated and, thus, relatively isolated from alternative cognitive frameworks. This is not new information, however. Evangelical Christians and other sorts of "believers" have known for centuries that, what they call "growth in the spirit" or "maturing in the Lord" is the result of repeated, if not continuous "intensive interaction" with "like-minded" others. The men at Redemption House, both residents and staff, like those in all evangelical organizations, continually remind themselves and each other that what is necessary for "steadfastness in the faith" is a continual "assembling of [them]selves together." That is also a central principle demonstrated time and again in the therapeutic community research literature: the longer you stay in treatment, the better your outcome (see DeLeon, 1984).

Conclusion

Based on this evidence and the fact that it corresponds so closely to the analyses of the conversion literature, I suggest that the recruitment itself, particularly what I have called cognitive recruitment, is a major influence shaping the tales the men tell about their pasts and presence [*sic*], that is, on the meaning they attach to their experience. The overwhelming consistency among the stories of the older residents, especially regarding the providential operation, and its absence in the stories of earlier residents seems a clear indication of paradigmatic reconstruction. The transformation the disciples undergo in the course of cognitive recruitment, however, need not be attributed simply to supernatural influence. Although this possibility cannot be ruled out on empirical grounds, neither can it constitute a sociological understanding of the phenomenon.

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The changes the men undergo are quite easily captured by the principles of a sociological psychology. They are learning how to understand and use a new set of meanings, including a new vocabulary of motives, appropriate to a newly chosen social setting, i.e., to reconstruct their own lives, past, present, and future, in its terms. As they retell their tales over and over again and interact with others doing the same, both in collective and individual rituals and informal settings, they learn to care about this new meaning. The more they care about it, the more it becomes theirs, i.e., the more they internalize it, identify with it, and make it their own, because it gives meaning and order to their lives -- at least for now, while in the new social circumstance of encapsulation.

The question I turn to now is: can I see indications of similar personal (re)construction of program-appropriate meanings and accounts in the resident tales in the context of Recovery House treatment, and if so, what does this imply about the treatment process of therapeutic communities?

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Endnotes Chapter 4

[1]With appreciation and apologies to the late, great Flip Wilson.

[2]It is nevertheless true that the only practicing Muslim interviewed for this study, although he was residing at Recovery House at the time, had been physically recruited to a Christian discipleship program other than Redemption House on a prior occasion. As might be expected from the Wuthnow critique, he was not cognitively recruited. He stayed only four days. However, it is also true, as we have seen, that there is little difference in the religious inclinations of the recruits to either program as long they come from a (nominally, at least) Christian background. Otherwise, prior religious training appears to be neither an impediment nor and inducement to affiliation with either program.

[3]See, for example, Waldorf et al., 1991; Williams, 1989.

[4]I was not able, nor did I attempt, to verify all these accounts, because of time and financial constraints. However, a better equipped research team could easily carry out such empirical checks on most client tales of recruitment. The general, as opposed to specific, validity of client accounts was easily ascertained and/or inferred on both empirical and theoretical grounds. Martin, the Redemption House manager, who was involved in recruitment, described the general process to me in terms that fit with those particular accounts of the residents recruited via program agents. He also confirmed in separate conversations that he was involved in the recruitment of those residents who named him as their initial contact. In addition, as indicated, the processes of recruitment described by the staff and residents at Redemption are consistent with the findings of the NRM conversion literature regarding typical recruitment procedures for such groups. While it may not be necessary to this aspect of my argument that these accounts can be established to have empirical validity, it will be important at other points. Thus validity on this point lends credibility elsewhere, or so I am inclined to infer. (See e.g., Inciardi, 1986:199-122; B. Johnson et al., 1985: 22, on verification of self-reports among street drug users. Several articles in Harrison and Hughes, 1997 find discrepencies between self-reported *drug use* and urine and hair analysis among treatment populations. This, of course, is not my focus.) Nevertheless, it is important to remember, at this point, that the evidence for my argument does not depend on the "validity" of the recruits' stories, but the form of their accounts and their appropriateness within a given treatment or training program.

[5]Recruitment in general was less common at Recovery House, but "mandation" by the criminal justice system was more common at Recovery House. This is possible because "mandation" was virtually the only recruitment procedure there and was, with two exceptions, absent from Redemption House resident tales.

[6]Just as with the recruitment tales the residents tell, this tale of God's direction involves some "networking" among program associates and friends (e.g., members of the Board of Directors). But the meaning of these events that understands them as an answer to prayer and/or a miracle lies not in individual details, but in the overall timing of events and how they come together. The apparent *coincidence* of these several factors is what provides the evidence that the hand of providence is operative. It is interesting to note that this process of meaning construction is imitated by the notion of "synchronicity" developed by Carl Jung, one of the ideological inspirations of Bill Wilson, founder of AA (see Kurtz, 1991: 33-34, et passim). On miracles, see Kee, 1983.

[7]This runs counter to the conclusions of Langrod et al., 1972, 1981; Muffler et al., 1997.

[8]This is the Teen Challenge Training Center in Rehrersburg, PA, where the men of Redemption House are sent (for eight additional months) to complete their training after they finish their four-month

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induction in the Bronx facility. This was the practice until 1997, when Redemption House became a full service, twelve-month training program.

[9]Robbins (1988: 84) writes: "To 'convert' is to come to see oneself as a particular reference group sees one." It is, as he quotes Griel and Rudy (1984: 318), "to see that reality is what one's friends say it is." Moreover, "the essential dynamic of the conversion process . . . [is] to foster intensive interaction among group members."

[10]Here, AJ is referring to a gruesome tale about working as a grave robber while he was a college student in Minnesota:

> These people were Satanists, they was worshipping the Devil. In Minnesota there was no law against human sacrifice, and there were instances of this happening. I was making a lot of money. I didn't need my scholarship or Pell grant anymore. And I liked the fact that I was making big money. Anyway, I told Harry's wife first, and that's when I began to realize they was really concerned about me.

[11]"Back of 'mixed motives' and 'motivational conflicts' are competing or discrepant situational patterns and their respective vocabularies of motive" (Mills, 1940: 450).

[12]Berger (1966: 50) writes: "It goes without saying . . . that the self cannot be adequately understood apart from the particular social context in which [it was] shaped."

[13]Simply learning and using the appropriate motive account indicates that AJ takes it seriously. Whether he does so "genuinely" or "cynically" may not ultimately matter. As George Cuzzort (1989: 277) writes in his Kenneth Burkean analysis of power relations:

> In other words, the avowed purpose of [all social institutions, including drug treatments and discipleship trainings] is beside the point. It makes no difference whether the parties involved are sincerely dedicated to [redemption or recovery] or cynical about the whole thing. The drama can retain the same form in either event and have the same consequences. Because the sincerity of the parties cannot be established and, indeed, the historical precedents for [treatment or training successes] are not heartwarming, [treatments and trainings] boil down to maintaining the [social definitions] and power parities already in place.

[14]"The social context for any set of norms or alleged bodies of 'knowledge' is the plausibility structure of the latter. As long as a specific plausibility structure prevails in the life of an individual, the appropriate definitions of reality will be plausible to him. If, however, the plausibility structure is changed, it can be predicted that subjective plausibility will change too (Berger and Kellner, 1981: 60).

[15]At least some representatives of the therapeutic community have made this critique of faith communities. Some at Redemption House have made similar critiques of the therapeutic community. See, e.g., remarks by Tommie, Martin, and Pastor Don in Chapter 1.

[16]In addition to therapeutic community training, Gordon has an Associate of Arts degree in psychology.

[17]Or, the more value your conversion has. This appears to be the meaning of comments typically made by performers at the Redemption House fund-raising concert (see Chapter 7). Many of them prefaced their (obligatory) "personal testimonies" by saying, "I may not have spent years addicted to drugs, but my heart was [nevertheless] dark with sin before God saved me." My thanks to John Morgan, M.D., for this observation. It is reminiscent of Kenneth Burke's notion that the "structure of the common stories that shape our lives is basically an oppositional structure. . . . For example, a story of . . . perfect love requires a confrontation with an equally profound and perfected hate" (Cuzzort, 1889: 282-3). Perfect salvation, it seems, requires an equally profound and perfected state of estrangement from the divine.

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[18]See, also, Stone, 1982: 330.

[19]It was this particular insight, gained in Professor Danzger's seminar on the sociology of religion, that enabled me to make sense of much of what I was hearing in the interviews with the residents of both programs. Once I realized what was happening in the conversion accounts, much of the rest of the material fell into place. (See Beckford (1978) for a similar observation in a Christian denomination.)

[20]This process can be seen either as a natural history of discipleship, a typical occurrence of a "moral career," or as an institutional requirement for continued residency. Either perspective illuminates this process at Redemption House without doing damage to the data.

[21]See Currie, 1993: 221ff; Waldorf, Reinarman, and Murphy, 1991: 218ff.

[22]To my surprise, this explanation is reconcilable with reinforcement notions of drug use. See McKim, 1997: 87f.

[23]There is, however, a complication to this simple observation. In a highly complex and pluralistic society, many people, if not most, have experience in more than one cultural or social context or subculture. As career drug users who frequent treatment programs age, they are more likely to encounter and experience the ideological frames of several different treatment modalities. They will develop various degrees of familiarity with various treatment vocabularies and conceptual schemes. These will be available in the individual's "stock of knowledge" as a coping devise whenever he finds himself in a treatment facility, regardless of his level of commitment. In addition, most treatment modalities, but especially drug-free residential facilities, share the same or very similar ideological frames and vocabularies. Therefore many inductees "know the drill." When they come into treatment they may have a ready-made program-appropriate biography available "on file," as it were, for quick acceptance and progress through the hierarchies of expectation and privilege. For this reason, the disparity at issue may not be as great among a treatment population that includes numerous "repeaters." That, however, did not seem to be the case at Redemption House. Although many of the residents I interviewed had been in treatment previously, only a few had prior experience in an faith-based program.

[24]See Langrod et al., 1971; Muffler et al., 1997.

[25]See Langrod et al., 1972, 1982, and Muffler et al., 1997.

[26]Here James attempts to use program-appropriate jargon, but from the wrong program.

[27]C. W. Mills (1940) suggests that learning situationally appropriate vocabularies of motive can perpetuate the related action sequence. Thus, learning the appropriate motive for entering treatment may incline a person to remain in treatment. Alex is about to bear this out.

[28]As all aficionados of "All In The Family" know, Archie Bunker confirmed, under the cross examination of his son-in-law, Michael (The Meathead), indeed, God says "ain't."

[29]Here, I suspect, the "Langrodian argument" regarding differential populations (see Chapter 3) is somewhat relevant. However, I maintain that the significant "proneness" - or, in statistical terms, "independent variable" - does not vary significantly by group, but *within* the entire treatment and training population.

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Chapter 5

The Pipe Made Me Do It: The Social Construction of Pathology at Recovery House[1]

> You see, the community is set up for you to fail. They want you to be in a society that you can't function in. They want you to come in and be . . . dysfunctional. They purposely set you up to make . . . mistakes. And the whole time they're checking up, sneaking behind you. [So,] what happens . . . is you either fight and split, or you start . . bonding with what's going on.
>
> Louie, Recovery House counselor

> I feel I would take my life if I gotta go through this pressure all the time. [I'm] 32 years old in a TC learning not to use drugs. It hurts when you gotta be in a place like this, getting screamed on by people. And you gotta take it because you put yourself in this situation.
>
> Donald, Recovery House resident

> In order to hold his own in this circle, the member [of the sect] had to *prove* repeatedly that he was endowed with these qualities. . . . [H]is whole social existence in the here and now depended upon his 'proving' himself. . . . According to all experience there is no stronger means of breeding traits than through the necessity of holding one's own in the circle of one's associates.
>
> Max Weber[2]

In the previous chapter I described the process of cognitive recruitment at Redemption House. These early stages of discipleship training involve direct attempts to induce initiates to adopt a reinterpretation of their recent (and distant) pasts in a way that corresponds with the ideology of the program. This process, when successful, serves several purposes. Most important for my interests here, each resident's self-reinterpretation stands as an indication of his personal identification with the new organization. When a client accepts and recounts the events that led

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him to enter the discipleship program at Redemption House in the terms supplied him by the program itself, he has offered a clear signal, both to the program and to himself, that he has adopted the new outlook, not only in general but as appropriate to his own personal experience in particular. In the social scientific literature of conversion this has been referred to variously as an example of a commitment act, a bridge-burning act, some even see this as the "true" point of conversion (Hawkins and Wacker, 1983: 289ff). I have termed it an act of cognitive recruitment or affiliation because it represents a new commitment to the universe of meaning imposed by the organization. It is an indication to the group that the individual has accepted, at least initially and in principle, its outlook as authoritative. This becomes a signal to the individual as well, that things have changed, that he has changed, that he has burned, if not all his bridges, at least his first significant bridge. It is also an indicator for the participant observer that the initial stage of the personal negotiating process which mental (re-)affiliation entails is largely complete.[3]

All of this also means that recruitment is not something that ends when a client enters the door of Redemption House. Recruitment, particularly cognitive and emotional recruitment, is an integral part of the process of training that goes on at Redemption House. Clients do not come into training convinced that this is what they want to do, nor do they come in convinced that the program has anything "real" to offer.[4] They have many reasons for coming, and often those reasons change when they spend any time in the training. Some motivations they are not even aware of until later -- and, as I have described, many are "manufactured" (discovered or constructed) in the course of the training. A number of clients said they came initially "just to check it out," or to "try it to see if it works." One man told me he came to Redemption House just to get his family off his back, so he could say, "See, I tried it and it didn't work."[5]

The heavy task facing program staff in these first few weeks is to induce the initiate to reject his previous way of life and to give assent to the life ways, ideas, and ideals promoted by the

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organization. As the conversion and utopia literatures attest, this early identification is not only cognitive or ideational, but often also includes personal and/or organizational attachments.[6] New clients who remain in treatment or training may do so because of emotional attachments to other clients or staff,[7] commitments to outside others[8] (parents or a spouse who support the program), or to the organization or certain aspects of it (e.g., sense of community, cloistered character) rather than, or in addition to, commitment to the ideology or beliefs of the organization. However, some overt expression of commitment to the organization's belief system is always required.[9] At Redemption House, the success of the induction process is marked by the client's adoption and recounting of a program-appropriate biography that includes as a central feature evidence of his divine calling in specific and personal detail. At Redemption House, a central reason why men remain for the four months and then "go to the Farm" is because they have come to believe (or at least espouse) -- regardless of what they may have thought previously -- that they are sinners in need of salvation and addicts in need of discipleship, and that God has called them to Redemption House to accomplish those two ends as part of His overall plan for His Kingdom.

What this means in more general terms is that at least one central purpose of this induction process is to "produce" a client who is cognitively inclined to view his condition in terms that are consistent with the program's outlook. Induction is intended, then, to bring residents to a point where they reject their previous definitions of self and world, which the program labels as resistance to The Holy Spirit, and embrace its message that they are sinners in need of salvation and discipleship training. Thus an essential part of discipling at Redemption House involves inducing in residents the appropriate mind-set to continue being discipled. Without denying their belief that it is the Holy Spirit that prepares men's hearts to receive His Word, the programmatic techniques and procedures used to affect this "readiness" in residents can be described. And the fact that they are successful in doing so in a certain (admittedly small) percentage of cases with

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some consistency can be observed. Whatever brings men to the program, the program shapes the reasons why they stay (and for that matter, why they leave) and staying shapes their understanding of why they came. Recruitment to the "faith" (ideology) of Redemption House is the first real programmatic task after they enter the door.

My purpose in this chapter is to demonstrate the operation of an induction process of cognitive recruitment at Recovery House similar to that which I described at Redemption House. I will suggest that the process of induction at Recovery House, in effect, parallels that at Redemption House in virtually all details except its ideological rationales. As such, the process of treatment as it occurs at Recovery House is essentially a process of secularized conversion or, as one of my students put it in a class discussion of this issue, "salvation with the God part taken out." I also consider the implications for treatment research and evaluation when the induction process is redefined as part of the "treatment," rather than only as a screening activity. In the theory of therapeutic community treatment, early stages are seen as mere adjuncts to "real" treatment. They do nothing more than determine who is ready to engage seriously in the subsequent "real" treatment procedures by staying the full term.[10]

The Probe

The history of the therapeutic community movement provides specific parallels between the process I observed at Redemption House and a process often called the Probe that was common in many early programs like Odyssey House and Daytop Village. One of the more dramatic accounts of this tactic was provided by Louie, a 35-year-old Italian American who completed two therapeutic community tours and has held several staff positions at different therapeutic community programs including Daytop Village and Phoenix House. When I began a series of taped interviews with him that eventually covered more than twenty hours of conversation about

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his experience in therapeutic community organizations, he was a paraprofessional counselor at Recovery House.[11] In the following passage, Louie describes his experience of "inducement" as it occurred almost two decades ago.[12]

> The [probe] interview for me took place with a guy who was my [counselor] at the Bronx [day treatment] center and knew me. So of course this guy was gonna rip me up. Back then, that was the whole object of the interview, they were gonna make you *invest*.
>
> Q: How did they do that?
> L: They had your folder sittin' in their hands. There were maybe twelve people in the room. It was all very official. However, they were all ex-addicts. Nobody in there was a professional. You know what's goin' on 'cause you heard about it. You hear that they're gonna make you scream for help, get on your knees and beg for treatment. I was shittin' in my pants. Because, first of all, its one thing to bullshit, it's another thing to bullshit bullshitters. Many of them are recovered con artists. So you're knockin' on this door and you don' know what to expect. They're gonna make you scream, they're gonna send you out and bring you back. And essentially that's what happened. I knew they were gonna *probe me*[13] for how I started usin' drugs and they were gonna beat me up *for the way I account to them for my attitude and my image*. And sure enough, when I opened the door, I seen Wayne there who knew me well, had pulled me outta the street a few times. . . . I'll never forget that: room sixteen, top floor, back. That was one of the really biggest episodes [in my treatment] to this day. [14]
>
> Q: Tell me more.
> L: There were all these people sitting there that I wanted to be part of. Like, I didn't want to be sittin' on this side of the room. I hated all of this about treatment. I just wanted to get all of this beginner shit over with. Y' know? I didn' wanna be viewed as a new jack, I wanted to be part of, I wanted to hang out and get, y'know, get busy. So I was really motivated to change myself.[15]
>
> So it starts out where this guy is confronting me. He's saying, "You're here in Recovery House now, you ain't in the Bronx any more; we ain't gonna find you walkin' aroun' on angel dust no more." And he's like *embarrassing* me. "What the hell are you smiling about?" He's ridiculing me. "Now these people are gonna ask you some questions, and you're expected to account to ba ba ba..."[16]
>
> Q: What sort of questions did they ask you?
> L: You know, what's your family like, how did you abuse them? Very direct and blunt and rough. Some questions were very embarrassing, very antagonistic, *trying to set you up*. Like, to make you react. They wanted you to react, to get angry, so they had a reason to yell at you, and to put you in your place.
>
> Q: What was the purpose?
> L: To *break you down*. To make you weak, to make you cry. What I did was to realize that I had to follow *a certain tone* to get them to be open to me. That is, to follow a very *humble* and, uh, you know, *receptive* tone. Not a rebuttal or confrontation, *not assertive* in any way.

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My response was: I needed to be here and my life was really outta control and so forth. They made me yell for help. [All emphases added except where underlined.]

Louie seems to me to be saying that he consciously "acted as if." That is, he was aware of the typified expectations of his inquisitors and purposely, consciously attempted to take up that role because he "wanted to be part of" rather than a "new jack." But under the constant barrage of this purposive and emotionally brutal degradation ceremony,[17] his act became something else. I see a parallel here with AJ's experience of moving from his desire for "three hots and a cot" to "well, I guess I do need some sort of savior." The time frame and the emotional context of the two situations differ, but the resulting alterations of consciousness seem decidedly similar as do their parallel decisions to remain in (and identify with) the program, at least at that point in time.

As Louie continues his description, the probe displays the ideological induction process in the starkest terms used within the concept therapeutic community movement.

Q: How did they [make you yell for help]?
L: It goes around the room. These things go in systems. [They] were gonna have [me] *invest in [my] desire* to be here.
So he says, "I want you to tell us how much you need help."
I says, "I really need help."
"No, you know what we want. We really wanta hear you say you need help."
Even though you want the help, this is very uncomfortable. And they were like, "Oh you don't really want help" [mock screaming].
They were like persuading you.
I was like, "Oh, I need help."
They were like, "Weee - dooon't - heeear - yoooou."
"I need help." [yells]
"Ah you're fulla shit, you don't need help."
"I need help." [yells again]
And it keeps going until it gets, like, primal.
"I need help" [with a mocking falsetto, Louie makes his voice sound "lunatic" and out of control]. And you just go off. And that's what I eventually did. [Emphasis added.]

The Probe process clearly manipulates the person on the hot seat to a point of emotional depletion or "breakdown" and of public acknowledgment that "treatment" is what he needs, that he is helpless without "treatment" and fervently desires to give his life over to "treatment" to be

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remade into its image. If I were to substitute the word "Jesus" for the word "treatment" in the preceding sentence, it would fit the accounts of the men at Redemption House quite well. This may help to explain why it has been so central to therapeutic community treatment to induce in each resident a public "admission" not only that he needs "treatment," but that he is nothing but a down-and-out junkie whose life is a wreck because his drug use is out of control and he is incapable of taking any corrective steps on his own. Indeed, this admission -- in various forms and degrees -- is central to the "therapy" of all so-called self-help "treatments" for "behavioral disorders."[18] Surrender to Jesus, the treatment, a Higher Power, or to some similar symbolic representation of the authority of the collective is an obvious requisite when seeking membership in a marginalized or totalizing group; e.g., the early Protestant sectarians, inner-city youth gangs, "foreign" religious "cults," or minority social and political movements. But why is this same process found in a treatment program that aspires to move "deviants" into the mainstream?

The classic studies of total institutions offer a perspective on this issue. This particular procedure and others like it are variations of the process of mortification identified by Goffman (1961) in certain types of total institutions, including the monastery, the mental hospital,[19] and the religious cult, and by Kantor (1972) in the operation of various utopian communities including Synanon, the original therapeutic community.[20] One result of such procedures, as Goffman (1961:14,128) has it, is to induce "shifts in [the inmate's] moral career . . . [i.e.,] changes . . . in the beliefs that he has concerning himself and significant others" or "the person's self and . . .his *framework of imagery for judging* himself and others" [emphasis added].[21] These changes can occur in any direction, from "deviant" to "normal" or from "normal" to "deviant," depending on the content of the organization's ideology. In this chapter I will demonstrate that at Recovery House, and therapeutic communities in general, this is not only a possible result, it is a central purpose; that Recovery House, and all similar resocialization programs by implication, use similar

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age-old social mechanisms to induce changes in residents' perceptions, beliefs, judgments, andactions.[22] It makes "deviants" into "normals" (to the degree that it does so) by many of the same processes that other types of groups, like so-called "cults," use to transform "normal" individuals into "deviant" ones (to the degree that they are successful, in their own terms). The moral direction of the personal transformation is a matter of social definition specific to immediate ideological context. The processes of such transformations, the social dynamics utilized, are universal and indifferent to the meaning or direction of the changes they induce.

An important source of such shifts in what we might call moral consciousness is "a particular kind of [persistent] tension between the home world and the institutional world" that these institutions "create and sustain" (Goffman, 1961: 13), often primarily for the purpose of managing masses in the sometimes large asylum-like facilities. However, even where personal transformation is not the avowed purpose of the institution, conversion is one of the "adaptations" residents may adopt to deal with the tensions they experience as a result of encapsulated living in these settings. When the total institution takes on the purpose of mainstreaming deviants or "breeding (or selecting) personal qualities," as one astute observer of social groups has shown, this means of personal transformation can be especially effective.[23] According to therapeutic community rhetoric at least, their goal is to affect personal change in the lives and habits of their residents.[24] And clearly, they do so in a significant number of those who remain "in treatment" for several months or more.[25] Like the men at Redemption House, most residents of Recovery House who are in treatment beyond three or four months can be said to have adopted a "conversion" style adaptation to the "peculiar tensions" of the therapeutic community. It is the adaptation promoted by the institution.

In what is, as far as I can tell, a largely ignored article, Hawkins and Wacker (1983) offer an interactionist analysis of therapeutic community client transformations. Using Goffman and

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Festinger, they account for long-term residents' adoption of program rules and attitudes, rhetoric and behavior, as that adaptation most likely to "minimize both short term risk of [return to the jurisdiction of the criminal justice system] . . . and the interpersonal risk of *attack from others inside* the TC" (Hawkins and Wacker, 1983: 284, emphasis added). That is, in order to relieve the peculiar tension, they choose to conform both behaviorally and ideologically. Hawkins and Wacker (ibid.) again: "the TC ideology . . . is an[26] available interpretation frame for" actions and "verbal performances" that are inconsistent (create dissonance) with residents' pretreatment ideology and self-image. If this is a reasonable understanding of personal change in the therapeutic community, Louie's probe can stand as a model of the therapeutic community process as a whole. As Louie's account demonstrates, residents are *pressured* to portray themselves -- to themselves and others -- in a manner that is inconsistent with, indeed, often diametrically opposed to their pretreatment (and current) notions of themselves and the world. Louie just wanted to be "part of," not to commit himself to a whole new style of life and set of values or beliefs. Many who enter treatment do so only to escape prison, the streets, or to manage their habit. They have no intention of rehabilitating. Continued residence impels them to act, talk, and think (?) otherwise.

As all these analysts (Goffman, Kantor, Weber, Louie) agree, this process of creating "tremendous internal pressure" presents the resident with a decision. In order to relieve the dissonance, he must either (1) leave the context that is creating it, that is, "split" and, in many cases, risk return to prison or, (2) "game" his way through months of this process, i.e., privately maintain one view of himself while publicly portraying a wholly different image, or (3) convert, adopt the actions, attitudes, and ideology of the therapeutic community as his own. Most initiates, by far, adopt the first option. On the whole, more than 50 percent of therapeutic community initiates leave in the early days and weeks, up to six weeks or so (see Currie, 1993). As I

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suggested with respect to AJ at Redemption House, merely "acting as if" is unlikely for any extended period, and certainly unlikely for a significant number of residents. To stay in either Redemption or Recovery House for any length of time means that a gaming posture only gets harder and harder to maintain, even, or especially, for oneself. As a result, conversion, or conformity in both action and ideology, remains the only viable alternative in the face of that persistent pressure and peculiar tension of therapeutic community life.[27] Therefore, the majority of those who stay, for whatever reason, become converted to the therapeutic community world view. That is, they develop an outlook and conduct of life that are more-or-less consistent with the program. This is, in fact, what Louie describes as he continues his account of investment in the therapeutic community system. And, as he discovered at the conclusion of his probe, conformity to community requirements indeed results in significant rewards.

> It felt good [after I invested] and they all came over and hugged me immediately, I was accepted. Y'know? It was, like, amazing. The way they manipulated the situation made you feel good, that this was worth your while, that there was something that helped you in some way.[28]

From Probe to Pull-up: the process is generalized

What Louie has described above is his earliest experience of induction at Daytop Village almost 20 years ago. It occurred during a period in the history of the therapeutic community movement when treatment was almost exclusively in the hands of non-professionals and included what are now considered gross forms of abuse.[29] While the investment process that Louie recounts continues, in essence, to be central to the treatment process at Recovery House and all therapeutic communities, some of the more dramatic tactics have disappeared in recent years, largely as a result of increasing professionalization of staff and administration. The Probe has been replaced at Recovery House in a way that Louie also described for me, a way that can be described sociologically as a rationalization process.

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Here at Recovery House, we don't have an induction process. The way they transfer from level to level is just based on their behavior, attitude, production -- what they're doin' for themselves, the program. There is an accountability session with all move-ups where they encounter staff, okay? Go in an office and a [counselor] would be there and they have to [justify the promotion]. In Recovery House they use RET [rational emotive therapy] and they have to learn this material. They have to show they know the material and then state why they deserve to move up. But that's . . . not as counterproductive [and] abusive . . . [as] a lotta those methods from thirty years ago. . . . It [is] very formalized, like an educational process. [We have] this pamphlet with all the rules and regulations, who the founders [are], and alla that. We didn' have any of that at Daytop.

Q: At Phoenix House, did you go through the same thing?
V: Nah . . . They took me into this little room called the coordinator's office. There's some drill sergeant in there called the chief coordinator [an older resident, usually 12 months or more] and he's gonna induct you. This man is there to let you know what room you're in, who your big brother is, whose caseload you're on, who your counselor is, what your gonna do in orientation, he goes on for an hour and you're expected to retain all this information. But the point is, in some ways, you're gonna be tested on this information during your orientation process.

Although the Probe, as a well defined rite of passage from orientation to the main stage of treatment, has been eliminated from many therapeutic community programs including Recovery House,[30] what might be called the "probe process" continues to be central to the operation of Recovery House as I observed it during my research. The function of the probe to induce a specific act and personal sense of investment through the admission of "needing treatment" or of "belonging" there[31] continues to be carried out by various means, including to some degree, the RET that Louie mentioned. However, the more prevalent and productive means of induction at Recovery House is a variation on what Hawkins and Wacker refer to as the "pull-up."[32] In the pull-up, a probe-like process of induction remains a constant threat in the experience of therapeutic community residents (as subject, object, and observer), especially during the early months, but potentially throughout the entire period of residence. In fact, the probe as described by Louie (and the Densen-Gerber [1973] history of Odyssey House) appears to be a specialized ceremonial version of the everyday pull-up, which continues to be an integral part of all therapeutic communities. As Louie continues his discourse on induction into treatment, he illuminates the

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experience of the pull-up, referred to at Recovery House as "standing on point." (Another term used for this process is "taking a stand for information.")

> At morning meeting they announce the service crews, and you meet downstairs after meeting. There, the department head and his ramrod assign the work tasks for the day: sweep the hall, scrub stairs, etc. They just send you out by yourself. There's no one to tell you how to do it. They purposely set you up to make all of these mistakes that you're gonna make for the next forty days. All of a sudden someone will come to you and say, " Did they tell you to do one side at a time?" "No." "OK, stand on point." That means you're in trouble. You have to go and stand in front of the house manager's office, and he'll call you in and talk to you about the incident: [he'll tell you] that you created a health hazard and fire risk and you should have known better and should have had more awareness, and nobody needs to tell you anything here, you need to start assuming things on your own. They give you all this feedback and then say get outta here. So you leave and go back to your area and start again.[33] Its not always simple to do, some jobs it's almost impossible. And the whole time they're checking up, sneaking behind you. If you're idle for just a moment, you have to stand on point. Or if you're sweepin' the stairs, for example, if they find a ball of lint or cigarette butt or anything, you have to go all the way back to the top and start over. So its a real pain in the neck.
>
> Orientation and that [whole] first six months, its like cleanin' up, getting confronted, getting in trouble, making all kinds of mistakes. Every day. Until you've been in treatment six or seven months, this is always happening to you. Unless you're, like, a star. If you got high only three times in your life and you lived in the most perfect place and everything's been great for you all your life and you can respond to anything, you're gonna be in trouble.

It is important to note that the emphasis here is on the failure of the individual. The resident has been accused of an error, mistake, or screw-up. However, as Louie reveals, there is no way possible to "function" in these early stages of therapeutic community encapsulation without failing over and over again. The structure of daily operation in the therapeutic community is such that errors inevitably occur and an individual resident is always blamed. No excuse is permitted. In other words, the errors are inevitable consequences of the structure of the situation as it has been created by the treatment design. Which particular residents screw up and when is largely a matter of contingency. The operative element, however, -- the independent variable, if you will -- is this constructed nature of the treatment process. But that is not the meaning that residents (or staff, for that matter) are permitted to apply to their own experience.[34] Louie continues:

> This is the cycle, a *mechanics of treatment* . . . . You see, the community is set up for you to fail. In an average orientation resident's life, this can happen six, seven times a day for all

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kinds of stuff.[35] They want you to be in a society that you can't function in. They want you to come in and be . . . dysfunctional. That's the whole trick of all this. You don't understand it when you're there because it's in your gut rumbling, but that's *the premise* of this.

So, y'know, you're always fighting it: Why do we have to do this again? You start [out] questioning the system: Why mop the floor again, its clean? [But the official response is:] Because we said to mop. When it says no parking you got a ticket because you parked there and you are not supposed to park there. You don't question the judge: why can't we park there? There's no way around it.

In reality, Dan, what happens with these little "spoken to's" is that you *either fight and split or you start joining in the process and bonding with what's going on*. That's basically what I did after about five months of, y'know, "this is bullshit" and all that. . . . I just started biting my tongue and focusing. [All emphases added.]

Clearly, it is the goal of Recovery House to create "uncomfortability" among its clients, especially those in the early stages of treatment.[36] Although the tension is clearly and intentionally created by the programmed treatment process, it can only be legitimately defined as the result of the pathology of the indicted resident. No other explanation will find general public support within a therapeutic community. The aim is to produce Goffman's "pressure and a peculiar tension" that clients who do not leave must interpret as generated by their own "dysfunctions." As Louie put it, the residents do not recognize the source, it is simply "in [their] gut rumbling." It is the task of the pull-ups and "spoken to's" to convince them that their pretreatment outlooks on themselves and the world in general, whatever they may be, are "dysfunctional," inoperative, mistaken, or, in therapeutic community rhetoric, disordered, diseased, pathological. This process has been referred to as both "breakdown" therapy and a process of emotional "opening."[37]

The Pressures of Treatment

In my interviews, the persistent pressure and tension created by the probe-like operations of pull-ups (and confrontation in groups) was a constant complaint, especially from those in the early phases of treatment. Virtually all the men I interviewed from Orientation through Level II were concerned with the problem of how to assess and/or cope with the pressures of treatment.

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Those still struggling with how, why, or whether to make sense of their current predicament had obviously not yet invested to any significant degree in the ideology of Recovery House. I found it interesting, in light of Louie's comments, that these "complainers," despite their "rumbling guts," in fact assigned the tension to various objective *treatment* sources, especially "staff" and "peers" (although virtually no one blamed the treatment, *per se)*. For many residents, it is only later, after several weeks or months in encapsulation, that they begin to accept responsibility for the pressures they feel or at least, as Louie says he did, "start biting [their] tongue and focusing." It is at this point that they are seen, by the program, by themselves, and this observer, as, at least initially, "invested" in the Recovery House explanation for their predicament.[38] It is at this point in their "development" that they begin to be accepted by the treatment community, led by the counseling staff, and thus experience a decrease in these same tensions because they begin to get promotions, privileges, and other rewards of conformity.

The comments of several intermediate level residents illustrate the prevalence of the experience of treatment-induced pressures and various means residents have of comprehending and coping with them.[39] It is clear, in the context of my interviews, that most of the ambivalence about the definitions of treatment and self gets expressed in these complaints about the pressures of treatment. It is also important to note the various ways residents have to respond to the treatment pressures at these early stages. Some simply capitulate almost from the outset, because they already believe the general social rhetoric about addiction. Their only definitional problem is: am I really one [an addict]? Others may be convinced they are addicts, but are thoroughly confused by the Recovery House definition of treatment. By the time they reach Level III, the main stage of treatment, after about six to nine months, most of this purposive, intense pressure is diminished considerably. At this latter stage, all residents, for all practical purposes - though there were some interesting "aberrations" - have discovered a way to accommodate the program ideology, especially

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with respect to their own "pathology" and its responsibility for their current situation. and find acceptance by the Recovery House Family. At the early stages, the pressure remains an ever present reality.

Thomas

Thomas was the most notorious of the men I interviewed at any level. He was considered a particular problem by the counseling staff because he continued to refuse to bear the onus of his addiction or his various "dysfunctions." He had been "busted" from Level II back to I and "O" more than once. In his account, Thomas clearly feels put upon by the "house structure,"[40] from whom he gets no break, little sympathy, and a lot of hassle for no good reason that he can see.

> There's a lotta favoritism in here. There's a lotta ass kissin' going on in this place. I don' kiss no ass out in the street, I didn' kiss no ass in jail or in the service.[41] I sure ain't gonna kiss no ass in here. I say what I gotta say. I was always taught to tell the truth and say what I feel. I have a lotta problems with what goes on in this place. Spreadin' rumors, that's AD [administrative dismissal] material. A whole bunch of motherfuckers, Level IIs and Level IIIs broke confidentiality. What did they get? Nothing. They didn' even get shot down [demoted].
>
> I went [to my] home with a Level I [a fellow resident as an escort or "support"] and he went home [to his own house, which is forbidden] and we didn' get high, and I get shot down to Orientation Level [for not reporting the violation of an escort]. I have a big problem with that. And sexually acting out. Even a kiss is sexually acting out. A Level II and III go to a party and they were necking and everything. Okay, he dropped guilt on himself [confessed] and everything. She gets shot down to Level II, they give him a Level I. Me? I get shot down for deviating. Okay, its wrong to deviate. But it wasn' no cause for them to shoot me down to O Level [from II].
>
> I was concerned about my son, because my grandfather who he was close to, died. But, hey, I'm running [coping] with it. For me, it seems they trying to spin me outta here. But I ain' gonna let 'em spin me outta here. I came in here [with the intention of merely] trying to escape from jail, but from the time I been here, I know that I need this for myself.
>
> These are things I gotta deal with. I can't let them spin me outta here. My mother called and said my father is drinking [again]. My wife called. I'm not even supposed to know that she called, but there's ways in here that you find out things. Y' know? So the counselor said I'd be able to call tomorrow. I don' know what the fuck is goin' on. It could be good news, it could be bad news. I don' know. Right now I'm dealing with this contract. It started Monday. I just had knee surgery. They cut me here, over here. I'm dealing with the pain. Like I said, they ain't spinnin' me outta here. They gonna have to AD my ass.

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Donald

While Thomas seems still questioning how, according to Louie's traffic court metaphor, the judge could require him to pay the fine, some others at this intermediate level have begun to take a different approach. Donald, another family man, also finds the pressure uncomfortable, but necessary and, more important, his own responsibility. Donald,[42] who has been in treatment four months and is at Level II, appears to be much closer to "surrendering to" the treatment ideology than Thomas.

> So many people here have been through the revolving door [of relapse and re-treatment]. It's my first TC, and I don't feel I can do that. I have too much to lose. Too much to gain. I don't want to waste my time in this atmosphere throughout my life. I feel I would take my life if I gotta go through this *pressure* all the time. [I'm] 32 years of age in a TC learning not to use drugs. It hurts when you gotta be in a place like this getting screamed on by people who can't even, you know, [Donald pauses here, apparently unwilling to put that thought into words]. People talk to you like crap. And you got to take it because you *put yourself* in this situation.

William

William is a new "retread" who has been in and out of Recovery House twice in recent months. He finds his situation particularly frustrating and confusing. He speaks constantly of his impulse to "get up outta here" because of the way he feels he is being mistreated by staff and peers. He "admits" that he needs and wants treatment, but he is clearly not prepared to define his responsibility in accord with the community ideology. He does, nevertheless, appear more ambivalent, and thereby, it seems, closer to some form of capitulation or accommodation than Thomas, but still short of Donald's thoroughly acquiescent attitude. William, however, disagrees with my assessment.[43]

> Q: What was it like coming back.
> A: I was placed on contract. I had to go back to Level I and it was real rough. They put me on contract. They wanted me to clean this, clean that, work that, don't sleep. . . . I had to mop, sweep, duss, shovel snow, work in the kitchen, wash pots, be humble. Oh man, it was humiliating. I was *humiliated*. And I started to leave again, sayin,' "Y'all kiss my rump."

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Q: But you didn' leave. Why not?
A: Huh unh, because I knew I needed to be here. And I knew I wasn' ready to go back out there on my own. I knew I needed it and wanted it, but I wasn' but maybe 15 seconds from throwing my hand in, because every time I turn around I couldn' sleep. I was frustrated. Oh, I don' even know how I made it. I guess it was the grace of God.
And this contract they had me on, it was spinnin' [me]. You heard the word called spinnin'? Spinnin' is when you goin' crazy.
Q: Spinning?
A: Spinning, unh huh. Spinnin' [is] do this, do that, do this, do this.

Being forced to do multiple work details as a result of being "on contract" was not all that troubled William at this early stage of his current stay in the program. And his experience appears to fit the "mechanics" or "premise" of treatment precisely as Louie described it.

Q: What is making you feel like leaving?
A: A steak knife that came from somebody's house. I'm accused of knowin' about it and not reportin' it [a common, but serious offense].[44] I'm being accused by the family here, the peers, of bringin' it into the facility. That's what I'm so uncomfortable with, knowin' that it's not true. That's why I wanna get away. I was accused in a group and individually on the floor. I don' know if I'm gonna get over this feeling.

Q: How will you get over this?
A: I don' know.

Q: What does the program recommend?
A: I think they recommend that I just run with it, accep' the fact that, you know you didn' do it. Even if they accuse you, why should you feel so up tight that you want to run? If you know the knife is not yours, why do you want to leave? [But] I'm not listnin' to what the peers is sayin', "Oh you brought a knife in here." I'm not listnin' to that shit no more. But it bothers me to be aroun,' 'cause they keep throwin' this at me. Eventually they won't talk to me like that no more, but right now I'm being indicted and all kindsa stuff. An' I'm afraid I'm gonna say, "Recovery House, y'all can shove it." I tried to explain that it makes me feel uncomfortable to be around somebody who thinks I'm gonna harm them. But *I have a choice* to excuse myself from that [dilemma] if I choose to. 'Cause it ain't but so much I can take, I still have natural feelin's too. I ain't gettin' high, I ain't medicatin' my feelin's no more.

Q: So, do you think you're gonna make it?
A: Honestly, I don' think so. I would try the best I could, but I don' think I could. Deep down, I'm the kinda guy who explodes. Anytime, anyplace.

Julio

Julio is a serious-minded Level II resident who is anticipating a promotion to Level III at

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anytime. He accepts the purposiveness of at least some of the tensions of treatment. In spite of that awareness, or perhaps because of it, he has adopted another common means residents have of coping with the necessity of identifying with treatment in the face of its apparent (or obvious, depending on one's perspective) injustices. He separates the immediate sources of difficulty from the treatment *per se*.

> Q: Is the transition from I to II a big deal?
> A: For a lotta people, because they get access to goin' outside. They get to make phone calls, they get alotta little things, privileges. Get to go to the store . . . . But that doesn't bother me 'cause I didn't come here to get privileges. I came here for my recovery. Levels to me don't mean anything. Lotta times here they make you wait. They did that to one guy here who had gotten a job. They denied him [the necessary level].
> Q: Why do you think they did that?
> A: Why? [pause] Just to see if he was really determined to want it [his recovery].
> Q: Have you ever been in that situation?
> A: Lotta times they test me here, like in my level movements, but I don't let that interfere. . . . [T]here [are] alotta rules and regulations. But that's what I gotta deal with. If some little rule is gonna get me my recovery, then I'm gonna abide by that little rule. I don' want nothin' to interfere with my treatment.

Louie

Louie, himself, recalls the pressures he felt in the early stages of his most recent treatment experience at a Phoenix House facility, as well as one of his means of coping.

> So that whole [first] three months I'd be downstairs in the dining room where you had to go after every group, just after being confronted. And see, I was also getting confronted [on the floor] by other residents and staff, so I was dealing with a lotta *pressure*. So what I would do is, after that was over, just go up to my room. It was overlooking Manhattan, [from Long Island City] and I would look out my window and just cry.

Being "cocooned" in the pressure-cooker atmosphere of these early weeks and months in Recovery House is decidedly uncomfortable for all residents. Despite their different attitudes regarding the tensions they experienced, William, Donald, and Julio recognized they were faced with a choice: stay and find a way to cope with the shit, or split and escape it because there is only so much you can take. Thomas did not articulate the choice quite as objectively, but he was

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nevertheless aware that "they" were trying to "spin" him out of treatment and he obviously did not want to go back to prison. As Louie put it, you either fight and split or join with the program.[45] The degradation that is at the heart of the early therapeutic community process, whether in a special Probe ceremony or the multiple daily humiliations of "pull-ups," forces this decision on each resident. There is little alternative at Recovery House, just as at Redemption House.[46]

Commitment to Pathology

The essence of early therapeutic community treatment is to create this moment or, more precisely, this period of decision. From one perspective, this can be seen as a weeding-out process. It is socio-dynamically akin to the hazing of "hell week" initiation in a college fraternity or a military boot camp. There, learning to "take it" and interpret "it" as "for your own good" or for the unity of the brotherhood or corps is what separates the "men" from the "boys." The constant threat of a pull-up followed by a "spoken to" coupled with daily confrontations in groups about steak knives or other "deviations" during these early weeks and months typically results in either splitting or bonding. Like any movement that requires ideological and emotional commitment from its members, Recovery House is ridding itself of "free-riders," of the "dead wood," the people who, in DeLeon's terms, are not "ready" for (prime time) treatment. Those who are unwilling or unable to make the necessary commitment to the rigors and/or time frame of therapeutic community process are the ones who leave early on. From the therapeutic community perspective, they are defined as failures, splittees, dropouts, and are turned out (or "spun out") with the expectation that they will relapse and return when they are "ready," if they survive the rigors of the street.[47]

Those who decide to stay are ultimately rewarded with a diminution of pressure (they no longer "need" it as much) as well as with vocational or educational training, increased privileges, e.g., time outside of the facility, bigger stipend, more freedom to associate. More to the point,

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those who stay, initially signal their commitment with something other than the verbal admission that they as individuals need treatment. Virtually everyone who stays more than a week says this at one time or another. The effective act of commitment at Recovery House is the agreement that one is responsible for his own pull-ups, his own "dysfunctions." In order to remain in the therapeutic community as a "bonded" member of the "family," a resident must display his acceptance of the paradigmatic definition that *his* pathology -- not the program or the peers or the counselors or all of them put together -- is the source of the persistent tensions and pressures he has experienced in treatment. He must actively *own* his pathology, just as AJ and the others at Redemption House had to own their calling.

Beyond this, residents must also "recognize" that their dysfunctions in treatment are best defined as having the same source as their problems with life prior to entering the program. As I described in Chapter 2, these difficulties include near-death experiences, trouble with females, and/or the ultimate degradation of betrayal of immediate family members, as well as arrest and incarceration or failure to adhere to the strictures of parole or probation. Mere verbal assent in the rhetoric, *ala* Thomas and William, is not enough. The signal that ideological commitment has begun is that such verbal admissions are accompanied, as in the case of Donald, with an actual acceptance of responsibility for the tension and pressure of treatment as well as their pre-treatment problems. When a resident stops, in principle, blaming "the judge" for enforcing the fine - to invoke Louie's traffic court metaphor once again - he is recognized as taking responsibility for his addiction. He has adopted the basic premise of the abstinence ideology, that the "problem" of addiction lies not outside the person, but within.

Just as at Redemption House, this ideology is a particular, local expression of a notion that is widely and deeply embedded in American culture, that individuals, alone, make their own destinies; that they are responsible for their own moral and material failures and, the "flip side,"

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they are also thereby credited, individually, with their own moral and material successes. This notion, which ultimately springs from sectarian Protestant understanding of the fundamental relationship between God and humankind, remains alive and well in so-called post-modern America.[48] Our so-called "self-help" programs for rehabilitation of deviants constitute only one, somewhat secularized, expression of the continuing influence of our Puritan heritage. As Weber (1946: 320-321) showed us, we not only inherited the socio-dynamic (or "mechanics") of "holding one's own in a circle of associates." The ascetic sects also formed one of the most important historical foundations of modern "individualism."[49]

So the interpretation of one's location and role in the treatment program becomes redefined in a fashion that is in keeping with program rhetoric: what brings residents here is recognition of their pathology. It is no longer simply a function of circumstances or life problems, it now becomes a purposeful, almost telic, consequence of this essential pathology. This nature is displayed appropriately only when the tensions experienced in the program are redefined as stemming from this pathology rather than the environment (peers or program) or happenstance. Moreover, these tensions are defined as mere reflections of the resident's life problems experienced prior to treatment and thus confirmation of the resident's essential pathological nature.

Miguel

This understanding of early treatment was brought home to me with particular clarity in my interview with Miguel, the Puerto Rican-born heroin addict I discussed in Chapter 2. Miguel had been at Recovery House for less than two weeks when we held our taped conversation. As you may recall, Miguel displayed little moral compunction about his drug use and had been mandated to treatment for violating his parole by failing a couple of urine tests for illicit drugs. Miguel was one of the few men who did not complain openly about treatment pressures, although he did feel

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uncomfortable from the first day. "Its hard in here," he told me, "they are dope fiends, they have that street attitude, that jailhouse attitude." Even though he had used and sold drugs on the street for years and had spent significant time in prison, Miguel was essentially a family man, not a street junkie. He did not see himself as a tough guy, and the real tough guys at Recovery House made him nervous.

The structured character of the place ("someone tells you when to get up, when to eat") also made him uncomfortable. But, he countered, "I go outside [in the fenced-in and constantly supervised yard] and there's no tower or guard with a rifle, you see the streets and people walking by. It makes me feel comfortable." He was also grateful that, unlike prison upstate, here he could be in close contact with his family, the real center of his world, after he served his 30 day total encapsulation. Miguel was raw enough to see the comparatively positive aspects of the therapeutic community in contrast to prison. The real pressures of treatment process had yet to overwhelm him.

Even in this virginal state, however, Miguel was not entirely immune to the ideological workings of the staff, in particular. After he explained his "mandation," I asked Miguel whether he thought the program had anything to offer him, to help him in any way. "To be honest with you," he said,

> the first couple of days it was like, "Aw shit," I was only here to keep from goin' back upstate. But after talking with other people and my little sessions with my counselor and whatnot, it's like I feel like I'm here *not because I'm mandated*... awright? It's like it's an opportunity to work on your shit, it may be your last opportunity so take advantage of it. This time, y'know, I'm here for the ride. In the past it was always like I'd rest up and get enough energy for the next run. . . . [B]ut now I'm getting older, my kids are growing up, it's time for me to settle down. This time, if I go back out I may go all out and not make it back this time.

When I switched the conversation from the subject of his life before treatment to what treatment had to offer him, Miguel abruptly switched the nature of his discourse. All through his

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tale of drug use, Miguel gave little evidence of a sense of personal desperation or spiraling downward toward it. In fact his only frustrations with use stemmed from his wife's dislike for his habit, his own fear of contracting HIV, and the time spent in prison. There was never any suggestion that heroin use in and of itself might kill him. He mentioned no experience of overdosing. In fact, the only time he talked about losing consciousness was the first or second time he tried it at the car wash. On that occasion, he woke up spontaneously, saying, "Wow, man, cool! Let's do some more." And because of his experience with the needle exchange program, he was well versed in how to protect himself from the HIV. Thus, the talk of a "last opportunity" at this point in our discussion was a radical departure that I take to be the result of the altered focus of the conversation from his own experience to treatment rhetoric.

This is not to say that Miguel is converted or inducted at this point. Miguel seems to be "playing" (or trying on) rather than "taking" the role of convert. If one reads carefully, it is clear that Miguel still maintains significant mental (role) distance from the ideas he is discussing:

> . . . *it's* an opportunity to work on *your* shit, it may be *your* last opportunity, so take advantage of it
> . . . now I'm getting older, my kids are growing up, *it's time* for me to settle down.

The "person" of Miguel's counselor is fairly audible in his claims about what "you" (rather than "I") should do with the opportunity that treatment supposedly offers, and what it is "time for" him to do (rather than what "I" want or need to do). This statement stands in distinct contrast with that of older residents like Nick and Bud who appear more strongly identified with the notion that abstinence treatment is a necessary prerequisite to a reasonable life:

> J: I knew when I got here that my chances of staying were good, because I was really tired of the kind of life I was living. I really wanted my life back. In my gut, I knew that I was willing to fight.
>
> B: When I start work, I don't want to have to stop like I did all those times. Because I'm getting too old. They say it's a young man's game. I don't think it's anybody's game. It's not a game at all.

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I do not mean to suggest that Miguel had no second thoughts about his drug use. but the extreme terms he uses at this point are completely foreign to our earlier conversation and completely consonant with discourse within the treatment community. As I see it, without the overt pressures of the treatment process yet fully applied to him, Miguel is considering, initially at least, the program's definition of his experience. He is playing with it, pondering it, much like AJ at Redemption House. He takes this "play" to the point of consciously considering the plausibility of reinterpreting his purpose for being there: not mandation, but one last opportunity, hmm... maybe they got something there. Encapsulated within the community for only two weeks, with no contact from the outside, "after talking with other people [peers] and my little sessions with my counselor and whatnot" [group sessions three and four, sometimes five per day, not counting morning and evening focus], by all standards of experimental social psychology, this is quite enough at least to begin the process of self-doubt that is part and parcel of the de-struction of one's image of self and world, of reality - social, personal, emotional, psychological, biographical. Miguel retained - and I could hear - his pre-entry sense of self and world. But when I had asked him simply to change focus from use history to treatment offering, another possibility for re-constructing that 15 years of experience was already making sense to Miguel. The echoes of his counselor, whom I had heard speak in several groups up to that point, were very clear to me in what Miguel was saying about his changing perspective. Miguel was contemplating exchanging his love affair with heroin for an addict's pathology.

This reinterpretation of the resident's own personal treatment and pre-treatment experience directly parallels the faith community resident's reinterpretation of recruitment as a divine calling. It is a personalization of (a personal, experiential identification with) the treatment paradigm of individual pathology in a way that symbolizes to the community and to the individual resident

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himself that he has identified cognitively with the central ideology of the program. Like one's divine call at Redemption House, one learns to define one's pathology as the reason for one's presence at Recovery House typically only *after* spending time at Recovery House. The social construction of individual pathology at Recovery House creates not only a new believing client who "agrees" to identify with program ideology, but it also reinforces the program's own sense of legitimacy through the production of another pathological "addict" whose "admission" justifies the therapeutic community's self-serving self-understanding.[50]

Consequential Thinking: video tapes in your head

Probes and pull-ups are part of the process that de-forms or dis-constructs the early resident's sense of self, other, and world. As I have described, this is done not rationally, via argument and evidence, but emotionally via these techniques of mortification.[51] Whatever viewpoint or ideology one had before is radically stripped away, and what is allowed in its place is only the denigrated designation of pathology, expressed as "junkie mentality," "diseased thought process," or "addictive thinking." In the wake of such mortification, it is not surprising that residents feel as if they have "hit bottom." They are left, in many cases, dazed and confused, in a state of utter anomie, uncertain of who they are, where they are going or where they have been. In this cognitive vacuum, the treatment allows only one viewpoint, a single interpretive framework, to be heard, i.e., openly discussed and advocated. In this process all sorts of "confessions" emerge that may then be used by counselors to induce the cognitive dissonance that lays the ground work from which residents construct a new account of themselves and their world according to the paradigm of pathology.

It is this paradigm at Recovery House that informs the reconstruction of biography and provides the appropriate account of "why we are here and where we are going." I have suggested

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that residents learn that they are pathological or, in treatment terms, addicts, junkies, dope fiends. They learn that how they think and behave is "dysfunctional." This is akin to learning, at Redemption House, that all are sinners, all have a "sinful nature."[52] But residents must learn more than simply to reject their former assessment of life. They must also learn to embrace a new moral compass in a way that incorporates their entire being. As they would put it at Redemption House: "old things have passed away, behold, all things [must] become new." The redefinition of self and world must encompass the resident's pre-treatment life as well as his program tensions. God's Will or God's Hand is the interpretive device that directs residents' reconstructions of the meaning of their lives at Redemption House. What is that device at Recovery House?

Once again ,Louie provides an indication of this "mechanism" as he describes the typical process in his own very personal terms. As AJ discovered he was a sinner and did need "some kind of salvation," Louie also discovered that he was, in essence, an addict and didn't want to be. How did he "discover" this? As he says, by consequential thinking, by playing back the tapes of "where he came from" and discovering the truth about himself through correctly re-parsing his past.

> So in a lotta ways [the pressure] teaches you *consequential thinking*. And in two or three months, . . . it starts working and that's what happens. In about *three months* your peers [those who entered the program about the same time as you] start becoming the ramrods and expediters [foremen and supervisors], so you either join in with the crowd or split. Become part of the system or leave the system.
>
> Well, even though you're really angry about all this stuff [pull-ups, confrontations, indictments, contracts] you can't help but see these *video tapes* that are playing in your mind about *where you came from*. In my case, y'know, at that time I was having serious depression and emotional flashbacks about what I did to myself and to my family, my girlfriend, friends, etc. I also had nowhere to go. Could I have went to the street? Could I have become a professional cab driver and junkie on the side? Yeah, I coulda did those things.[53] But I didn' wanna do those things. I didn' wanna be on drugs again. [Before returning to treatment,] I fed into my own disabilities and weaknesses and became addicted again, but I don' want that. I thought that I could get over and not fuck up with drugs, but it wasn' true. I couldn't. I had to stay on this other road. [Emphasis added.]

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The mechanism of reinterpretation at Recovery House is the "tool" of consequential thinking or, even more colloquially, playing the tapes in your head. The notion of consequential thinking is central to the treatment process at Recovery House and, it appears, most other therapeutic communities. This idea, or "technique" as it is characterized by program professionals, promotes a process of selective recollection. The treatment teaches clients that when recollecting drug experiences, they should remember only the negative, or at least give primacy to, bad, uncomfortable, unfortunate things that have happened to them that can in any way be associated with their use of drugs. These negative "consequences" follow a familiar litany of near-death experiences, incarceration, self-degradation and degeneration, which are outlined in Chapter 3. The account of Nick is typical.

Nick, Roger, and Bud

Nick, a 40-ish black male, is a nine-month resident of Recovery House who has risen through the ranks to become the virtual boss of bosses [chief expediter] at the facility. He is a Level III resident and expects a promotion to transitional status some time in the next few months. At the time of this conversation, Nick was commuting daily to an internship position with a company outside the treatment facility, returning every evening for dinner, Focus, evening groups and sleep. At first, Nick was very hesitant to speak with me, answering only monosyllabically. Eventually, however, he relaxed and recounted his history as a serious dealer whose professionalism was compromised by his own drug use. He told me he was "arrested on two felony counts, attempted murder and first degree assault," after he "shot a person five times at close range at three o'clock in the afternoon in the theater district in Manhattan, [where] a million pedestrians [passed] back and forth at the time." Nick had difficulty finding a program because of his record of violence. After five months on Rikers Island, however, Recovery House agreed to

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take him.[54] As Nick's account indicates, the use of consequential thinking not only protects against unprofessionalism, but returns him to a sense of proper family values as well.

> Several months ago, when I was still Level I, in a group led by a particular person [Maria?], she was talking about *playing back your tapes* . . . how important it is to think through the consequences [of drug use]. . . . She talked about how important it is to *internalize* this process of recollection of the negative consequences, playing your tapes. . . . Don't go to the good part of using, go to the consequences.[55] [Emphasis added.]

> Some people think addicts enjoy what they doin', but they just stuck and can't get back. A few of them (counselors) said things to me that I couldn' get outta my system. Just stayed with me. They made me look at things, like: not the beauty of the first cloud that comes up in the pipe when you light up and take that first pull, whatever rush that you get when that first hit comes, but [look at] all the places that it took you. [Look at] all the shit that it allowed you to do to yourself and others. [Look at] the repercussions, all the shit that comes with it. Y'know? Never mind the glorified moment of the rush. Don't forget all the bullshit places it takes you. . . . [For example,] you couldn't go home 'cause you couldn' face your family, y'know? When you know you fucked up and the kids needed this or that, y'know? Take yourself there when you get that urge to get high. Take yourself to the fucked up moment. Maybe that can be your armor in the storm. When you wanna get high, take yourself back and take a look at it.

Nick's comments clearly evidence the fact that he has not forgotten the pleasures of "the pipe," but that is all the more reason to deny them any but deceptive significance. The message here, of course, is drug use is responsible for his predicament, or his inherent, pathological tendency to overindulge is responsible, and the only recourse is to abstain, and the only hope of abstaining is conformity to the community and its dogma. Consequential thinking, a phrase I heard over and over again in general treatment discourse as well as in interviews, is a central focus of the treatment.[56] Nick was among the most articulate on the subject, but others had their own versions of the process. Unlike Nick, Roger was a multiple retread, but he too was learning to use consequential thinking to combat his fear of crack.[57] Much like Alex at Redemption House was encouraged to recall how God led him there from Florida when he was tempted to leave, Roger thinks about the consequence of his "last run" [crack binge] in the same circumstance.

> I'm gaining control over this fear that I have about this drug [by] analyzing it. . . . Thinking about your last run. Sometimes you have to think about your last run to keep you here, but

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it's like a double-edge' sword. You have to be careful you don't dwell on the part where you smoke it, because you get to visualize it and it's easy to forget the pain that the run caused you.

Likewise Bud, the truck driver who wanted to return to work without returning to "the drug," recounts his relapse after an earlier stint in treatment and his hope that this time will be his last.

Q: What was it about [that woman] that made you feel good, that made you ignore the fact that you didn't want to get high.
A: Features. She looked good. I was just havin' a good time. I missed that [while in treatment]. I was just trying to get that back, the good times I used to have, without using. But then the good times I had using, sometimes that jumps in the way and I had a problem separating that. But now I'm learning a little bit in here about separating the good times of using from the good times not using.

Q: How is that?
A: Basically internalize what they teach me about my addiction; what makes you more vulnerable to drugs. Because we know that feeling [of using] because that's always gonna be in our mind, so they teaching us how to think around that. [They teach us] how to use *consequential thinking*, to think, when that thought [of using] comes up, what are the consequences behind that, after you get that moment of pleasure. Y'know, all the pain that you gonna have to deal with behind that. For me, its like going back down a dark road of relapsing. Because then I have a lot to lose. When I start work I don't want to have to stop like I did all those times. Because I'm getting too old. They say it's a young man's game. I don't think it's anybody's game. It's not a game at all. [Emphasis added.]

The Doctrine of Consequential Thinking

Consequential thinking may not have the ideological power or transcendent implications that God's Call has for evangelical Christians, but it serves the same instrumental or "technical" ends at Recovery House that the concept of divine direction does at Redemption House: it moves residents in the direction of accepting the doctrine of individual pathology and the consequent necessity for absolute abstinence as a central meaning of their life. That is, it moves them in the direction of ideological affiliation. In the midst of the confusion created by encapsulated pressures, the doctrine of consequential thinking provides the interpretive frame for comprehending the dissonance and anomie: think about it, all your troubles are consequences of drug use, you and

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your "dysfunctional" behavior (or your "disorder") are the author of your troubles, including the ones you are having in treatment. See how badly you need treatment.[58] This redefinition of personal experience via consequential thinking parallels that at Redemption House via the doctrine of divine calling. Its adoption by residents likewise establishes and indicates their investment in or identification with the organization and its ideology.

Consequential thinking is not simply a technique to be applied, however, as therapeutic community rhetoric insists, but also a doctrine that is consistent with, and reinforces, the entire ideology of abstinence and prohibition. It asserts that the only relevant aspects of drug experience are the negative ones. Redemption House teaches its residents to reconsider their lives in order to see where they can recognize (interpret) God working. In analogous fashion, Recovery House says, look at your life to find where drugs brought negative consequences; that's what explains your current dilemma and all the problems in your life. You are an addict; that is the only significance, that is the true meaning of your experience; focus on that, ignore the rest. You are not a complex person caught in a vortex of forces -- social, economic, familial, psychological, moral, legal -- largely beyond your control, who is having difficulty keeping your head above water. You are simply an addict, a disordered and pathological person, and that is a fact that expresses itself in all aspects of your life, and which you are responsible for correcting. Adapt yourself to this truth, and it will set you free; surrender and live, resist and die. The echoes of evangelical theology are unmistakable in the doctrine of consequential thinking.

Sociologically, the role of consequential thinking at Recovery House is resocialization. Nick and the others are being taught how to interpret their "orientation" experience just as AJ was taught how to interpret his recruitment experience. Just as Becker's marijuana smokers learn from their "peers" how to construct their virgin smoking experience, but with a different slant, Nick is being instructed (didactically as well as experientially) to attend to a particular aspect of his

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experience with drug use rather than others. He is learning to *internalize* (i.e., believe, take for granted) that the truly bad things he experienced in the course of his drug use and criminal career were psychopharmacologically or, alternatively -- depending on context and instructor -- psychopathologically determined.[59] At the same time, without being aware of it, Nick is learning that the "negative consequences" are *not* political in nature, that they could not be altered by a change in the social or economic *conditions* of his drug (mis)use, but inhere in the simple "fact" of *his* drug (mis)use. In this respect, he is being taught not facts but values, if such a precise distinction is possible.

The clear implication of consequential thinking is that any "good" (high, escape, pleasure, camaraderie, recreation) that comes from drug use is not a "true" consequence because it will ultimately be followed by "true" negative effects. The significance of drug use, its "real" meaning, is only bad, never good. It means that use involves, at least for those with the "disease," an inevitable downward spiral that culminates in the kinds of death and degradation recounted in all of the resident accounts in Chapter 2.[60] Therefore, according to the doctrine of consequential thinking, remembering the "good" or uneventful aspects of using, especially periods of controlled use, is illusory; only recalling the "bad" aspects -- and interpreting them as inevitable -- is reasonable. In accord with the doctrine of consequential thinking, only by denying the pleasurable effects of psychoactive substances does one speak truth (and indicate mental health); to remember the pleasurable effects, or worse, to desire them, without the "recognition" of inevitable decline is "Denial." Denial, as all America is now learning, is the ultimate symptom of pathology or disorder in the treatment lexicon. To consider the possibility that mood alteration might be a natural and normal desire,[61] and that chemical assistance might be a reasonable means to accomplish it, assuming a reasonable political, economic, and cultural setting, is, according to the doctrine of consequential thinking, thoroughly unreasonable and irresponsible.

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This therapeutic community perspective, of course, thoroughly de-contextualizes the use of illegal psychoactives in the lives of the men I interviewed and in terms of what the research community knows about drug use in general. It ignores the settings of culture, politics, race, and most of all, of economics that have so much to do with whether one uses recreationally or "compulsively." It ignores entirely whether one has the social and economic, as well as personal, resources to maintain his/her indulgences within cultural (or legal?) limits or not. It also ignores the ultimate context of the "bad" things done and/or experienced by residents prior to and during treatment, viz., the reality of race and class discrimination in American society in general and in drug policies in particular.[62]

The point of consequential thinking at this early stage of treatment is to learn that one belongs in treatment, that treatment is one's only hope. The message of consequential thinking is that the therapeutic community resident is in treatment not because he was called by God, although several residents come very close to this sort of conclusion, but because his disease was so bad he could not help himself. And, in a nice bit of circular reasoning, the evidence offered is that he has obviously reached the (or at least a) nadir of the drug-using spiral that runs inevitably downward, because here he is, in treatment. But this inevitability is also a rhetorical figment. Various studies have demonstrated that drug using careers, like many others perhaps, are characterized by several ups and downs rather than some inevitable downward consequence. As Tito, a self-described "dope fiend" cocaine injector, put it in an interview with needle exchange workers, "sometimes I do good, sometimes I fuck up."[63] The claim that the (inevitable) consequences that characterize the lives of residents prior to entering treatment are necessarily due to drug use or the "disorder" of addiction and will inevitably get worse if they leave is simply not borne out by the histories of numerous users and splittees. Study after study has demonstrated that users can, and often do, control their habits or reduce their use to more manageable levels without resort to abstinence,

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without resort to disease theories or scare story tactics of the "one drink, one drunk type."[64] To the degree that this is true about drug users or drug addicts, the doctrine of consequential thinking is not realism but ideology in the simplest sense of false consciousness, itself an opiate of sorts. In this sense, it is directly analogous to the doctrine of God's Calling at Redemption House. Moreover, it produces the same effect, namely, it helps to induce certain of the residents to adopt the general ideology of the organization, which functions largely to perpetuate the movement at least as much as it does to help its residents. This latter is the case regardless of the good intentions of the staff, or the transcendent, non-empirically verifiable truth of any of its claims.

Above all, consequential thinking is an ideological technique for inducing residents to understand their presence in treatment as a direct function of how bad their drug use was, or disease is, and therefore how much they need to be in treatment. It thoroughly decontextualizes the understanding of social problems and sees them primarily as individual problems.[65] In fact, this selective recollection of life events and reconstruction of their meaning can be seen as a complete reversal of the causal nexus of life problems and drug use. There is no dearth of evidence to support the notion that difficulties in life may induce drug use, or overindulgence of various sorts, as coping devices or compensations. To the degree that this view is correct, consequential thinking as practiced at Recovery House is a distortion; in a phrase, false consciousness.

In addition, consequential thinking is an investment technique, to use Louie's terminology again. It complements the pull-up process which, as Louie explained, forces people to be dysfunctional. It offers them an explanation for their presence in treatment, and for the confusion and frustration they experience there. This explanation counters any other "presenting" world view or pastiche of various ideational bits and pieces they may bring with them to the program: e.g., a macho street mentality, a miserable failure mentality, a radical, countercultural hero mentality, or simply a lost and bewildered version of their circumstances. Consequential thinking, as enforced in

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the sequestered setting of Recovery House, which disallows public consideration of any alternative interpretation of events and/or reality -- just as does the Hand of God doctrine at Redemption House -- imposes the organization's explanation on residents. The only real alternative, as Louie says, is to split.

Learning To Think Consequentially

Consequential thinking is a central dogma that is imposed in all settings at Recovery House, but none more obviously than group settings. Perhaps the most direct example of this that I witnessed was in one of the "case-load groups" I attended. "Case-loads" are regular group counseling sessions that consist of all or some predetermined portion of the clients of a particular counselor. They entail all forms of group work, including, e.g., encounter, support therapy, peer education. Louie described the case-load session like this:

> Case-load groups include the same people each time, with your staff counselor, all the people with the same counselor. That's the best group. You develop a rapport with these people, you feel comfortable opening up, there's not a lotta yelling, unless it's needed, if somebody is being an asshole. Most of the time somebody is crying, it's a very comfortable group, you feel safe in there. . . . It's fun, you go in and talk about [things like] the first visit you're goin' on this weekend, relationship you had with a girl, whatever. It's a good group.

When I began my research at Recovery house, each counselor met his or her case-load once each week. By the time I sat in on the group described below, about six weeks later, the rule was half of the case-load each week. This change was due to intervening budget cuts and other state-imposed restrictions on the program that necessitated the "lay-off" of several counselors. Wilson, the counselor leading this group, had his case-load doubled. As a result, he would meet half of his case-load one week and the other half the next week. This effectively cut this particular "service" to the residents in half, while doubling Wilson's work load.

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This group consisted of ten men and two women, which more-or-less reflects the gender proportions at Recovery House as a whole. It included a mixture of levels, I-III, with no clients of the orientation level in attendance. The meeting started at 7:30 in the evening, following evening Focus and dinner. It was held in the conference room, which was large and comparatively luxurious, with good lighting and comfortably padded chairs and a large conference table that was pushed to one side to allow the group to sit in a closed circle. One of the long walls was lined with windows looking out on a small grassy courtyard bounded by a twelve-foot stone wall that was a remnant of facility's early use as a convent. This is appropriately symbolic, I thought. This is by far the best outfitted and most comfortable room in the entire complex. It is the room where the Board of Directors regularly meets and the senior staff hold their weekly meetings. In this room I first explained the purpose of my proposed research to the Board and senior staff, with the kind assistance of "Clarice," the recently appointed Director of Psychological Services, the only senior staff member who thought this project had any merit. Groups are allowed to use the room when it was available. The subsequent case-load meeting was held in an upstairs hallway at the end of one of the dormitory wings, where we sat on steel folding chairs and had to speak over the typical drone of dormitory life. Of the three dozen or so group sessions I attended at Recovery House, a little more than half dozen were held in the conference room. The following account is based on my field notes, recorded on the #4 train back to Manhattan immediately following the meeting.

The last issue of the evening provoked the most interest and discussion. It followed several earlier topics including a long discussion on "parenting." After that discussion, Wilson addressed a black male sitting on my immediate left who wore a tag on a string around his neck that identified him as Level II (about six weeks in the program). He was "prison-built" across the chest and shoulders with a long narrow scar describing a shallow crescent between his ear and the corner of

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his mouth on the right side of his face. His hair and mustache were close-cropped, and when he finally spoke, he revealed an amazingly white and perfectly aligned set of teeth. Wilson asked him:

> Yo, Ricky, what's up with you? Why you so quiet all night?
> R: Nothin' Wilson, it's just I gotta decision to make.
> [Remaining quiet especially in an otherwise participatory group is tantamount to a rule violation. A counselor will call a resident on it in every instance, if time permits.]
> W: What's that?
> R: I gotta decide whether I'm gonna get up outta here this week.

Naturally, this was a very provocative comment in this environment, and it precipitated a full discussion of why he was considering "splitting" the program. When Wilson asked the obvious question, Ricky replied that he had been in treatment almost three months, was already Level II, but had only once been outside the facility. That was three weeks ago. This week he had received an LOP,[66] which meant he would be unable to leave for another 14-28 days. Wilson responded by asking Ricky for five reasons why he had to leave. Ricky's immediate response was:

> Be wit' my family and do what I gotta do.
> W: What does that mean, do what you gotta do?
> R: You know. Go to [AA] meetin's to maintain my sobriety.

With more probing by Wilson, Ricky admitted that leaving would also likely mean going back to prison since he was mandated to the program by his parole officer as a result of a "dirty urine." When Wilson asked whether there was any reason he should stay in treatment, Ricky replied, "to stay out of jail." Wilson then asked about "jail" and Ricky smiled and said, without bravado, "Jail ain't nothin'. I done eight years before. I can *do* jail. Ain't nothin' to worry about."[67]

Wilson next asked Ricky to remember "all the hard times on the street." For emphasis, Wilson, who had been standing in the middle of the circle of seated clients since early in this exchange, walked over to the large windows lining one side of the conference room and pointed outside. Ironically, no street was visible, only the twelve foot stone wall that surrounded two sides

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of the Recovery House complex. Ricky grinned again and said life "was good out there." This was enough to raise Wilson's hackles, but Ricky kept on.

> I loved smokin' crack. I used to smoke all night and go to work tired nex' mornin'. I drove a high-low; I really loved that job. And I liked sneakin' in at two or three in the mornin'.

As he says this, Ricky mimics turning a key in a lock and pushes open an imaginary door ever so carefully. All of this he does with a huge grin on his face, obviously relishing the recollection.

Ricky had crossed the line. In the Recovery House vernacular, Wilson went ballistic. "You never had no problem with that?" Ricky, realizing his slip, began scrambling to regain his mental purchase. He tried to explain that he "wasn't talkin' about *consequences*," by which he apparently meant his ("inevitable") arrest after two years of the pattern he had just described. Wilson continued:

> You didn' have no problem with spending all your money on dope with nothing left for your kids? You didn' have no problem with spending all your quality time with your pipe instead of your wife? What's gonna happen to your kids in that kind of environment? They gonna be another bunch of black babies growin' up with no daddy. You got no problem with bein' in here . . . or goin' to jail and leavin' them outside?[68]

As Ricky and Wilson continued back and forth about pleasure and consequences, several other members of the group tried to break into the discussion. One finally succeeded. Leonard, a fifty-some-year-old, Level III client, admitted via an EPA said:

> I heard every counselor in here talk about if they could do it without losin' control, they would love to keep on druggin', but they can't. Now he's sayin' the same thing and you turnin' it aroun' on 'im, usin' it against 'im.

Wilson was caught. Everyone knew this common rhetorical device used by counselors to emphasize the notion of the drug's enticement into the supposedly inevitable downward spiral of enslavement that supposedly awaits all addicts who "re-pick up."[69] (And everyone in treatment is, by definition, an addict.) Wilson handled his predicament, without losing control of the group, by claiming that he thought Ricky was claiming he could control his drug use. Ricky met him half

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way by "admitting" that is not what he meant. Nevertheless, it had been very clear what Ricky had meant, and the consequences were predictable. He had not used consequential thinking, i.e., therapeutic community "groupthink," and was now being "re-educated."

At this point Wilson asked for opinions, and several other group members "responded." The response was a litany typical of such groups, which Wilson must have been expecting. The response is illustrated by the comments of another Level III black male. This man wore a suit and tie, which meant he had been working outside the facility.

> I understand about jail, I did five years. There's no rent to pay, no food to buy. But you don't own yourself, either. It's not good for your growth to have no independence. Man, you need to stay in treatment and finish your recovery.

He was followed by three or four other group members with essentially the same message for Ricky. No one else lent credence to his internal struggle. Everyone toed the party line set out by Wilson. No one but Leonard, now silent, identified with Ricky's plight. They all attacked his *quandary* as illegitimate, although many of them must have faced it at some point, as Louie and the others quoted above have indicated. To publicize the dilemma without coming down clearly on the side of staying in treatment was clearly taboo. Between the desire to use dope, including the obvious joy Ricky felt at its mere recollection, plus his anticipation of doing it again, and program ideology that only negative consequences of drug use are appropriate considerations, there exists a great moral chasm that should not be crossed, least of all in an open forum. Merely to contemplate going back to the street is not a legitimate issue for open consideration, even though all do it privately. Not only is it immoral (i.e., "pathological"), from the perspective of consequential thinking, to go back. It is immoral (pathological) to consider it at any length. I have no doubt that Jimmy Carter and the brethren at Redemption House would agree with the members of Wilson's group that to "lust in one's heart" for one more hit of crack is tantamount to taking that hit (because it means you will, because it means you are "still a junkie").[70]

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Ricky did not "surrender" entirely, despite the onslaught. At the end of the session Wilson asked him to lead the Serenity Prayer that is customary at the close of every meeting at Recovery House. In his introduction, which always includes the phrase "and this is for all the sick and suffering addicts out there," Ricky added a request that members pray for him too, because he may be "out there come Friday."

This was the only time I saw one encounter group member defended by another after having been clearly defined as deviant by the group leader. It is probably not insignificant that Leonard had a disagreement with Wilson earlier in the meeting and was involved in a running dispute with the staff as a whole over his recent "inadequate" application for transition status. Despite that small conspiracy, Wilson and the others maintained the program line against the unacceptable alternative interpretation. The possibility that use of illicit drugs, at least by an acknowledged junkie, could have anything but negative consequences was upheld as unthinkable -- or at least if you think it, you cannot talk about it openly at Recovery House.[71]

Ricky's final comment, his request for prayer, indicated to me that he had not surrendered to the group's onslaught and, more important, it indicated that he recognized that unless he did so, he would have to split. He realized that there was no room for thoughts or "attitudes" like his at Recovery House. For addicts at Recovery House, which includes all residents without question, there is no unspoiled enjoyment of dope, not even in recollection. Drug use is only interpretable in terms of its direst possible results, and these are exactly the terms described by all but the earliest recruits. This is, I suggest, largely why residents are still in treatment after three or four months, because they have learned to explain their presence as necessary, the result of their "inherent" inability to control their drug use and its consequences -- whether or not this rhetorical claim has any objective validity.[72] Like learning to see the Hand of God in the particulars of one's own life at Redemption House, learning to use consequential thinking at Recovery House is a means of

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investment or recruitment to paradigmatic ways of seeing things. Further, demonstrating a facility with consequential thinking via a program-appropriate account of one's past is a central indicator of cognitive affiliation with program ideology. It probably seemed clear to Wilson and the rest of the case-load that Ricky had not yet been fully invested.

Conclusion

In this chapter I have argued for the structural and processual identity between cognitive recruitment (discovering God's will) at Redemption House and inducement or investment in pathology and consequential thinking at Recovery House. Both cases are equally well labeled as ideological commitment (or cognitive affiliation), especially if that term is understood in Howard Becker's sense of a consistent line of action (Becker, 1960). Both programs, discipleship training and therapeutic community treatment, devote the earliest stages of their respective programs to bringing new residents to the point of identification with program ideology and rhetoric. However, it is at least arguable that the secular program uses more coercive tactics (or intimidation) than does the religious program to induce, to prepare, to set up, or to "open up" their residents to program ideology. Recovery House, far more actively than Redemption House, "pressures" individual men and women in its program to a point of decision about whether or not to identify with, or at least adhere to, program ideology.

Neither program regularly recruits or admits individuals who were intent on undergoing a rigorous regimen of treatment or training that would alter their world views in significant ways or who are convinced that it is necessary for them to do so. Even for those who think they might need "some help," few are convinced of the program's validity (at least for them) at the outset of their stay. Virtually all newcomers to either program have to be convinced, first, that they need help (i.e., they are, in some specific sense, respectively, a sinner or an addict). Secondly, few are

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convinced that this program can give them the help they need (respectively, belief in divine selection or the tools of abstinence, including the Higher Power). This change in the resident's view of self and world is the central task of the early weeks and months of both treatment and training.

Discipleship training, as I describe it in Chapter 4, induces in each resident who remains the belief that God Himself has called him to discipleship. This is done largely through ideological "bombardment" in the encapsulated environment through constant exposure to the message of the Gospel in a variety of formal and informal settings. Each resident who remains in discipleship training more than a few weeks indicates his initial ideological commitment through his reported "discovery" of God's guidance in the details of his past, which he recounts in a paradigmatically constructed biography.

Therapeutic community treatment, in parallel fashion, induces in each resident who remains any length of time the belief that his own pathology is responsible for bringing him to treatment. This investment in treatment ideology is affected largely by a program structure that "predetermines" client failure in assignments and duties or adherence to rules and regulations. Every failure is "probed" by staff and higher level peers who allow no excuse for the failure except that which accords with program rhetoric, namely, the individual's "disorder." (Residents who resist are said to be in denial, receive various penalties, and eventually leave the program, thus legitimating treatment rhetoric via a self-fulfilling prophecy.) Residents who remain eventually indicate their ideological investment by claiming (moral or medical) responsibility for their own mortification, in spite of the "apparent" (and obvious) injustices of the system in this regard.

This submission to the program ideology of pathology is expressed "proactively" in the doctrine of consequential thinking. Consequential thinking extends causal interpretation of

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treatment failure -- the ideology of pathology -- to the totality of the resident's life. Although it claims to be merely a "tool" for future abstinence maintenance, a technical skill to avoid relapse, consequential thinking is used in this early period of treatment primarily to "explore" the meaning of the resident's past. Using this doctrine, residents learn to "recognize" that their drug use (and probably all illicit drug use) -- the main symptom of their "dis-order" -- leads only to "negative" consequences. In this context residents of Recovery House learn the vocabulary of motives displayed in Chapter 3 that are, in this respect, identical to those of Redemption House residents. Like the stories of God's calling out of the degradations and deadly risks of drug addiction, Recovery House residents adopt a similar rhetoric of change in displaying the meaning of their lives and addictions. The only significant difference from the doctrine of divine direction used at Redemption House is that the doctrine of consequential thinking does not systematically include divine agency. Both doctrines, divine direction (which assumes the doctrine of original sin) and consequential thinking (which is a correlate of the ideology of pathology), teach a process of selective recollection that interprets each resident's past in a fashion favorable to program perspectives.

Both paradigms of transformation, the rhetoric of Redemption and the rhetoric of Recovery, are the products of their respective programs. Both programs commit significant time and other treatment and training resources to *convert* initiates to these homologous interpretations of their "drug problems." This early process is absolutely necessary if the program is to be successful, both from the perspective of client transformation and from the perspective of program maintenance. The rest of treatment, including graduation and post-treatment results, are dependent upon this initial step in the conversion process. Without this initial step, the rest of treatment is meaningless; and typically it does not occur, because the unconvinced resident drops out of the program. In this sense it is arguable that initial investment is the most important part of the

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treatment process. From this perspective, these early weeks and months of "inducement" are, indeed, the crux of treatment.[73]

A Coda: My Own Form of Consequential Thinking

The argument that I have constructed here runs contrary to the claims of the therapeutic community industry and much of mainline treatment research (most of it sanctioned by government agencies and much of it carried out by organizations that have ties to treatment programs). It challenges not only a central rationale of therapeutic community treatment, but an orthodoxy that is central to its material well-being. If my argument is correct, it will necessitate a redefinition of what passes for treatment in a way that will greatly impact all future assessments of treatment outcomes. Currently, when researchers determine the success rates for treatment programs, including therapeutic communities in particular, clients who drop out during the induction phase (up to 30 days or so) are typically *excluded* from final failure rates because they are deemed not to have received (i.e., participated in) the treatment.[74] The rationale for this is the presumed parallel with a regimen of medication wherein researchers, when assessing effectiveness of the medication in question, would not include in their figures those individuals who refused to take their pills![75] This definition of treatment allows therapeutic communities to claim graduation (i.e., success) rates that are significantly inflated.[76] If, however, there is nothing more "real" or material to therapeutic community treatment than ideological reorientation or conversion -- just as at Redemption House and other faith communities, then the induction phase that induces the initial transformation from one primary ideological perspective to another, upon which all further treatment or training progress depends, becomes equally, if not more important in comparison with later stages.[77] If this is correct, induction must be considered a central part of the treatment process rather than an insignificant screening period. When treatment is viewed in this light, program evaluations will have to include *all* dropouts, from day one, in the statistical determinations of program

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productivity. Otherwise, they will remain mere ideological devices for institutional maintenance, a function they already serve, but perhaps unconsciously or unintentionally (see Chapter 6). Such a change in treatment evaluations would almost certainly result in even more woeful assessments of treatment effectiveness than are currently common.[78] However, such a change would, I believe, be a move in the direction of truth and away from some of the positivist obfuscations of current treatment research and theory.

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Endnotes Chapter 5

[1]With appreciation, once again, to the late Flip Wilson.

[2]In "The Protestant Sects and the Spirit of Capitalism," (Weber, 1969: 320).

[3]This is not to say complete once and for all. As I argue throughout, this initial act of identification is the result of intensive interaction with a supporting social and cultural context. In order for this initial act of commitment to become constant over time and across social and cultural space, association with similar, if not identical, plausibility structures continues to be crucial. Commitment without supporting social context is next to impossible.

[4]I am suggesting that there are two difficulties or ambiguities faced by most new clients at this point: on the one hand they are not yet convinced they *need* help beyond immediate necessities of food, housing, etc.; on the other hand, they are skeptical of the program's ability to affect their functioning in any fashion that is beneficial to themselves (as opposed to "society"). That is to say, the first issue is one of (in "treatment" terms) personal denial: am I "really" a sinner, an addict?; the second is a matter of legitimation regarding the organization: are its claims believable and, assuming "I am a sinner (or an addict), can this program help me?"

[5]In most cases, these are men who had successfully completed several months in the program and were ready for transfer to the Farm or had already done so. This claim in itself is also an example of the rhetoric of change that operates in the program: I came here with no commitments, but now I know I am committed.

[6]Kanter (1972: 68f) identifies three modes of personal commitment: instrumental or cognitive, emotional, and moral. "Commitment to continued participation in a system," she writes, "involves a person's cognitive or instrumental orientations." Here she means rational calculations of gain or loss. Moral commitments entail acceptance of the group and its authority. "When demands made by the system are evaluated as . . . just . . . [and] obedience becomes a normative necessity, and sanction[s] . . . regarded as appropriate . . . this is . . . moral commitment." My use of cognitive encompasses both of these aspects. Berger would speak here of legitimation, internalization, and choice.

[7]AJ told me that one of the reasons he stayed was his strong sense of attachment to a member of the Board of Directors, a physician who visited the House on a regular basis and had apparently taken a particular interest in him.

[8]This differs from some of the conversion literature, because Redemption House is attempting to (re-) socialize men and women into (largely) mainstream values [actually what might be considered an extreme case of mainstream values] rather than to "deviant" values, as is the case with many of the so-called cults studied in the NRM literature.

[9]This may be more important in organizations that are more ideologically (or faith-) oriented than those that are more oriented toward regular ritual performance. Redemption House is clearly a faith-oriented organization. However, it certainly does not ignore ritual performance, as I describe later. Nevertheless, even in ritual performance its emphasis is on a correct understanding of (belief in) the procedures and symbols on the part of the participants. (See Danzger, 1989: 4, 130f.)

[10]This latter issue may seem mere semantic quibble. However, I suggest that it is much more and has significant practical as well as theoretical implication for treatment and treatment studies. If my

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argument is correct, it will necessitate a redefinition of what passes for treatment in a way that will greatly impact all assessments of how outcome studies are done. See the Coda at the end of this chapter.

[11]During the course of my research, Louie left Recovery House to take a position as Deputy Director at another therapeutic community for juveniles on Long Island. My interviews with him continued after he changed positions.

[12]For another, equally dramatic account that closely parallels Louie's, see Densen-Gerber, 1973: 300ff.

[13]See Chapter 1, page 77 re: meaning of probe. See also Densen-Gerber, ibid.

[14]Note Louie's suggestion that the induction (or, as he calls it: investment) process has central significance.

[15]Note that Louie describes his motivation as coming not from within, not as a desire to escape the degradations of drug use, but as a desire to escape the degradations of program stigma, of being an outsider within the encapsulated community. Louie was seventeen at this time.

[16]Where Louie is reconstructing the speech of his inquisitors he uses a quasi-officious, sing-song dialect that clearly scoffs at the process, despite his own firm belief in its effectiveness for his own recovery. I read this as Louie's marvelous ability to transport himself emotionally back into the situation he is describing without losing himself in it. He feels what he felt then, but he also knows what he knows now.

[17]See Garfinkel, 1956.

[18]Paul Antze (1979) argues that this phrase (self-help) is a self-*mis*understanding of all such groups. It is an attractive self-understanding because it accords so well with the generally popular American ideology of self-sufficiency. In fact, however, Antze suggests twelve-step and similar groups are really *mutual*-help organizations that use social pressure to alter behavior.

[19]I suggest that one way to understand the therapeutic community is as a hybrid form combining aspects of asylum or mental hospital and minimum security prison.

[20]Advocates have characterized the state thus induced - in Louie, for example - as "openness." (See, e.g., Holloman, 1974:273). Kanter (1972:74) writes that "mortification opens the person to new directions and growth." Goffman (1961:17), on the other hand, refers to similar events in related institutional settings as "will breaking contest[s . . . wherein] an inmate who shows defiance receives immediate visible punishment . . . until he openly 'cries uncle' and humbles himself." See also A. Hoffman, (1987) for a comparison of "breakdown therapy" with a more "humane" version of a therapeutic community. See also Bettelheim's (1943) account of the experiences of concentration camp inmates.

[21]In a footnote (p.128, n.1) on the latter description, Goffman refers to, among other sources "anthropological work on ceremonies of status transition, and . . . classic social psychological descriptions of those spectacular changes in one's view of self that can accompany participation in social movements and sects." Unfortunately, he cites no specific sources.

[22]The hot seat, for example, recalls several episodes in what might be termed the history of resocialization of deviants in America. It partakes in part of the process of "mutual criticism" among the nineteenth century Oneida community where "systems of confession and mutual criticism . . . indicated to members that even their innermost 'selves' were being 'watched'"(Kanter,1972: 106). But it resurrects in more detail the "anxious meeting" and "anxious seat" used so effectively by Charles Gradison Finney and other revivalists during and after the Second Awakening (McLoughlin, 1959: 95 et passim; Ahlstrom,

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1972:555ff). According to McLoughlin (p. 94), Finney said "the ultimate design of any revival was to make men 'ACT' or to 'push matters to an issue.'" One interesting irony of this historical connection is that Finney (like his fellow evangelicals at Redemption House) assumed "sin was a voluntary act" and "holiness [including abstinence] was a human possibility" (Ahlstrom, ibid.). Recovery House has revived Finney's methods to "cure" an involuntary personality disorder or, as others would have it, a "brain disease" (Leshner, 1999).

[23]In "The Protestant Sects and the Spirit of Capitalism," Weber (1969:320) writes: "The member of the sect (or conventicle) had to have qualities of a certain kind. . . . In order to hold his own in this circle, the member had to *prove* repeatedly that he was endowed with these qualities. They were constantly and continuously bred in him. For . . . his whole social existence in the here and now depended upon his 'proving' himself. [The sect organization provided no] means of *relieving* the person from the tremendous internal pressure under which the sect member in his conduct was held. . . . According to all experience there is no stronger means of breeding traits than through the necessity of holding one's own in the circle of one's associates. . . .The Puritan sects put the most powerful individual interest of social self-esteem in the service of this breeding of traits." [Underline emphasis added.]

[24]The original Protestant sectarians, Zurich Anabaptists, referred to this process of moral or spiritual rehabilitation as "besseren," i.e., to improve, change, perfect, or repent. (Wenger, 1970:28)

[25]Whether this change is or can be permanent or is limited to certain social or organizational contexts remains an open question. Just as "conversion" is typical of those who stay in treatment, relapse is typical when those who were converted leave. This issue will be investigated in a later chapter. It is also interesting to note the recent interest among therapeutic community (in house) researchers on the question of how long it takes to affect a "real" transformation. The central issue seems to be whether the change requires up to eighteen months of treatment in order to be sustained post-treatment, as advocated by traditional programs, or can it be affected in a shorter time, perhaps six months -- a time period preferred by managed care systems.

[26]I argue that it is, for all practical purposes, the *only* interpretation *available* to the residents.

[27]I do not make this claim for all total (or quasi-total) institutions, only those like the therapeutic community, the Protestant sects, and other social movements that are specifically interested in "breeding traits," rather than simply interested in managing large numbers of inmates, as in a prison or concentration camp.

[28]Again, as Weber (1946:320) notes, unlike the Protestant sects, the "Catholic confession of sins was . . . by comparison a means of relieving the person from the tremendous internal pressure." There is reason to compare the probe and other confessional forums (e.g., encounter groups) with this ancient institution. Perhaps we should see the therapeutic community as an adaptation of both Protestant and Catholic forms. However, other investigations into the more juridical aspects of the sacrament have revealed significant pressures of a similar sort for constant self-criticism and self-evaluation. These were typically sources of complaint preceding the Reformation, especially in urban centers and among bourgeois and petite bourgeois populations who were its strongest supporters. Weber, himself, alludes to this in a related context. (Re the Reformation and the Catholic confessional, see also Nelson, 1969:232ff; and Ozment, 1975:49ff.). There is reason to believe, as Hawkins and Wacker (1983) show, that encounter and therapeutic community confessionals are also a source of that pressure that is so constant and troubling for early recruits.

[29]This period featured such punishments as shaved heads (literal haircuts as opposed to the more current "haircuts," which are verbal reprimands similar to those practiced in the military), being required to wear a diaper and a self-made sign indicating the nature of the offense and referring to the wearer as a baby,

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being required to wear a dunce cap and similar sign and sit in a corner in a public place, like a busy hallway, where one would be harassed and mocked repeatedly and unmercifully by fellow residents.

[30]At some programs the initial interview, often called the induction, simulated many aspects of Louie's probe experience. Applicants for treatment had to "convince" the interviewer that they were serious about treatment and seriously in need of treatment. This, too, is largely a thing of the past. Induction interviews are now largely sedate, professional evaluations of various aspects of the candidate including his source of payment and history of violence, if any.

[31]At Redemption House, although this notion by no means ignores the evangelical Protestant notion that all (residents) are sinners, it balances it with the more psychologically positive meaning of being "called" to redemption, a kind of cosmic belonging. At Recovery House this common usage bears only the negative idea of pathological dependence and personal deficiency. While "recovery" is possible and necessary, the official attitude toward treatment currently is that it is simply a technical response to a "bio-psycho-social" contingency that bears no teleological significance. Although this was not always the case in the more charismatic period of the therapeutic community movement, there is no longer an officially sanctioned connotation of transcendent or "heroic" meaning to being an ex-addict. Older residents and staff, however, often retain vestiges of this once popular belief in ex-addicts as *virtuoso* addiction treatment providers. (See G. Johnson; 1967; Hawkins and Wacker; 1983; Weber, 1922/1964) Louie, for example, constantly complained about his superiors who had never been in treatment and idolized Tommie, one of his superiors who had been a counselor during one of his stays in treatment.

[32]This is a term used by Hawkins and Wacker (ibid.) in their analysis of therapeutic community conversions. As it is used at Recovery House, it is a general term for the process described rather than a formal designation as it seems to have been in the programs studied by Hawkins and Wacker.

[33]Another example Louie offered:

> You're sitting eating with friends. You don' know it, but somebody's watching you. The peer above you is watching you, and the peer above them is watchin' them. You're done eatin' but still hungry. You start to leave and see four slices of bread left in the basket and no one else is takin' 'em. You don' know if any one noticed you already had your slice so you take one, and two hours later you may get called to stand on point. So you can get stood for anything: not cleanin' up your plate after lunch, not followin' up in the bathroom, whatever.

[34]The closest they come to this issue was demonstrated in one of the groups I attended which involved some discussion of this assessment of the "frustration" of TC living: "The TC is structured to give you stress, so you can learn to cope with picking up." I took this to mean cope with the *temptation* to pick up. Thus the TC stress will help you do the right thing - live right. But there was no consideration of the structure's role in inducing self-blame.

[35]Once or twice a week is more likely. But "six or seven times a day" is not uncommon, especially if, as Louie says, "they want to ride a guy, if staff thinks he's really bad and they want him out, they put out the word to *spin* this guy."

[36]Carlos, a Level II "retread," attests to this fact as well when he describes his motives from an earlier stretch at Recovery House. Then he had attained a much higher position in the resident hierarchy:

> See, like I had a little brother. From orientation, they come into treatment and you help them through the program. I was teaching him everything there is to know about the structure [of the program]. But then I was thinking, wait a minute, I'm not really helping but doing harm to him, because I'm letting him get away with alotta things. I'd throw in the towel for him in a lotta things. You know, if he was goin' through changes one night and he had a problem I'd be like, "Oh, I take care of it." Then, I said wait a minute, I'm not helping him at all like that. So instead of guiding

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him through this program, I started doin' something I wasn't supposed to do. It was like making a clinical decision [something only staff members are allowed to do], y'know. I started *creating feelings* in him. I flipped it from throwing in the towel for him to *making things difficult* for him, setting things up to create feelings in him. The reason was because now I had to get him used to accepting how things are in treatment. So that's what I did. I just flipped the whole thing around and, you know, I'd make him angry, [to see if he would] have an outburst. Most of the time he did pretty good." [Emphasis added.]

[37]See note 20, above. American popular culture has offered another term for this process. In the film "Cool Hand Luke," a similar though far more physically brutal process of "opening" or "breaking" an inmate to institutional ideology is referred to as getting one's "mind right." This concept has some affinity with DeLeon's "right living." (See Chapter 1.)

[38]Or, to put it another way, it is only when residents have begun to adopt the ideology of Recovery House that they begin to bear the onus for the pressures they feel.

[39]Originally, I had expected (hoped?) to be able to map more precisely the degree of resistance or openness to program ideology and the program level attained (or time in treatment) by each resident in order to discover whether or not there is any clear indication of a general correlation between these two variables as was the case at Redemption House. However, this was more difficult, and ultimately impossible, at Recovery House. This "failure" is also due to the program structure of the therapeutic community. The differences among Orientation and the various intermediate treatment levels was not a clear function of time, due to the numerous "retreads" among my sample and the repeated promotions and demotions many experienced, which had no apparent common denominator. A larger and more systematically drawn sample may have allowed me to sort this out more carefully, however that would have required additional funding and time, neither of which was available.

[40]The residents' occupational cum political hierarchy responsible for work assignments, among other things. That is, his "local authorities" and his work supervisors.

[41]Thomas recounts the tale of receiving a general discharge:

> I went into the service. After about two years I got a general discharge, couldn' adjust to military life. Same problems I have here. I have a big problem with authority figures, y'know? I mean, I do what I gotta do, I don' press the issue. But there was one drill sergeant that kept pressing, always on my back. For any little thing. He always used to tell me, before graduation, one way or another, I'm gettin' you outta here. I'm gonna get you a dishonorable discharge, so on and so forth. One day, for the first time I ever fell back on a run, he came and told me to drop. So as I'm dropping, I hit 'im with my steelpot helmet in the stomach. So he comes and he hits me on my throat. And we went at it. We both wounded up in the hospital. Me more because of the MPs. Not because of him. He wounded up in the hospital because I almost killed 'im. I did 14 months in the brig. Then went up for court martial and I said I don' care if you give me a dishonorable discharge, but if I see him again, you'll have me up here for murder. So they gave me the general discharge.

The totalistic structure of the military provides its own peculiar tensions, not unlike the therapeutic community.

[42]Although, like Thomas, Donald has done "serious time" in prison, unlike Thomas, he has a solid employment background with extensive training as a salesman of engineering equipment, and some college background, with an "AA degree in Criminal Justice." (Donald did not miss the double irony of this degree.) This occupational and educational background would seem to account, at least in part, for his closer attachment to conventional definitions in comparison with Thomas.

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[43]William knew better than I. About three weeks after this conversation, he left the program in the midst of yet another conflict with "staff and peers." Two weeks later, I heard he was trying to be re-admitted.

[44]This offense is considered a form of "negative contract" in therapeutic community parlance. It is defined as "conspiring" with the actual perpetrator (whoever took the knife) to "betray" the rightful authority of the community. It is tantamount to the anti-authoritarian attitude that is part of the therapeutic community stereotype of the addict. From the "treatment perspective," this is clear evidence of continuing pathology; it displays a "junkie mentality" rather than an attitude of "surrender" to the rule of the community and of respect for the ethic of the "family." From this perspective, both terms,"the community" and "the family," are supposed to consist of the collected body of "peers" and immediate treatment staff who represent both the moral and "politico-legal" (structural) force of "the treatment." However, the real force is always with the institutional guardians - the counselors, the administration, and the rules and regulations that they impose as "the order" of the House.

[45]Hawkins and Wacker (1983) would call this cognitive dissonance. Gregory Bateson characterizes it as a "classic double bind," the outcome of which is psychosis or breakthrough (see Frankel, 1985). I think they both over-dramatize and over-essentialize. (See Antze, 1979.)

[46]See Frankel (1985) who spent several months as a full-time resident in a therapeutic community for an account of certain options other than splitting or investing that were at least temporarily available to residents. Despite the existence of "underlife" within the institution, it is always defined officially as deviant - negative contract - and is incapable of challenging or changing the "overlife."

[47]This conveniently absolves the treatment of any guilt associated with "pushing" people back onto the street. Everything is the individual's responsibility. It is a classic case of "blaming the victim." (Ryan, 1976).

[48]The important antecedents of this notion of the relations between God and people, the Hebrew prophets, do not display the extremes of individual responsibility that were developed among the Puritans and the sects. (See Nelson, 1973.)

[49]The crucial point that is missed in most such programs, especially the therapeutic community, has been the *continuous* necessity to be associated with the "circle of associates." This issue is taken up in more detail in a later chapter.

[50]Here, the word "admission" refers to acknowledgment of pathology rather than initial entry into the program: cognitive affiliation rather than physical affiliation, in the terms used in Chapter 4. Additionally, if abstinence, an individual pattern of behavior, is to be the solution, the "problem" must also be defined in individual terms. In order to accept the treatment and the solution it offers, the problem cannot be seen to lie in one's environment: social, cultural, political, economic, legal, communal, familial, or otherwise. These are not amenable to the abstinence solution. They are not compatible with the early (religious and temperance) ideologies of individual salvation or moral improvement or with the current individualist ideology that underlies the medical or behaviorist (or "enlightenment") models of "treatment" of the individual human organism, as well as the economic model of fee for service. The problem must be defined in such a way that it not only coincides logically with the offered solution, but actually legitimates the treatment which is founded on that proffered solution. (For models, see Marlatt, 1988: 477)

[51]Bainbridge (1997:136,140), referring to the work of Goffman and Kantor, describes the commitment mechanism of mortification as "stripping away a person's individual identity [which] leaves him less able to resist the demands of the group. . . . [This includes] public denouncements . . . designed to shame a

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person for deviating from group norms . . . [which] diminish the person's sense of self-worth and *independent powers of judgment.*" [Emphasis added.]

[52]While this notion is important at Redemption House, it does not appear to require, or at least receive, the same stress as does the effort at Recovery House regarding the pathology of all residents. Perhaps it is simply a widely held notion among this population, or the emphasis on learning the calling subsumes and assumes the sinful nature idea. In my experience, there is less emphasis on the specifics of the "essential badness" of residents at Redemption House than at Recovery House.

[53]Note here the absence of any note of death as an inevitable result of leaving the therapeutic community or *choosing* another "ethic."

[54]"Rikers" is the main "holding pen" in New York City. This is where people are held for trial when they cannot get bail, or where they serve their time when the sentence is less than one year and one day. Incarceration here, even while awaiting trial, can be several months or more.

[55]Apparently the good part of using is only an illusion, not a true consequence. Enjoyment is a "smoke screen" that seduces the user into a life of real "consequences."

[56]I maintain this despite the claim to the contrary by the Director of Research at Recovery House Foundation. Such a claim makes me wonder if "in house" research directors and other administrators have a grasp of the everyday reality of treatment.

[57]Roger had been through several treatments.

[58]This is contrary to official doctrine that drug use is only a symptom of a generally disordered personality. (See DeLeon comments in Chapter 1.) But it does not prevent such ideas from operating on the treatment floor. In fact, both ideas, along with others that are equally contradictory, flow freely in the day-to-day discourse at Recovery House.

[59]It seems that neither notion really dominates. My suspicion is that Recovery House and other therapeutic communities are experiencing a period of transition from their sectarian past, when they openly rejected AA theology, to a future where AA notions that are already making significant inroads will dominate therapeutic community philosophy. Using concepts from the sociology of religion, this trajectory can be seen as one in which the "descendants" of the breakaway sectarians of Synanon are returning to the "true" church of abstinence (AA) after several generations of schism. This is an institutional cycle quite familiar to students of Anglo-American religions. Only recently, for example, several different Lutheran denominations recombined to form the numerically dominant Evangelical Lutheran Church. The Southern Baptists, on the other hand, have been bent on a road to separation and schism over the same time period (see Ammerman, 1993).

[60]Antze (1979) argues that in AA ideology the inevitable downward spiral is only true for the alcoholic. He claims that AA is not a temperance organization because it does not condemn alcohol, *per se*. (See Levine, 1984, and Fingarette, 1988, for a different perspective.) Whether or not this is the case regarding AA, it is decidedly *not* the case at Recovery House or any therapeutic community regarding *illegal* drugs like heroin, cocaine, or marijuana. There is no acceptance at Recovery House of the notion that these drugs can be used in a controlled fashion by "non-pathological" individuals. There is also no clear distinction made regarding the ultimate source of the inevitable decline, whether it is inherent in the individual or in the substance. The two meanings appear to be used interchangeably. When asked directly, most residents are highly skeptical of (admitting to) the possibility of any controlled use of illicit drugs by anyone. To a man, they claim to know it's impossible for them, despite the fact many of them have reported (in different circumstances) having done it. As such, and to use Antze's definition,

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Recovery House *is* a temperance organization. This is also evidenced in the organization's resistance to harm reduction techniques. If, as many harm reductionists argue, the practices of harm reduction (like needle exchange and syringe legalization) have the aim of keeping IDUs alive until such time as they decide to reduce or stop their drug use, it would seem quite logical that therapeutic communities would support this in hopes of increasing their future clientele, if not for humanitarian purposes. Live junkies make better clients than dead ones. However, I discovered no attempt to instruct residents in safe injection or to recommend that residents use the available exchanges when they (80 percent or more) inevitably split. This contradicted the public claims to the contrary of Recovery House officials who presented their "innovative" program before an audience of drug reformers in a well-know Manhattan reform-oriented think tank.

This same attitude toward harm reduction on the part of federal agencies responsible for treatment programs was evidenced recently at a west coast conference supported in part by SAMHSA funds. As reported in the May 17, 1997 edition of *Alcoholism and Drug Abuse Weekly*: "H. Westley Clark, M.D., Director of SAMHSA's Center for Substance Abuse Treatment (CSAT), was asked to speak about 'Future Directions for Integrating Traditional Substance Abuse Treatment and Harm Reduction,' but re-titled his remarks 'Disease Prevention and Health Promotion.' Clark began by saying, 'I'm not sure I'm here to help you,' then commented several times on the importance of personal responsibility in dealing with the consequences of drug use."

[61]See Weil (1986, esp. Chapter 1).

[62]For example, see Reinarman and Levine, 1997; Bourgois, 1996; Lusane, 1991; Duster, 1970; Musto, 1987; Goode, 1993; Inciardi, 1986; Morgan, 1981; Brecher, 1972; Hood, 1995; and a host of others.

[63]Tito's comments are from an interview videotaped by volunteer workers at The Lower East Side Harm Reduction Center in New York City (Link, 1993). Murphy and Waldorf (1991) demonstrate how addicts' lives consist of numerous cycles of heavier and lighter use, abstention periods (both voluntary and forced), periods of cutting back and periods of increased use. Resort to help from treatment or shooting galleries tends to occur at the nadir of a *given* cycle, when use is heavy and life is difficult, circumstances that do not always coincide. The treatment myth of a single, inevitable downward cycle which characterizes a user's career is not consistent with user experience. See Chapter 2.

[64]This is also borne out by the small number of current users who are therapeutic community splittees that I interviewed for this project. All three of these men had spent significant time in at least one therapeutic community. Each man had not completed the program; each man was currently injecting drugs, but none was dead (none of them was, as far as I know, stealing from their families, although one continued to commit petty crime on occasion). All three were self-supporting (including legitimate SSI claims) and functioning and productive members of the drug reform movement. One of these men died a few months after our interview from an apparent epileptic seizure unrelated to his drug use. For several years prior to his death he was also a loved, respected, and devout member of a local Hebrew synagogue on New York City's Lower East Side. All three men were active in the Lower East Side needle exchange and involved in the development of a user's union modeled on the "junkie bunds" of Germany and the Netherlands.

[65]Craig Reinarmann (197:37) calls this "sociological denial." See also, especially, Mills, 1956 and Ryan, 1976.

[66]Loss Of Privilege as a result of some infraction of program rules and regulations.

[67]Technically, jail refers to any correctional facility that holds inmates for a year or less; prison refers to those that incarcerate for longer. One is not paroled from jail. Despite their terminology, Ricky and Wilson are talking about prison.

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[68]Here, Wilson is referring back to the earlier discussion of parenting and family values. I find it difficult to see this sort of counseling as anything but moralism, since it so clearly parallels the "teaching" at Redemption House regarding the responsibilities of (particularly black) fathers for their families. Regardless of whether one agrees with these morals or not, they nevertheless are moral values and not biological or even social necessities. Other cultures have functioned quite well without monogamous husbands residing permanently with their respective spouses, who are also the mothers of their children.

[69]That is, pick up the pipe again or relapse.

[70]Note here the psychiatric (and gnostic) prejudice of such definitions. The fantasy defines the essence of the individual, not behavior or action, and certainly not the complexity of his social existence. (On gnosticism: see Pagels, 1981 and Bloom, 1992). Erich Goode (1997: 33-36 et passim) refers to this view of things as "essentialism." It is the precise opposite of even his relatively conservative version of the social construction of reality.

[71]See Frankel's (1985) discussion of informal conversation among therapeutic community residents that runs counter to program ideology.

[72]It is also why some residents leave in the first three months, because they decline to see their lives in these terms. This is called "denial," as if it were some sort of virus. I suggest it is merely a different - and often difficult - choice with different consequences in different cases, none of which are inevitable.

[73]This is not to say that treatment or training is complete, or that personal transformation has been accomplished. It has only been begun - truly begun - and requires continuous reinforcement and maintenance to be successful, even while the individual remains in treatment or training. I use the term "crux" here in the sense intended among technical rock climbers. Each climb mixes various levels of skill and continuous attention to details of technique and safety equipment. However, each recorded climb is evaluated by a "crux move." This is the point at which the climber's skills are most strenously tested. It is at this point that most climbers who fail either fall off the rock face or back off the route and lower themselves to safety.

[74]See Currie (1993:222f).

[75]See Onken, Blaine, Boren, 1997. Among the amazing statements these authors make is the following (p. 1, emphasis added):

> People want bacterial infections [and diabetes and panic attacks] *to go away*. . . . However, drug addiction is a disorder that many individuals do not necessarily *want to stop*. If the pleasure associated with drug taking did not create so many financial, social, criminal, and medical problems, it is hard to imagine many people seeking treatment at all.

It is noteworthy that the authors changed their choice of words from "to go away," for readily recognized medical disorders, to "to stop" for the "disorder" of drug "addiction." They seem to recognize some component of personal will or control involved with drug taking that is not recognized for sufferers of diabetes, infections or panic attacks.

[76]See Currie, ibid.

[77]These changes are real enough in both sociocultural and personal terms. However, in their specifically religious garb they are often not considered real or material by many treatment ideologues. They are instead seen as inadequate compensations for "real" psychological changes - they promote denial and avoidance - and as such make the "disorder" worse in the long run. Therefore to equate "real" treatment with mere religious conversion, as I am doing here, is seen as promoting denial, avoidance, obfuscation, and "enabling" the disorder.

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[78]These assessments are always put in the most favorable light possible. They usually come out saying something like: Treatment has some effect on all clients and more effect on those who stay in longer. (See, e.g., Goode, 1993:321ff). As Currie (1993:223) notes, what this means in practical terms is: treatment works for those it works for. We could, I believe, say the same thing for The Unification Church, Redemption House, The Branch Davidians, The Minutemen, the Ku Klux Klan, and any similar group that practices ideological reorientation. Conversion works for those who get converted, and those who get converted are the ones who stay with the group, treatment program, sect, cult, training , and so on. Equally: those who stay with the group are the ones who get converted, and those who get converted are the ones the treatment or training works for, and so forth.

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Chapter 6

Nihilation and Administration: Two Roles for Religion in Recovery House Treatment

> Well, I know now its not about religion. I kinda, y'know, rebel against religion. To me religion is like a set of rituals, y'know, practice. But to me, I realized that *religion* and *spirituality* are really two different things. Y'know, 'cause I don't want to get caught up in the politics of religion. But spirituality, its like, that's a good feeling . . . a feeling of contentment. Spiritually I felt pretty . . . safe.
>
> A Recovery House Client

Introduction: The Denial and Recovery of Religion

In the early days of the concept therapeutic community movement, religion, in any traditional sense (McGuire, 1992), was not an important consideration.[1] Everyone was too busy with what is nowadays called "their recovery." Synanon, the original concept therapeutic community for drug addicts, ignored religion until its leadership decided to become one. The east coast therapeutic communities, like Phoenix House and Odyssey House that were Synanon's step children, were organized under the direction of psychiatrists who emphasized scientistic, behaviorist notions of resocialization and rehabilitation. These programs were developed as secular treatment organizations that wanted nothing to do with religion, even though some people involved recognized the similarities between what they were doing and various religious communities of the past (see Sugarman, 1983). As Charles Dederich, the founder of Synanon, put it himself: "Although I'll always be grateful to AA for helping me personally, synanon [*sic*] has

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nothing to do with AA. We emphasize self-reliance rather than dependence on a higher being" (Yablonsky, 1965: 65). Dederich ultimately decided that the junkie's characteristic personality flaw was constitutional, it could never be "cured." As a result, the only solution to addiction became lifetime membership in the Synanon community, total encapsulation in its total institution.

Second generation therapeutic communities, mostly in large eastern metropolitan areas, developed an instrumental or utilitarian notion of community grounded in part in psychodynamic notions of personality development. Under the influence of psychiatric practitioners, like Daniel Casriel and Mitchell Rosenthal, the therapeutic community became an instrumentality that the addicts needed while they were still in treatment (Yablonsky, 1989). When treatment was over and users were no longer subject to their cravings, once their internal conflicts and crises had been resolved by encounter therapies, then community was no longer necessary, it became a crutch, as despised as the addiction itself. These new therapeutic communities, like the Marines, built men, individuals who would take on the world on their own once the community had finished (with) them. Whole, mature personalities, it was claimed, should stand on their own and face the world confident of their ability to cope, come what may, without any crutch, chemical or communal. The models for Dederich had been "inner directed" individuals like Emerson and Thoreau whose independence was, in his mind, albeit paradoxically, the "product of an authoritarian family structure" thought to be typical of the nineteenth century (Yablonsky, 1965: 56). This, of course, fit very neatly with current psychiatric definitions of "mature" individuals.

Among the things that the second generation therapeutic communities substituted for a notion of the transcendent was the notion of the "heroic" self-reformed junkie (G. Johnson, 1976). In addition, there was typically a kind of spiritual antipathy at these early therapeutic communities that placed them in direct opposition to and antagonism against the "softer" Alcoholics Anonymous

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approach that maintained a supernatural element via Bill W.'s sanitized notion of a "higher power" (Nash, 1974). DeLeon (1990-91:1232) refers to this somewhat obliquely when he writes:

> Historically, TC drug abuse graduates were not easily integrated into AA meetings for a variety of reasons [including] style differences in interactions (e.g., encounter vs. discussion or testimony) as well as . . . approach to recovery (e.g., many TC graduates who are former opiate addicts are not comfortable with the 12-step emphasis on disease and higher power).

Although the early philosophy still informs therapeutic community practice in many ways, some things are different at Recovery House today. And, judging from the reports of people there, Daytop, Phoenix House, and other current therapeutic communities have experienced similar changes. One change in particular is that religion has been returned to the treatment process of the therapeutic communities in the form of Higher Power spirituality. The religious ideas that were adapted by Bill W. and Dr. Bob from the Oxford Group movement, and continue to be central to the Narcotics and Alcoholics Anonymous movement, are now a central feature of treatment at Recovery House and many other therapeutic communities. These largely American Protestant evangelical ideas are the same religious ideas that were dumped by Charles Dederich and ignored during the early development of the eastern therapeutic communities.[2] Although it has not been noted in the literature or the "theory" of the therapeutic communities, the return of religion -- the repressed reality of the modern era *par excellence* -- is a radical departure from the early heroic days described by Gregory Johnson, 1976, George Nash, 1974, Charles Winick, 1980, and others.

The recovery of religion by the therapeutic communities most likely occurred in response to independent critics' findings regarding the need for follow-up. Because graduates were relapsing into drug use at very high rates, critics argued that follow-up (or after-care) programs were necessary to help graduates maintain treatment goals of abstinence, employment, non-criminality (see Winick, 1980; Nash, 1974; Hoffman, 1987). As a result, apparently, it was determined that Alcoholics Anonymous and/or Narcotics Anonymous were appropriate and cost-

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effective means of responding to this critique. According to what several field informants told me. it was during the mid-1980's that the therapeutic communities began allowing clients to attend Alcoholics Anonymous and Narcotics Anonymous, in some cases encouraging such attendance as a means of continuing post-treatment support. Eventually, therapeutic communities introduced regular on-site Alcoholics Anonymous and Narcotics Anonymous meetings. Not surprisingly, along with Alcoholics Anonymous and Narcotics Anonymous came their religious concept of a higher power.

At Recovery House today, elements of the Alcoholics Anonymous philosophy mix freely with traditional therapeutic community notions and practices. This includes the religion of Alcoholics Anonymous, Higher Power spirituality. The degree to which it has been integrated into therapeutic community treatment was a complete surprise to me. In this chapter I describe how Higher Power spirituality has been thoroughly assimilated into Recovery House and adapted to serve the ideological function of commitment-creation and -maintenance. Among other things, it is used to suppress the potential of other historical religious ideas and organizations to represent to clients alternative world views that might compete with the treatment process. It is also used as an administrative mechanism. Thus, the treatment process at Recovery House (and probably most therapeutic communities) is ideologically bound to a particular religious perspective and thereby limits both freedom of religious practice and thought to varying degrees.

Nihilation: The Function of Orthodoxy

In his ethnography of a therapeutic community, Skoll (1992) argues that therapeutic communities maintain their regime by means of persuasion rather than force or coercion, i.e., control is maintained by ideological means.[3] The result, according to Skoll, is not the creation of new identities (or "character") but the re-production of addict identities, passive consumers in the

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face of both the illegal drug market and the drug treatment market. What therapeutic communities are best at producing, he claims, are individuals reinforced in these identities. The 85 to 90 percent of clients who do not complete the program become drug consumers again, in both senses of the word. The 10 to15 percent that do graduate switch products and become largely uncritical consumers of (i.e., they adopt) the treatment view of self and world.

In Skoll's view, the therapeutic community programs are repressive because they disallow public discourse on alternative meanings of addiction and, I would add, alternative meanings and means of recovery. He further demonstrates how therapeutic communities delegitimate potential alternative views of person and world based on gender, race, or ethnicity by disallowing public discourse on these issues as well.[4] In the terminology of the therapeutic community, such formations constitute "negative contracts," alternative social formations (i.e., friendships and formal or informal group affiliations) that threaten therapeutic community solidarity. Since such attachments are disallowed in the therapeutic community, clients are forced to cooperate in their own repression. Their "voluntary" cooperation is insured by the *lack of alternative explanation.*

Skoll uses Gramsci's notion of hegemony to describe and account for this coercion at the therapeutic communities. However, in Peter Berger's language of social construction the notion of *nihilation*, or negative legitimation, is perhaps more appropriate to describe the day-to-day establishment and maintenance of this hegemonic "regime" on the floor of the treatment facility (Wuthnow et al., 1984: 52; Berger, 1966: 114, 159f). What Berger has reference to specifically are "universe maintaining mechanisms." Therapy, which in Berger's terms includes anything from pastoral counseling to psychoanalysis to exorcism, is the application of the legitimating apparatus to *individual cases*. Nihilation or negative legitimation has the same purpose as therapy, i.e., to prevent deviation from, and insure adherence to, official worldviews. Unlike therapy, however, which constructs the *new* reality for clients, nihilation is a process of actively delegitimating any

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threatening alternative views. It negates the client's previous and/or current beliefs that run counter to therapeutic community ideology.[5] This process of "desocialization" or "disculturation" occurs at both individual and collective levels and is typical of all "carcereal" organizations (Goffman, 1961).[6] Since Skoll did his research, the return of religion to the floor of the therapeutic community adds another element to the potential alternative identities it is necessary to repress. It is difficult to know what role the religious sentiments of therapeutic community residents played in the process as it was observed by Skoll and others, since they did not address this issue. In fact, from reading the literature in general, one could easily assume that religion was entirely absent from this treatment modality.

When I began my research, I did not expect to find religion in the therapeutic community, neither the widespread use or acceptance of religious practice nor a discourse about religious issues in various didactic and other group sessions. Even less did I expect to find a dominant religious orthodoxy supported by and supporting the treatment process. However, my research at Recovery House suggests that a particular religious view has become a prominent factor in the treatment process of the therapeutic community as well as in the lives and sentiments of the clients and staff. Religious sentiments, I suspect, were always a factor in the lives of the treatment clientele, however, these were not recognized by treatment staff in any systematic fashion. This is no longer true at Recovery House itself, and I found numerous indications that similar changes have occurred at other therapeutic communities as well.

Whatever else religion is at Recovery House, it is also an ideological tool the staff uses to help secure the commitment of clients to the "recovery process." Put differently, there is a religious orthodoxy at Recovery House to which all residents must adhere if they are to complete the treatment successfully. The non-professional counselors are the primary agents of this orthodoxy in the day-to-day discourse of the house. In the face of this orthodoxy, religious

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heterodoxy is not only discouraged but suppressed (nihilated) in a fashion and to a degree that approaches, but does not (yet?) entirely coincide with, the internal religious intolerance of Redemption House, the faith community. Starting at the orientation level, the staff openly and directly advocates the adoption by all residents of the Twelve Step approach to religion and opposes any public consideration of another particular historical religion by any client.[7] There appears to be more unanimity among the staff on the latter than on the former issue, but there is wide tacit agreement about advocacy as well. Although Higher Power religious doctrine is nowhere systematically codified in the literature of Recovery House or therapeutic communities in general, it is evident in the discourse on religion that occurs almost daily on the treatment floor.[8]

Religious Discourse at Recovery House

During my first weeks at Recovery House, I attended numerous orientation groups at which religion was an important topic of discussion. Each group was led by a para-professional counselor. The first such meeting was led by Leroy. Leroy is a tough, wary ex-addict who has been clean for eight years ("after 30 months in treatment") and a counselor for most of that time. Leroy is a 50-year-old black man, of moderate height, wiry build, and generally sour disposition. Although he has always been friendly towards me and quite helpful, he strikes me as one of the angriest men I have ever met. I expected him to explode at any moment, though he never did. Like many of the counselors at Recovery House and other therapeutic communities, Leroy is enrolled in a college degree program ("although I'm HIV positive"), a step that is increasingly necessary if people in his position are to be able to maintain their careers in the treatment industry, let alone gain advancement in a time of both rapid professionalization and cutbacks.[9] The session in question is a nine o'clock morning orientation group. These are held daily, Monday through Friday at nine, eleven and one o'clock in the House "living room" for all "Level O" and "Level I" clients,

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and all other clients in the house with no other assignment at that time.[10] Attendance is taken; lower level clients are expected to attend twelve sessions per week, upper levels must attend six.

Leroy's comments on religion were brief and to the point. He opened the group session by saying that he wanted to "respond to something that had occurred in Morning Focus. The Morning Focus meeting takes place right after breakfast and is attended by the entire client population, which in therapeutic community argot is the Family or Community.[11] This is the first group meeting of the day and is one of the forums where new clients get to "present" something (song, biography, poem, reading) to the collected body of the house by way of public introduction. On the morning in question, Juan, a new client, had presented a Bible reading (a brief chapter from the book of Psalms) to the meeting. In the orientation meeting that immediately followed, Leroy began by stating that he did not want to say "anything against the Bible, you can read the Bible if you want to while you're here," but, he went on to indicate, reading in public like that was inappropriate.

> What you need to do in here is to work on your recovery. When you were on the street you weren't reading your Bible; you weren't worried about God. It's alright if you want to do that in your room, in your private time, but keep it to yourself. In these groups and meetings we should be concentrating on our recovery, not on God. What's most important in here is your recovery. That's first. You gotta keep that in mind. Okay, now we're gonna talk about change.[12]

Leroy did not mention any alternative approach to "spiritual matters," but other speakers, in other meetings had much to say on this topic.

A week or so later in an orientation group where the discussion topic was the structure and purpose of Morning Focus, the leader for that day, Saul, asked the group for suggestions for starting the day off on an "up beat." One recent inductee offered: "we should think about God and talk about him." This was obviously not what Saul had expected, and he tried to cover his disagreement discreetly, yet discourage this suggestion. He was only partially successful as he

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asked the group: "why isn't this a good idea?" The rest of the answers he received from the group pleased Saul because they hewed closely to what I soon learned was a central aspect of the ideological line at Recovery House. Most responses focused on the plurality of belief found in such a large group and the resultant potential for offense and conflict. One commentor drew the doctrinaire Alcoholics Anonymous distinction between "religion and spirituality," and reiterated the necessity of the latter to recovery. Saul picked up the thread and was off on a ten-minute homily about the difference between "religion and treatment."

> The therapeutic community doesn't directly include spirituality [*sic*] as part of treatment. That's because we are here to get in touch with ourself *before* we can get in touch with God. The therapeutic community is about finding yourself, then you can develop or find spirituality or religion as it applies to you, in a way that's meaningful to you. Therapeutics is not religion. [Emphasis added]

Saul is tall and slightly overweight, but he is soft-spoken and very deliberate -- almost sermonizing -- in his delivery. He followed this statement with some personal biography, a typical source of evidence for such credal claims among staff and clients alike.

> Spirituality is very important to me in my recovery. My Higher Power is important. And for me it's internal. *After* I got myself together -- straightened out in treatment -- I discovered that spirituality or God was inside me. My spirituality comes from within. But I needed to clear up the drug induced fog before I could discover that spiritual part inside me.

After this personal account, Saul returned to the treatment line:

> But that's my thing, it's not for everybody. [E]ach person has to find their own spirituality. At a therapeutic community we cannot force religion or God or spirituality on people. Many addicts, when they first get off the street, don't want to hear about religion or God.

At this point, Juan, the client who had read the Bible in the earlier Focus meeting added that "we shouldn't get religious [in here] because we weren't [religious] on the street. I read the Bible in Focus and Leroy put me down. He's right." Saul followed with:

> If you want to read the Bible and pray, that's fine, but you should do it on your own. Or some people get with friends and share religion, but it's not part of therapeutic community

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treatment. Religion is very individual. Therapeutics is about discovering yourself, getting straight. After [that] is the time to focus on religion or spirituality.

This discussion, which for Saul was a side issue, went on for at least half an hour. It was very difficult to shut down. Many of the people present had questions to ask or comments to offer. It was obviously a hot topic. Saul finally was able to end this " sidebar" by resorting to the claim that "most arguments are over religion or politics." There was general agreement with this old saw, and Saul moved on to his planned subject for the session.

At an afternoon orientation group about a week later, Maria, a young (mid-thirties?) Latina counselor, introduced her topic for the day: Higher Power. She started by explaining that one's Higher Power is not necessarily the same as God, nor was spirituality the same as religion. "Your Higher Power can be anything you want it to be," she said, echoing Alcoholics Anonymous doctrine. She then announced that "we are going to go around the room, so that everyone can share their thoughts on their Higher Power." As usual, there were between 40 and 50 residents in the group circle in the living room. Personal observations started a bit hesitantly, but quickly began to come readily with feeling and seriousness. The majority of remarks referred to God, Jesus, or the Lord as "my Higher Power." There were a few black males who identified themselves as Muslims and claimed Allah as their Higher Power. Two men said they had no Higher Power or God; another said that he was confused about the issue. One of the group's avowed atheists, a tall and slenderly muscular man, was quite candid about his experience. After briefly and cogently describing his hitch in Viet Nam, Gary said, "I lost lots of friends in Nam, and I lost God along with them."

At the end of the period, Andres, who came in late, attempted avidly to dissuade the group of any belief in God or religion as simply irrational. Maria cut him short and restated her distinction between God and a Higher Power. "Higher Power is not about any particular religion,

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it's whatever it means to you." This began her concluding discourse on the subject as she went on to reiterate some of the "conclusions" she had drawn during the "sharing" process. Her emphasis was clearly on the phenomenological, the experiential and mystical, rather than the theological, analytical, or dogmatic.

> "For ***everybody*** Higher Power includes support, comfort, inspiration, guidance as feelings or emotions. . . how you feel ***inside*** about this experience of Higher Power. We stay away from trying to analyze or explain it. That's when we get into trouble, arguments. [Note her agreement with Saul.] We are not going to hurt anyone's feelings. If you say your God is the right one or the only one, then you step on the toes of someone else who has a different idea of Higher Power or spirituality. You know, as junkies, we're always stuck in the black or white. When you in the black, that's all you see. When you stuck in the white, that's all you see. We need to be in the gray more. When you *stay in the gray*, you can see both the black and white, and we need more of that. As junkies, we need to stay in the gray more often." [Emphasis added.]

Juan (the Bible reader) also tried to set everyone straight from a somewhat different perspective: "Lots of you have misconceptions about the Higher Power." But Maria would not tolerate that either. Maria was fair in shutting off debate about the nature of the Higher Power from various sides, theist and atheist alike. But in her reconstruction of the gist of the group discussion she cleverly (and I believe, genuinely) hewed to the Recovery House perspective. For example, one respondent had expressed a profound sense of injustice. He was angry that God let him suffer so much pain following a gunshot wound (four bullets) and then get re-addicted to opiates as a result of prescribed medication. Maria gently cooled out his sense of injustice (even calling it by name) by "sharing" her own experience in general terms.

> "I always had a problem with: Why does God let children die? I don't know. Maybe I'm not meant to know. But other good things happen, too. I focus on that and don't try to understand what I can't."

She encouraged the clients to "use these tools," the feelings of comfort, support, inspiration, and guidance that come via the Higher Power in pursuit of recovery and "don't worry [specifically] about where it comes from or what the source looks like." Then Maria summarized:

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> There are two ways to respond to differences in [peoples'] religion or view of God. One: mine is right, yours is wrong, leads to hurt feelings, arguments, dissension, and disunity. The other: you believe what you believe and I believe what I do, that's spirituality. It emphasizes what we have in common, the experience of comfort and support we all get from our Higher Power. It [spirituality as opposed to religion] emphasizes the positivity of the experience, not the negativity.

Orthodoxy and Its Discontents

Through their actions and comments, Maria, Saul, Leroy and the residents attending their groups suggest that Recovery House (and perhaps therapeutic communities in general) holds and advocates a single, sanctioned religious perspective. Moreover, I suggest that Higher Power spirituality has been adapted within the therapeutic community context (at Recovery House and most likely elsewhere) to serve the typical functions of commitment-creation and -maintenance. This particular religious formation has been shaped into an agent of the treatment process that is used actively to suppress (nihilate, delegitimate) any other religious concepts and organizations within the treatment facility. The therapeutic communities repress alternative religions because they may present to residents alternative views of self and world that may compete with, rather than complement, the treatment process. As a result, the treatment process at Recovery House has become ideologically bound to a particular religious perspective and thereby limits both freedom of religious practice and thought to varying degrees. Nevertheless, Higher Power spirituality has not taken over the treatment process. Rather, it has been subordinated to the "true" higher power at Recovery House, the treatment (or recovery) process itself and especially the institution that operates it.

It is clear from the above comments and conversations, as well as numerous others not included here, that the religion of Recovery House is a variation on the Alcoholics Anonymous adaptation of certain classic sectarian Protestant precepts now commonly known as the Twelve Steps or, as I will refer to it, Higher Power spirituality (Kurtz, 1991).[13] This religious perspective

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stresses an inner-oriented, individually defined, mystical sense of "spirituality" or religion. Subjectivism is all, objectivism is highly suspect. Analysis, intellectualization, resort to specific doctrines, and especially proselytizing are actively discouraged by the staff (the instructors in spiritual correctness) as destructive of unity. In contrast, "experiencing" the Higher Power, "feeling" or "sensing" its presence internally is openly advocated and encouraged. Religion as inner feeling (e.g., comfort and support, inspiration and guidance) is repeatedly emphasized. Ideas about religion or spirituality, such as, e.g., doctrine, ethics, personal change, or political claims are delegitimated as "negativity." Any other religious element that has potential for group affiliation or construction of an alternative world view, which would include alternative personal identity. is disallowed on the floor.

Instead, Higher Power spirituality as defined at Recovery House resembles the "feel good" spirituality typical of the "recovery movement." Wendy Kaminer (1992) has characterized this general current in modern American culture as "packag[ing] authority, encouraging conformity, surrender of the will, and submission to a higher power." The Higher Power never makes demands or sets obligations, it only "advises" conformity, adjustment, adaptiveness. The Higher Power adept at Recovery House only encounters demands from the outside, the treatment process, never from the inside, the locus of his Higher Power. This way there is no conflict, no tension between religion and (treatment) regime. In this connection, as Saul explains it, Higher Power spirituality seems to depend on attaining a degree of bourgeois normalcy that is generally unavailable to, or inappropriate for, down and out junkies:

> The self-esteem has to be built up, the self-worth, the self-value, the belief in oneself to *do the right thing* has to be built *before* addicts can successfully look at spirituality as another agency of dealing with their recovery. [Emphasis added.]

Apparently, however, the comfort and guidance supplied by Higher Power works only for already recovering individuals. Higher Power spirituality seems to require, as a prerequisite, a

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certain degree of attainment in the direction of bourgeois adaptability and conformity. And, as I suggested earlier, that attainment, by definition, begins with a resident's identification with the therapeutic community perspective, including personal "surrender" to all the higher powers therein.

Spirituality as Religion

Both staff and residents who practice and preach Higher Power spirituality claim that this individualist, inner spirituality at Recovery House is quite distinct from religion. As one resident put it.

> Well, I know now it's not about religion. I kinda, you know, rebel against religion. To me religion is like a set of rituals, y'know, practice. But to me, I realized that *religion* and *spirituality* are really two different things. Y'know, 'cause I don't want to get caught up in the politics of religion. But spirituality, it's like, that's a good feeling . . . a feeling of contentment. Spiritually I felt pretty . . . safe. [Emphasis added.]

This claim is mistaken in at least two ways. First, the generic "religion" that is identified as "not us" is not generic at all. It is an identifiable form of sectarian Protestantism, one that approximates the varieties of Baptist and holiness sects that are familiar in minority neighborhoods, from which most residents of Recovery House originate. It is the "fire and brimstone" religion, as Saul characterized it. Moreover, Higher Power spirituality, as developed in Alcoholics Anonymous, is a direct descendant of American Protestantism and therefore sociologically a first cousin to these sectarian movements. This family connection has been demonstrated historically by Ernest Kurtz (1991) and doctrinally by both Kurtz and Paul Antze (1979). That is, Higher Power spirituality at Recovery House is not "something" distinct from religion *per se*. Rather it is close kin to the very form it mistakenly considers religion and "not us."

Secondly, this Recovery House image of religion *per se* is quite limited in another sense. The spirituality of Higher Power is easily categorizable with other historical forms of religion, including recognized forms of Christianity. Harold Bloom (1992), echoing William James,

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summarizes an entire strain of religious criticism that views American religion as essentially experiential rather than theological. In this regard at least, the dean of historians of American religion, Sydney Ahlstrom (1975), concurs. Whether in the form of Baptism, Methodism, or Mormonism, Bloom (1992: 45ff) finds the American religion profoundly "post Christian," "creedless," and "gnostic." It is a religion of the self, lonely and "absolutely personal." But, he claims, it has descended directly from the Protestantism of the nineteenth century. Much the same observations have been made by sociologists of religion like Thomas Luckmann (1967), with whom Bloom seems unfamiliar, and Robert Bellah (Bellah et al., 1985), whose analysis Bloom likes, but whose *evaluation* of American religion he criticizes as not a "religious insight!"[14]

Although Bloom does not directly consider the issue of twelve step Higher Power spirituality, his description of the gnostic character of the American Religion fits this particular outlook quite well. In her analysis of ancient Christian gnosticism, Elaine Pagels (1981: 148) even more explicitly identifies gnostic religion with modern forms of "self- discovery."

> For gnostics, exploring the psyche became explicitly what it is for many people today implicitly -- a *religious* quest. Some who seek their own interior direction, like the radical gnostics, reject religious institutions as a hinderance to their progress. Others . . . willingly participate in them, although . . . they regard the church more as an instrument of their own self-discovery than as a necessary "ark of salvation." [Emphasis added.]

In this light, it seems clear that what the Higher Power spiritualists of Recovery House have in mind when they reject "religion" is what Pagels refers to as *religious institutions*. Kurtz (1991: 176f) makes much the same point:

> The Oxford Group, AA's proximate parent, was ardently non-denominational although specifically Christian. . . . The [AA] fellowship perceived its problem as two sided: to remain attractive to the temperamentally non-religious while avoiding giving offense to the personally religious . . . . [It] solve[d] this dual concern by projecting itself as "spiritual rather than religious. . . ." [Many] detected in the new-born Alcoholics Anonymous . . . the "primitive Christianity" that characterized the Oxford Group's self-image . . . [and] the understanding of AA's own . . . program [w]as fundamentally religious. . . . Over the years, other careful students . . . intuited the key to the program . . . to be "religion." . . . [S]uch diverse unanimity cannot be ignored simply because of AA's own insistence that it is "a spiritual

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> rather than a religious program." . . . But . . . the more proper distinction lies between "spiritual" *or* "religious" [on the one hand] and "churchy" [on the other].

Pagels (ibid.: 149) identifies another of the central differences between orthodox Christianity and Gnostic Christian forms as the disagreement about the source of suffering and its alleviation.

> Many Gnostics . . . insisted that ignorance, not sin, is what involves a person in suffering. The Gnostic movement shared certain affinities with contemporary methods of exploring the self through psychotherapeutic techniques. Both gnosticism and psychotherapy value, above all, knowledge -- the self-knowledge which is insight. They agree that, lacking this, a person experiences *a sense of being driven by impulses he does not understand.* [Emphasis added.]

Could there be a better description of the stereotype of the addict in modern America? As Pagels continues her analysis she could easily also be describing the therapeutic community form of treatment.

> Many Gnostics share with psychotherapy a second major premise: both agree --against orthodox Christianity -- that the psyche bears within itself the potential for liberation or destruction.

Thus, I suggest that Recovery House Higher Power spirituality is a form of religion different from that found at Redemption House, but not "not-religion." The point of difference, according to Bloom, marks both a serious divergence between nineteenth and twenty-first century American religion and the re-emergence of one of the earliest roots of the Christian tradition, gnosticism. This strain of inner-light religion or spirituality that is manifest in the notion of a Higher Power has often broken through the "repressions" of orthodox institutions throughout western history, especially at points of the latter's decline and restructuring. The mystically oriented movements of the late middle ages, such as the Friends of God and the Brethren of the Common Life, and those of the Reformation period, like the Quakers and Ranters, are examples of such historical "eruptions." The New Religious Movements of the late twentieth century, such as Healthy-Happy-Holy Organization, the Catholic Charismatic Movement, Hare Krishna, and others

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also reflect the reemergence of inner-light religions in the Occident. However, as with the Catholic Charismatic movement, some orthodox institutions may be somewhat flexible, but tend -- in the West -- to maintain dominance (see Glock and Bellah, 1976; Harrison, 1974).

As is suggested by Pagels analysis, the emphasis of Higher Power spirituality on internal resources corresponds more with the tenor of modern psychotherapeutics and ancient mysticisms than the authoritarian emphasis in the evangelical and fundamentalist religion at Redemption House. However, that is not to say that authoritarianism is lacking at Recovery House, or spiritual inspiration or comfort at Redemption House. It is merely to suggest that these religious resources are organized differently, with differing balances and emphases at the two programs. Alan Marlatt's (1988: 477) distinction between the "moral model" of addiction and treatment, which includes groups like Redemption House and Teen Challenge, and the "enlightenment model," that covers the therapeutic communities, captures some of the distinction. In the former, change is the result of a " religious conversion experience, while it is personal enlightenment through "relinquishing personal control to a 'higher power' or collective group entity" that affects change in the latter model. However, both programs not only emphasize but insist on the thorough rejection of the past -- past activities, past morals (or supposed lack thereof), past comforts, past identities, past associations -- and an equally thorough adoption of the new outlook on self and world, central to which is the notion and practice of abstinence. In his classic analysis of Christian conversion, A. D. Nock (1972/1933:14) emphasized this unique character of the Christian tradition in the phrase "renunciation and new start." It is belief in and adherence to this practical dictum as both recovery and redemption that is central to this analysis, regardless of the purported source of inspiration or strength of will believed necessary to carry it out.

The main difference between the programs at this point is the source of the new start. Recovery House believes it is the self, with the assistance of the community and a Higher Power.

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Redemption House teaches it is God, through the agency of the Holy Spirit, who works in the hearts of the brethren to affect the changes. Both the brethren and the peers experience "insight" or "truth," respectively, about themselves, their pasts, and possible futures. What constitutes either, however, is decided not by "inner lights" or "transmoral consciences," which are characteristic of mysticisms, but by the authoritative dogmas and directors of the programs.[15] Both programs attempt rather to build new moral consciences or consciousnesses in their residents, new logics of morality that are institutionally rather than individually determined. These are essentially the same moral logics of abstinence that characterized the Revivalist and Temperance Movements and gave shape to the American religion of experience for almost two centuries. That religion has altered in significant ways in the direction of the post-modern American religion Harold Bloom and others have described (see Hunter, 1983; Luckmann, 1967). Ultimately, however, the Higher Power religion practiced by the residents at Recovery House retains much the same American Protestant divinity that has dominated the American consciousness for two centuries.

Weber drew a distinction between mysticism and asceticism as religious focuses, but he also distinguished between inner-worldly and otherworldy religious orientations. Thoroughgoing mysticism is otherworldly. It entails spiritual exercises of diverse kinds for the purpose of union with the divine, in diverse forms. Its ultimate goal is rejection of and escape from the world of daily responsibility and physical need, which are seen as impediments to true spirituality. This style of mystical religion is far more typical in the East than in Occidental religions. With few exceptions, Western mystical groups and movements have largely used spiritual exercises and a spiritual union with the divine not as ends in themselves or as means of escape, but as sources of strength, support, and inspiration for the struggle of every day life. This is surely the case with the Higher Power spirituality at Recovery House. As Saul, once again, explains:

> I had a good talk with a young lady in my case load the other day. She's a level three. She's been here, oh God, 11 months, and she still has a tendency to be vicious when you touch a

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> delicate nerve in her feelings. She becomes angry; she has a tendency toward attack. She was asking me how she could get better with that. I told her that had to come with becoming at peace with yourself, within. In order to do that, if you believe in a Higher Power, then you have to go to the spiritual aspect. You have to take your recovery *to another level* now [his voice softens here, implying intimacy, reverence?]. You have to . . . ask God to give you the peace to help you deal with the things . . . that make you angry, that make you resistant to better getting along with people. You now have to go to God and ask him for inner peace. And once you begin to understand what inner peace is, acceptance of whatever the things are that make you angry; accepting them, working on consciously changing them, then your viciousness and negative reactions to people will begin to change. (She has medical issues that are of a life threatening nature.) And how you can accept these medical issues so that you don't become angry and want the world to be... uh [he fishes for the right word] hurt the way you are. [Emphasis added.]

The self- (or mutual-) help spirituality characteristic of AA and Recovery House is not "escapist" (or world-rejecting) religion; nor is the religion of gnostic inclinations that both Ahlstrom and Bloom call the American Religion. This Emersonian religion of experience, as Ahlstrom (1975: II, 42) typifies it, is eminently practical. Certainly it shifts the balance of authority in the direction of what might be called internal rather than external, but it remains religion in service to the practical side of life. It is inner-worldly oriented, in Weberian language. It does not become the "acosmic brotherhood" that Weber saw as the ideal of Russian sectarians, nor the bliss-seeking yogi of the traditional Hinduism of the Indian subcontinent. Higher Power spirituality at Recovery House operates precisely in the service of enabling people, like the woman Saul advises, to become better suited for selection within the circle of "purists," those deemed appropriately sober. Here is a mysticism in service to the sectarian community whose goal is returning to and functioning in the everyday world.

However, the sectarian community is not the ultimate end either. The Emersonian individual is the goal of the therapeutic community. Its religion is also individual, but supremely practical. The one caveat is that that independence is not workable without "fellowship." The individual depends on the continued scrutiny of the sect -- his plausability structure -- in order to maintain his sobriety. I pursue this aspect further in the following chapters on re-entry and relapse.

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For now it is important to see that the religion practiced at Recovery House, for all of its pretentions to being "not-religion," and its contrasting definition of the sacred, is a close, if not precise parallel with the religion of Recovery House. In both programs withdrawal into personal religious contemplation or spiritual introspection serves the purpose of moral "rearmament" (to use the language of another Oxford Group descendent) and the goal of absolute abstinence (perfection) in a life of "right living" or "Christian living" or "good orderly direction," all of which mean more or less the same thing in practical, ethical terms. The spirituality that has become part of the treatment process at Recovery House is a religion. By either sociological definition, it qualifies.[16] It has a clearly defined sense of the supernatural (if you want it) and a clearly defined distinction between the sacred and the profane.

The Question of Tolerance

Skoll's Gramscian argument that therapeutic community hegemony is persuasively maintained by eliminating potentials for alternative identity formation (e.g., ethnic, racial, or gender referents) from the purview of residents in the therapeutic community domain would, on the face of it, not seem to apply to the element of religion. The Higher Power spirituality sanctioned at Recovery House purports to be an eminently tolerant approach to religion. According to its rhetoric, unlike whatever pretreatment religious sentiments or affiliations clients bring into treatment with them, the Recovery House orthodoxy allows for all forms of religious expression through the agency of Higher Power spirituality. What this means in practice is that clients can identify their Higher Power with whomever or whatever they wish. They can attach any name to it, God, Allah, Buddha, or no name other than "my Higher Power." Despite this democratic image, Higher Power spirituality nevertheless partakes of the very intolerance with which it attempts to tar other religions.[17] Presented "as anybody can believe whatever he wants," the religion of Higher Power turns out instead to have its own strict limits to inclusiveness. Each resident can believe

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what he or she wants, but only if he keeps it to himself. That is, as long as it does not take a public, active, evangelical (i.e., proselytizing) form. If religion does not provide an alternative, non-treatment-based source for group identification and/or individual identity, then it is not inimical to the Higher Power spirituality of Recovery House. As long as a client's religion remains a religion of the self, or at least to oneself, and does not become an(other) indoctrinating sectarian formation, it is permitted.[18] Religion must fit the therapeutic community definition of the situation. If it does not, it will be unacceptable and not allowed publication of any sort.

As I have described, certain expressions of spirituality are acceptable to the "positive" orthodoxy at Recovery House, while other expressions of religion are not. This intolerance is clearly evidenced by the staff's continual suppression (nihilation) of alternative views: e.g., Juan's "put down" when he publicly read the Bible, and the other spontaneous public client expressions that suggested an alternative religiosity (Saul's group) or a desire to investigate one (Julio, discussed later in this chapter), which were also quickly dispatched. At the same time, however, every new client is encouraged to claim his or her own version of God as Higher Power. Maria's simple exercise of "going around the circle" and asking everyone to name their Higher Power, for example, appears to signal a programmatic openness and tolerance for variety and individuality. She, certainly, sees it as a gentle introduction to the preferred spirituality of recovery. What can be coercive, repressive, or nihilating about that?

Despite the genuine intentions of Maria and the other counselors, I suggest that this practice is something more as well. While it manifestly appears to signal openness, Maria's seemingly innocuous exercise functions also (latently) as an initial ritual of engagement, an early exercise of "mutual witnessing" (McGuire, 1992: 85) for new clients and a means of re-commitment for continuing or returning clients. It entices new residents to perform an overt, public act of identification with the therapeutic community's orthodoxy of Higher Power spirituality

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without full awareness of the consequences of their actions. It may not be brainwashing, but it clearly parallels the indoctrination at Redemption House and other openly conversionist organizations. This is a tactic typically used by resocializing agencies that depend on ideological conformity as a means of social control of their members. It is used in so-called cults (e.g., The Unification Church), as well as in the popular Catholic Charismatic Movement and numerous proselytizing religious, political, and other ideological movements (see Harrison, 1974; Lofland, 1977; McGuire, 1992; Kanter 1972).

Also typical of conversionary groups, Maria's ritual provides a point of contact between the individual client's pretreatment religious sentiment and Recovery House orthodoxy. In the encapsulated setting, with Maria's gentle urging and the "correct" examples of a roomful of "supportive peers," the initiate can palpably sense the presence of the "affective ties" that are the necessary prerequisite to more conscious and ideologically based acts of commitment that will follow later for those few who remain. John Lofland (1977) referred to the "Moonies'" variant of this tactic as "love bombing." This ritual means of gently moving novices or initiates unawares into a new cognitive universe, a new ideological domain, and onto the road of personal commitment is widely recognized in the conversion literature and continues to be widely practiced by various ideological movements (see Snow and Machelak, 1984). Maria and her cohorts are almost certainly not aware of the theory of such inducement rituals, but they are certainly familiar with their effects in practice, and they use these rituals regularly.

In this light, the vaunted tolerance of Higher Power spirituality, its "however you conceive of him" quality, has to be seen -- at Recovery House, at least -- as an ideological smoke screen. It allows for nominal variety, but demands or induces substantive orthodoxy (conformity of belief). In fact, its ritual expressions of variety act as mechanisms for initiation to and maintenance of substantive conformity and submission to the "regime." Clients may call their Higher Power

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whatever they like at Recovery House, but they have to keep Her out of sight and only in their mind or heart! The *whatever you name it* religion must be internal, individual, immanent, ineffable, and substance-less. It cannot entail doctrinal, ethical, political, or personal demands. It cannot seek to convert other clients to an externally located definitional center.[19] It cannot confer elements of identity that conflict in any way with that proffered by the therapeutic community. "Religion" must, as Saul put it, "be individual." It must not be collective, apart, that is, from the therapeutic community "Family" itself. The Higher Power, unlike the God of Moses at the burning bush, may not care much about its appellation, but it is nonetheless a jealous Higher Power, and in this sense looks very much like Yahweh, indeed.

Rationales for Orthodoxy

What I observed, then, is that the *in*tolerance of religious diversity practiced at Recovery House contradicts its own claims of tolerance for all religions. In analyzing the general religious discourse, which I participated in for a period of sixteen weeks, as well as my interviews with staff members and clients, I uncovered at least three rationales or "accounts" for this contradiction between ideology and practice.[20] Two of these address ideological concerns, the third addresses more practical, organizational issues. All three imply a continuing need for complete control of the therapeutic community environment by the treatment regime. All three, I suggest, further demonstrate how religion is used to promote treatment and organizational goals rather than the individual spiritual needs of the clients, except as those are conceived in terms of the organizational ideology.

The first and most common reason heard from staff members for suppressing certain expressions of religion among clients is the fear of introducing heterogeneity and divisiveness into the (supposedly) ideologically homogeneous community, the therapeutic community Family. As

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Maria put it, open discussion of religion "leads to hurt feelings, arguments, distention, and disunity." And Saul, who says, "yes, we believe that spirituality is incorporated in their recovery plan at any level; it can only help..," also adds the condition that:

> [a]s long as it doesn't *infringe on what we teach in recovery.*" [W]e don't want people to get lost in [religion]. Not that there's anything wrong with that. However, there are certain things that recovering addicts need to do and that's catch the concept of [the] recovery process here. . . . So, we don't incorporate it [religion] . . . , but we don't have a problem with clients practicing, *within the limits here in the program*, their spiritual beliefs. [Emphasis added.]

Of course, "what we teach" is, *inter alia*, Higher Power spirituality.

The second rationale is one that Saul and others claim repeatedly in many forums: interview, group, chance conversation. The following is from an interview.

> A lot of recovering addicts are afraid of God. . . . You know, a lot of our residents were brought up under the fire and brimstone theory of religion. . . . So they don't want to hear anything about God.

Thus, religion (defined in traditional competitive sectarian terms) creates not only dissention within the ranks of the clientele, but it also has great potential for creating a wall between the treatment and the client, rendering the client resistant, the treatment useless, and the job of the staff more difficult. Both of these rationales are consistent with treatment rhetoric that the staff is protecting clients from the damaging effects of traditional religious ideas by maintaining a tolerant, nurturing environment safe from the ravages of the outside world, a haven where the "self-help process" can work itself out. It is the therapeutic community version of the well-known "it's for your own good" defense. After all, recovery must come before religion. Like any cloistered and intensely ideological organization, Recovery House must protect its ideological boundaries from enemies internal and external. The best way to facilitate moral encapsulation is to make it appear to be in the best interests of the cloistered. Thus Higher Power spirituality, which provides for homogeneity of religious sentiment and allows the belligerently anti-religious his own space as well, fits neatly within the requirements of the therapeutic community now that the issue

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of religion can no longer be ignored altogether. These accounts thus support the active delegitimation of pretreatment religions that are common cultural baggage among the therapeutic community client population.

A third, more instrumental rationale for the suppression of alternative religious interests among the clients was first suggested to me during my interview with Julio, a Level III client.

> Any time I want to speak to anybody about religion, they don't want to talk about it. For example, when I wanted to go to church, I asked the counselors why they don't have these religious groups here. They didn't give me no answer.
>
> Q: If you could change that and have outside groups come in for meetings, would it get a big response [from the clients]?
> A: Definitely . . . .
>
> Q: Have you heard any other clients express this kind of desire?
> A: Yes, a lot. But they just not bold enough to bring it up like I am. I don't care, if it's gonna help my recovery, you know, I will bring it up. And I would think that would help a lot in this program. I would add that into the struggle, that would help.
>
> Q: Why do you think they don't?
> A: Because it's *a clash of different religions*. They would have to structure [these meetings with outside groups], they would have to do a lot *more work* to get different religions involved in this. . . . so *many different religions* here that they have to change so many things, you know, the Muslims have to do this, the Catholics have to do this . . . have to go to different churches, so it's like [an] inconvenience. They say they have enough *paper work* to do. They afraid to try something new. But if that's gonna help us, that's their job. But when you go and tell them this thing, it's like you interfering, you adding more to their work.
>
> Q: So you think inconvenience is the main reason they don't allow you to go to church or allow religious programs to come in?
> A: Yeah. They should have them coming in just like they have AA and NA. That's important to our recovery here. They could have Bible study or class. I read the Bible, but what am I reading? I *need someone to explain* to me. I'm trying to get into spirituality and I asked people and they say get a Bible and start with [the Gospel of] John. Okay, so I do that. Then what? If I don't know, then what do I do after that? So I just keep reading and reading, but is that what I have to do? I don't know. Then they say what you have to do is feel Jesus?
>
> Q: Who is telling you this?
> A: Friends outside who have rebaptized themselves, Pentecostals. [All emphases added]

A few weeks later, during my interview with Saul, I was able to confirm Julio's story and his suspicions about staff reasoning.

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Q: If an outside group, church or mosque, came to you and said, we'd like to come in and organize a prayer group or lead a bible study for those who are interested, how would the administration respond to that?
A: I don't know. I couldn't say. I could tell you that if we do it for one, then I believe we'd have to [do it] for everyone. We'd have to set up something for *every denomination*, and I think it would take away from the overall effect of what we try to do. We don't attack it [religion] head on here because we have people of *so many spiritual backgrounds* and religious backgrounds that we would have to bring in people who teach Buddhism, Islamic teachers. So we don't attack it [religion] primarily, because there are *too many beliefs and practices to serve.* [Emphasis added]

Here Saul is suggesting that in addition to the problems of client resistance and Family divisiveness there is also a problem of systems maintenance, i.e., of simple bureaucratic efficiency, that is presented by the prospect of true religious pluralism at the facility.[21] Not only is the program threatened, like any encapsulated, ideological organization, by the intrusion of alien meaning systems inside its moral and geographical boundaries. It is also threatened by the potential challenge to the day-to-day efficiency of moving 400 clients through its system. The more ideologically consistent that process can remain, the easier it is to approximate the stated goals. The fewer ideological focal points available to clients, the easier it is to keep them focused on the demands of the day. To introduce into the facility a series of externally centered, denominationally and doctrinally diverse sub-organizations that would process different sets of clients, (i.e., attending to their spiritual needs) on different days and at different times, would add a serious degree of organizational complexity. This additional potential for inefficiency has to appear not only daunting but unnecessary to any "right thinking" corrections organization staff member. It is much more appropriate, from a purely organizational standpoint, to process all of the clients through a single "spirituality" session. The Twelve Step programs that are allowed into the facility on a regular basis provide that service with optimum ideological and bureaucratic efficiency. Despite his own commitment to the religious dimension of recovery, like all the staff, Saul recognizes the organizational as well as ideological threat of permitting clients to retain their traditional religious beliefs and practices (or perhaps entertain new ones) while encapsulated in the

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therapeutic community.[22]

All three rationales for the "apparent" contradiction between the ideology of religious tolerance based on the principle of a Higher Power spirituality and the practice of negation of independent or alternative religious expression at Recovery House have to do with social control. The explanations that seek to avoid client resistance and client divisiveness make the case for the necessity of client conformity and compliance over complete freedom of expression of religion. Saul's diversity explanation is a paean to conformity for the sake of efficiency (and perhaps less work). Thus the religious orthodoxy preached and practiced at Recovery House is not about openness and tolerance, democracy or individualism, but about conformity and compliance, or in the terms used by the practitioners themselves, "surrender" and "gratitude."[23] In yet another irony, Higher Power spirituality at Recovery House is a religion truly in the spirit that Marx would recognize, an ***opiate*** for the clientele. It allows them the illusion of choice and freedom in exchange for the reality of conformity, surrender, and submission to authority.[24]

An Apparent Exception To Orthodoxy: The Muslim Prayer Group

There is one apparent exception to Saul's rule of no outside religious groups in the therapeutic community. A small group of about twenty Muslim residents, all male, meets daily for prayer at Recovery House. Their association is based solely on this ritual and does not include open proselytizing nor does the group actively identify in public treatment settings as Muslims. They do not "hang together" and therefore are not segregated from "the Family" as a recognizable subgroup. They do not make an issue of doctrinal differences, neither does the program staff. Allah is their Higher Power, both from the perspective of the program and from the perspective of the ritual group. This keeps them well within the working parameters of Higher Power doctrine as described by Saul, Maria, and others, despite their apparent deviation.

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> Saul: [W]e have some people here who are Muslims that can identify with some Christian concepts and beliefs and vice versa. The beauty for them is that they are open to the religious and spiritual aspect and *enhancing* their recovery with spirituality. It's good for certain people. Others have to grow into it in their own time. [Emphasis in original]

Why is it that the practice of the Islamic ritual of prayer five times a day poses no threat to the homogeneity of Recovery House, while reading the Bible at Focus does? One answer is that the Muslims do their thing in relative private, while Juan, the Bible-reader, did his thing in a collective (public) meeting of the Family with the clear (at least to Leroy and others) intention of differentiating himself vis-a-vis treatment and, perhaps, of recruiting others. The Muslims, unlike Juan, are not offering themselves as an alternative to or means of insulation from treatment, but as an adjunct, as Saul's comment suggests. This ability to practice what to Saul is an alien, exotic religious rite and yet pose no threat of ideological heterogeneity to the presumed solidarity of the Recovery House community may be accounted for by a distinction Herbert Danzger (1989) and others have identified between ritual-oriented and faith or doctrine-oriented religions.[25]

Louis Schneider (1970) uses the term "orthopraxy" to refer to religions in which precise conformity in ritual behavior is required for the faithful rather than conformity in doctrine or theological interpretations (see Roberts, 1995).[26] Religions such as, for example, Orthodox Judaism and Islam focus much more on concrete actions or ritual procedures and need not assign explicit, doctrinal meaning to their ritual activities; it is enough that the scriptures (or other authority) has prescribed the practice. Should an explicit meaning be required at some point, ritual-oriented groups have far greater flexibility to introduce rationales that are "new," that is, rationales that are not necessarily consistent with any precise historical ortho-doxy.[27]

Doctrine-oriented religions, on the contrary, tend to base their legitimacy on the claim to maintain such precision in credal formulations over time. Ritual-oriented groups legitimate their correctness by claims to maintaining proper *performance* or orthopraxy. This allows more

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creativity regarding specific ideological explanations or meanings of the performances.[28] The opposite seems true for the doctrinally oriented groups who pay less attention to performance, often disparaging it, than to ideational content. For example, their is a wide variety of forms for the Christian practice of "Communion" or "the Lord's Supper," which are accounted for by very few different credal formulations.[29]

Like other groups that are ritual-oriented, the Muslim group at Recovery House seems not to be concerned with the specificity of belief. They can easily, that is, without much apparent cognitive dissonance, refer to Allah as Higher Power, as long as they can continue to perform their prayers as they believe appropriate. This poses no apparent threat to the Protestant-based credal patterns of Alcoholics Anonymous-style Higher Power spirituality because it does not challenge the private, inner experience of religion or spirituality. Therefore the Muslims pose no threat despite the fact that they are an active religious subgroup within the larger treatment community. Despite their rituals, the treatment-sanctioned spirituality of Higher Power maintains its religious hegemony within Recovery House.

I would, nevertheless, contend the Muslim group retains its *potential* for subversion of the treatment regime, as has been evidenced in not a few "real" prisons and societies around the world. However, this potential goes unrealized at Recovery House. The group continues to function as a prayer group and nothing more, presumably in tacit (or tactical?) agreement with the program administration to so limit its activity.

Conclusion

Alcoholics Anonymous' ideology of the Higher Power has "returned" to the therapeutic community after being repressed by Charles Dederich and the east coast psychiatrists who adapted his program. The individual, inner, mystical form of religion such as that sanctioned at Recovery

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House has been identified by many sociologists, especially those with Durkheimian leanings like Thomas Luckmann and Robert Bellah, as appropriate to the modern world, imbued with strong notions of individualism. It fits Durkheim's idea of the "cult of man," which he expected would be the modern form taken by religious evolution (Lukes, 1973/1985). Bellah's "Sheilahism" or Luckmann's "invisible religion" are likewise considered the form of religion that best fits the modern rational sensibility (Bellah et al., 1985; Luckmann, 1967). Although I was quite surprised to find any religion being "pushed" in a therapeutic community; it was not surprising to find that when it occurs, it is a religion that has a strong affinity for the treatment *ideal* of a rational, self-directed individual whose guidance systems are all internal. This, of course, is a system of thought most congenial to those "scientific" professionals who formulate and/or rationalize (systematize and standardize) the ideology that is promoted in the therapeutic community. It is a form of religion which, within proper bounds, does not threaten the Enlightenment orientation of the therapeutic community's philosophical ideals of, reason, science, and inner-direction.

It is likewise not surprising, at least in retrospect, to find that the introduction of religion raises such an interest among the residents. Many, if not most, of the clients come from backgrounds that include exposure to more traditional religions that are deeply embedded in their family histories. Whether they individually practiced or disparaged them, traditional forms of Christianity and, in some cases, Islam were part of the taken-for-granted reality of most of the men I interviewed at Recovery House. In virtually all cases their religion included some form of concrete, external authority (e.g., priest, scripture, minister) that was considered necessary to religious life and practice above or, at least, in addition to inner experience. I observed, however, that this aspect of religious experience, one that is most appropriate to the sensibilities of the general population of clients, is actively discouraged in the therapeutic community. These religions are perceived as antithetical to its purpose and ideal. Recovery House has no interest in producing

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people who are religious in any traditional sense or in facilitating that process by any outside organization. Indeed, they repress any religion but their own.

The manifest reason for this -- the rationale -- is, as both Maria and Saul point out, that traditional religions create controversy due to the reality of religious pluralism and the "fact" that junkies off the street do not want God pushed down their throats.[30] But also, in Skoll's framework, these "former" religious traditions represent potential sources of alternative social identities and world views that could disrupt the treatment. They may create multiple antithetical identities and thereby threaten the ideal of the homogeneous and harmonious community that is considered the core of the therapeutic process. That is, they could offer alternative interpretations of the addict experience, particularly redemptive interpretations that see addict experience as "part of God's plan" rather than merely "poor decision making," "dope fiend" behavior, or "diseased thinking." Residents could "learn" that they have value to others (including "the Other") and are not alone in the world condemned to make their own way because of their past errors, character flaws, or disease.

Conventional forms of religion, like that promoted at Redemption House, would also make rational planning based on scientific (medical and/or behaviorist) rationales more difficult to impose on the clientele. With modern, empirical science as the world view within which therapeutic community treatment is legitimated, historical religions with preexisting (i.e., pre-treatment) doctrines present potential alternative realities and rationales for both "abuse" and treatment, that must be kept at bay. Alcoholics Anonymous notions of Higher Power and spirituality as opposed to specific, historically identified "Gods" and "religion" accomplish these ideological tasks and as such effectively "cool out" any potential religiously oriented opposition or alternative. Higher Power spirituality as adapted from AA thus offers a functional form of social control in the therapeutic community. It has become another technique or procedure in the arsenal

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of the treatment staff for inducing commitment to the true higher power at the therapeutic community, i.e., the institution, which is represented ideologically as "the treatment" or "recovery process" and rhetorically as "the community." The Higher Power of Higher Power spirituality is not the highest power at Recovery House. Recovery House is the *highest* power of all.

* * * * * * *

Treatment at Recovery House actively encourages a recognizable religious outlook and discourages most others. It disguises its approach as all inclusive, but in fact it is exclusive, especially in relation to the historical "theisms" (e.g., Christianity or Islam) that clients typically bring with them from their lives prior to treatment. This is evident in the reactions of the Recovery House staff reported above. Does this mean that the therapeutic community is a religious program, too? There can be little question that it qualifies as a "functional equivalent" of religion. Kurtz's analysis of Alcoholics Anonymous with its Higher Power spirituality, and Pagel's explication of gnostic religion also clearly apply to Recovery House. What the implications of this are for policy and understanding "addictions," I leave for later consideration.

One thing this does mean, I believe, is that the therapeutic community's self-image is illusory at best. It "hobnobs" with medical and scientific treatments for "real" diseases. It fancies itself a secular and rationalist, objective and non-ideological form of "treatment." It is, rather, simply another resocialization agency "pushing" a particular moral logic, one that is socially and historically bound to specific classes and cultures and not objective in any sense of the word, certainly not in the sense of "value-free."

The ease with which Recovery House has made the transition from its early opposition to the spirituality of Alcoholics Anonymous to an acceptance and promulgation of the same Higher Power religiosity may be an indication of its affinity with (and perhaps historical roots in) other

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classic American movements for moral reform, including those that were explicitly religious such as revivalism and temperance. The numerous similarities the therapeutic community form of treatment bears to that of the faith community program only strengthens this suspicion. The use of a religious orthodoxy as a means of social and ideological control described in this chapter is yet another indication.

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[1]McGuire (1992: 10ff) writes:

> It is useful to approach sociological definitions as strategies rather than as "truth."... Two major strategie ... are **substantive** and **functional** definitions. Substantive definitions try to establish what religion *is*; functional definitions describe what religion *does* ... the critical feature of [the substantive definition] is that beliefs, patterns of action, and values, refer to "superhuman beings," [or] similar concepts, including ... "transcendent reality".... A functional definition ... emphasizes ... what religion does for the individual and social group ... The most important element is the provision of meaning ... [others include,] the attempt to interpret the unknown and control the uncontrollable ... the effort to deal with the ultimate problems of human experience. One distinction used in many functional definitions is ... the **sacred**. Whereas the natural/supernatural distinction of ... substantive definitions refers to the intrinsic quality of the *object* of worship, the sacred/profane distinction refers to the *attitude* of worshippers. The realm of the sacred refers to that which a group of believers sets apart as holy and protects from the "profane" by special rites and rules." Functional definitions ... are usually much broader [than substantive ones].... Functional definitions often include as "religion" phenomena such as nationalism, Maoism, Marxism, psychologism, spiritualism, and even atheism.... From a functionalist standpoint, a good case could be made for considering psychotherapeutic groups as essentially religious."

Wuthnow et al.(1984: 81) write regarding Mary Douglas's thought: "For modern society ... the very things we consider the most real -- hence scientific [truth] -- are, in fact the most religious."

[2]For the similarities between Higher Power spirituality and evangelical Christianity, see Kurtz, 1991 and Antze, 1971.

[3]It is this "successful" segment of clients that the programs base their success claims on (see Chapter 9). More important, perhaps, it is these graduates the treatment programs depend on as the major source of their paraprofessional counseling staffs, the real workhorses of this treatment process. In this light it is tempting to interpret therapeutic communities as nothing more than self-recruiting grounds for the necessary front line troops to keep the whole process moving. That is, the treatment process is simply an institutional self-perpetuating process. Its main product is its own institutional existence. Skoll (1992) comes to essentially this conclusion, but is less blunt about it. See also Manning, 1989.

[4]As Jeffrey Alexander (1990: 7) summarizes Gramsci's view:

> The ideological domination of masses by intellectuals Gramsci calls "cultural hegemony." Although society [and the therapeutic community] is utterly hierarchical, the ruling class [staff and administration] does not sustain itself mainly by force. Society is not primarily an economic or political order but a "moral-political bloc." It is held together by what appears to be voluntary adherence to dominant ideas.

[5]Goffman (1961:12) refers to a "'presenting culture' (to modify a psychiatric phrase) derived from a 'home world' - a way of life and a round of activities taken for granted until the point of admission to the institution."

[6]Bruno Bettleheim (1943), for example, discusses the similar, but much more extensive, identity dismantling process that he observed among fellow inmates at a Nazi concentration camp. Stanley Elkins (1968) uses Bettelheim's account in his analysis of the shocks experienced by Africans taken as slaves to the U.S., sold on the slave market, and resocialized into plantation life.

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[7]The orientation level is the primary site of identity de-formation. At this early point in treatment, clients just in off the street are bombarded with critiques of the "junkie mentality," the essence of which in recovery ideology is manipulation, dishonesty, and jive. In turn, they learn that they must be "open and honest," confront their manipulations of self and others, and replace such attitudes with attitudes of e.g., "surrender and gratitude," if they are to "make it in recovery.".

[8]The "Big Book," the bible of AA, was often invoked, but was never in evidence on the treatment floor. Interestingly, in my interviews with clients, the Bible and/or the Koran were mentioned numerous times. One client happened (?) to have his Bible at his interview. It was a Recovery Bible, structured and with commentary for recovering addicts. It has an AA orientation. The Big Book was never mentioned, although almost everyone used the terminology of Higher Power spirituality interchangeably with that of God or Allah, when referring to the deity.

[9]During the three and a half months I spent at Recovery House, the program length was cut from 12-18 to 6-12 months by government oversight and funding agencies. Several employees were laid-off, including the liaison with the criminal justice system who coordinated court dates and parole hearings. Several paraprofessional counselors were laid-off as well..

[10]Level O is "orientation." It covers the first few weeks in residence. Clients at this level are expected to do little work, simply get their bearings by learning the rules, regulations, and philosophy of the house. They are subject to disciple and correction when they violate rules. Level I clients are "oriented," have work details and other assignments (e.g., remedial education classes). At both levels, as well as those higher, residents are subject to sanction by staff and "peers" when they violate regulations or display attitudes or behavior considered (stereo-) typical of addiction. These sanctions can include anything from a mild reminder and warning to a humiliating public reprimand with no opportunity for defense or rebuttal. Virtually all sanctions include the reminder that one's violation exemplifies one's status as an addict, one with a contemptible and loathsome pathology. (See Chapter 5.)

[11]These terms are virtually interchangeable. Rhetorically, they include the staff, but the always evident hierarchical system of privileges allows staff to avoid this early morning cheerleading session when not immediately involved with its supervision. It is my unsystematic observation that the term Family is preferred when the collective role of support or "care of souls" is at issue, and the term Community is more commonly used when its role of moral arbiter or corrections officer is called for.

[12]This is typical of the stereotypes circulated via therapeutic community rhetoric. In the course of my research, several participants told me they had active religious lives during the times they were active as drug users. Also, in my role as volunteer at a local needle exchange, I know several active users who are devoutly religious. Contrary to treatment rhetoric, there is no necessary contradiction or conflict between religion and drug use.

[13]I prefer this designation because it replicates the everyday language of Recovery House. In this case, it happens to be the lingo of paraprofessional staff; I look at the religious discourse of clients later. No one at Recovery House uses the language of twelve steps *per se*. However, residents and staff alike regularly refer to various individual steps or related Alcoholics Anonymous concepts, e.g., "one day at a time," "each one teach one." Higher Power spirituality also specifically rejects many aspects of American popular religion. The issue of religion *versus* spirituality is considered below.

[14]Bloom finds the inner, spiritual quest a congenial religious style. He writes (p. 36): "Like poetry, religion is a culmination of the *growing inner self*, . . . religion is the poetry, not the opiate, of the masses, the inner structures of the imagination prevail in religion as in poetry." Bellah, the sociologist and communitarian, on the other hand, finds this trend detrimental to a democratic republic.

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[15]On transmoral conscience, see Nelson, 1981: 49-53; Tillich, 1948.

[16]See note 1 above.

[17]This intolerance, appears to be intrinsic to all virtuoso religions, or other sectarian, ideological movement organizations. On vituoso religions, see Weber, 1964: 162ff. Also see Chapter 8.

[18]Recovery House displays many characteristics of sectarianism. As McGuire (1987: 33-34) writes, "Sectarianism is an orientation by which a group tries to maintain its distinctive world view by . . . [among other things] distancing [members] from . . . real or perceived opposition . . . limiting outside influences . . . and restricting members social contacts."

[19]External with respect to Recovery House, that is.

[20]On accounts, see Scott and Lyman, 1968. Scott and Lyman refer specifically to "deviant" behavior. However, Saul et al. are accounting for behavior that might otherwise be deemed in violation of their stated norms of tolerance, if not accounted for by the "higher" motives of recovery. Scott and Lyman expand on Sykes' and Matza's (1957) "techniques of neutralization," which include the explicit example of "appeal to higher authority" as a means of "neutralizing" internalized controls (norms) in specific instances, while not denying the general principle involved. Here the principle Saul is "neutralizing" is tolerance. In general it's good. In treatment, in certain instances at least, it has to take a back seat.

[21]Both Saul and Julio echo Goffman (1961:46f): "In total institutions . . . the various rationales for mortifying the self [which would include the denial of religious liberty afforded "civilians"] are very often merely rationalizations, generated by efforts to manage the daily activity of a large number of persons in restricted space with a small expenditure of resources."

[22]It is also curious that this third account, while expressing sympathy toward the religious diversity of American culture, also poses it as an interest that is inherently inferior to that of maintaining the dominant behaviorist world view. Democracy (or pluralism) is good, but the disease of drug addiction is so devastating that its treatment via the regnant ideology of abstinence takes precedence over other, lesser considerations. The parallel here between "treatment" or "recovery" and "national security" as a claim that is deemed self-evidently superior to all others seems, well, self-evident.

[23]These terms, among others, are constantly used to describe appropriate attitudes that clients should cultivate. I attended orientation sessions that focused on one or the other of these concepts exclusively for entire ninety minute sessions. One such group on gratitude utilized a variant on Maria's method of going around the circle. After a brief homily on gratitude, the paraprofessional leading the session strolled around the circle and every few minutes would suddenly thrust his finger in the face of an unsuspecting participant and ask, "What is gratitude?" Each selected client was expected to "testify" what gratitude meant to him or her. Generally this involved a supporting anecdote about a treatment-related experience, for example, "I'm grateful for my counselor, or my peers, because..."

[24]However, this conformity is only public and collective. Thus, as Frankel argues (1989), it may not be a complete straitjacket. Higher Power spirituality does allow variant expression *in private*. However, if identities are dependent upon continuous - or at least regular - social maintenance, as Berger and other argue, then different religious expressions in private and public would seem a formula for identity confusion rather than the stability the therapeutic community claims to be promoting. On another level, the passivity that Skoll identifies in the therapeutic community and that Kaminer identifies in the general recovery movement may be the most likely outcome of this situation. In my research, interviews with residents, held behind closed doors and with the solemn promise of anonymity, elicited somewhat varied accounts of religious sentiment, including both passive disinterest and active pursuit of religious interests.

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[25]Danzger (1989: 4) writes: "Christian rebirth requires belief primarily and ritual acts only secondarily. Judaism in contrast emphasizes acts, the performance of *mitzvot* (commandments).

[26]Roberts (1995: 93) reports that Schneider is "actually citing . . . observations by . . . Gustave von Grunebaum," the classic historian of Islam, as well as other observers.

[27]Used here in its literal sense of correct opinion or idea.

[28]Danzger (ibid.: 130) explains that the aim among "returnees" to Orthodox Judaism "is not to learn *about* the rituals but to learn to *perform* the rituals. . . . the person first performs the action and only afterward speculates on its inner meaning . . . [which] allows the development of a range of explanations, as the act, not the explanation, is primary." [Emphasis added.]

[29]Christian denominations differ as to time (weekly, monthly, quarterly) and place (altar, sanctuary, home) of performance, appropriate elements of performance (wine vs. grape juice), officiants (male only vs. both genders, clergy vs. laity) and more. Credal formulations are limited, in practical terms, to transubstantiational, consubstantiational, and "purely symbolic" views.

[30]This is an idea that goes back to the earliest thoughts of Bill W. in his quest for an organization that could ensure his sobriety. (Kurtz, 1991).

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Chapter 7

Reinforcement of Faith: Ritual, Miracle, and Myth in Treatment and Training

> Never before have I got beat down like I had in '94-'95. I got four different beatings and I should have been dead. That's behind sticking people up. I shoulda gotten killed. Okay? And I'm still here. And somebody in Phoenix House told me once, "You're here because you're one of the *chosen ones*." See, I believe I was chose to give people the little bit of information that I have.
>
> Roberto, Recovery House resident

> I remember saying to myself, "Damn, you [were] almost killed." That's the first time in all the years that I [had] been on the street that I came face to face with death. The gun was fully loaded. And I knew at that moment that it was not my doing that I was still alive. I believe that all the years that I was in the street that God had looked over me and protected me for some reason.
>
> Saul, Recovery House counselor

In the preceding chapter I described some of the ways that Recovery House uses its religion -- Higher Power spirituality -- to "desocialize" and administer its clients. Through the subtle introduction of a seemingly democratic form of a mystical, inner light spirituality, the treatment regime denies open expression of most alternative forms of religious life among its residents. I suggested that this practice compares to the forms of nihilation described by Skoll as the means of denying alternative sources of ethnic or gender identity to residents of the therapeutic community. As a result, Recovery House residents are denied any identity but that of addict or disordered personality unless they submit to the nihilations of the treatment regime, whereupon they (eventually) become identified (or discover themselves) as addicts in recovery. Moreover, if

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they desire to express their recovery in religious terms, residents are required to do so through the medium of Higher Power spirituality or keep their religious selves entirely private.

Although I did not describe a similar process at Redemption House, from what I have said in previous chapters, it should be obvious that the adoption of a singular, explicit religious outlook is a requirement for completion of discipleship training. This fact is evident in, for example, the discussion of God's Guiding Hand in Chapter 3. Conversion (in the broadest sense) to evangelical Christianity, is the process of "treatment" for the men under Harry Evans' care, as well as those at Teen Challenge.[1] This form of Christianity is, by definition, ideologically exclusive in its claims on its adherents.[2] Although some minor variations in belief co-exist among trainees and staff at Redemption House, no truly "unorthodox" beliefs that become public are allowed to go uncorrected.[3]

In this chapter, I describe various social processes used to strengthen and maintain the views of world and self that have been (and must be) adopted by those who remain in treatment or training beyond the early months. These processes entail the use of programmatic rituals, awe-inspiring mythologies, and the experience of miracles at both houses. Both programs use similar ritual procedures at the center of their therapies[4] for the purpose of maintaining and reinforcing the cognitive and emotional commitments of their converts.[5] This chapter will describe these procedures and highlight their structural and functional similarities.

I closed Chapter 4 on ideological induction at Recovery House by claiming that this stage of treatment and training is crucial to the conversion process. The discovery, realization, or "acceptance" (insight, in treatment terminology) that one is an addict (or sinner, at Redemption House) in need of some kind of personal transformation, is an integral part of both treatment and training.[6] However, this is not all there is to the conversion process. After the inducement of

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"enlightenment" and the initial change in cognitive identification, a considerable period of intense ideological maintenance is necessary if the new cognitive perspective on self and world is to "grow" in intensity and sophistication, if it is to become "fixed" in the individual's cognitive apparatus. As McGuire (1987: 73) puts it,

> Maintaining commitment to any group is always problematic, and it is especially difficult in a modern, pluralistic, mobile, individualistic society. . . . Commitment processes build plausibility structures for the group's world view and way of life. . . . Commitment mechanisms in dissenting or deviant groups are especially important because of the difficulty in maintaining their world view [e.g., absolute abstinence] in face of opposition [or indifference] . . . from . . . the larger society.

The new convert to either redemption or recovery often experiences a period of elation, a "spiritual high," following his or her epiphany, especially if this occurs as a "bolt from the blue," i.e., if it is rather sudden or dramatic. Louie's experience in the probe is an example in which his ultimate elation is orchestrated by his probers' displays of affection and acceptance following his total submission.[7] From the redemption side, the spirit baptisms of both Slick and Jake also demonstrate this phenomenon. The sense of elation can last for some time, during which the new convert becomes an enthusiastic practitioner and, typically, an evangel of the new-found faith. Snow and Machelak (1984:174) refer to this typified response as the "new convert role."[8] Inevitably, this "honeymoon" period is followed by some degree of letdown, when the initial enthusiasm is dampened by the discovery that, despite one's transformative experience, the rest of the world continues on pretty much as it did before; not much else changes. The world neither changes to fit the convert's ideal nor comes to an end, ushering in a new millennium. The convert still has to get through the obligations of the day, day in, day out. Like the period of elation, this following depression varies from person to person in intensity and duration. In some it can undo the radical personal change that is believed to have occurred. To prevent such relapse, various therapies are mobilized by the conversionist organization.

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Even encapsulation in a residential treatment or training program, where one is continually showered with the message that redemption or recovery is "real," a period of post-conversion doubt or second-guessing is common. Regardless of the periodization, changes in personal commitment to ideological movements must be cemented, supported, and strengthened. Relapse must be avoided. The emotional excitement of the conversion must be replaced with firm commitment built on a more permanent, reliable, predictable and practical basis. This is the very premise of a "discipleship training program" like the one at Redemption House. The premise of the original twelve-to-eighteen month treatment process at the heart of the therapeutic community movement recognizes the same necessity, if not in the same terms. From the latter's perspective, it is not a commitment to a new idea or faith, but to health, to normality, to sobriety. However, as I described in Chapter 1, there is a profound similarity between the therapeutic community concept of "right living" and the discipleship notion of "Christian living." In the end, however, it is living -- of whatever orientation -- day in, day out that must be the goal and end of any successful treatment or training. Regular ritual performance, both collectively and individually, is a primary means of accomplishing this fixity.

Rituals of Reinforcement

Relapse is a potential threat to all ideological initiates, of whatever "faith," therefore virtually all identity-altering organizations and movements institute or develop "therapies" to combat the loss of membership that can occur at this point. This has always been a problem for evangelical-style organizations, and some are better than others at dealing with it. The primary (and primal) method of reinforcing belief and maintaining ideological commitment and solidarity is regularly repeated ritual practices and formulae, both personal and collective, which recognize and celebrate the new faith and the community that embodies and grounds it. This is especially true for corporate groups like Redemption House and Recovery House. Mary Douglas' work expresses

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these "therapeutic" processes as "pollution behavior." We protect our social and cognitive boundaries from contamination by outside forces or deviant ideas and attitudes by means of "hygienic" ritual procedures. Douglas, of course, does not limit her analysis to "primitive" peoples. As Wuthnow et al. (1984: 81,93) write:

> Scientific and hygienic explanations are just as much legitimations of social order as primitive gods and spirits. . . . Douglas's desire is to take Durkheim into modern society and expose all the clearly ritualistic and religious beliefs as just that: ritual and religion, and not real concerns with hygiene.

Douglas (1966/1978:48), herself, writes "that our pollution behavior is the reaction which condemns any object or idea likely to confuse or contradict cherished classifications." It is interesting in this light that whenever there is a crisis at Redemption House or Teen Challenge, they call for prayer, and if the crisis is significant or immediate enough, they call a special prayer meeting. Similarly, when a crisis occurs at Recovery House, they call an encounter group meeting. While I was visiting Louie at the juvenile facility where he worked after leaving Recovery House, news arrived that a small group of notorious residents had "split" the night before. The immediate response to this "crisis" was to call a house meeting to discuss the event. During the house meeting it was decided that this event was "disruptive enough to require" the scheduling of additional caseload group meetings over the weekend for the entire population. I have already suggested that prayer meetings and encounter groups are parallel social mechanisms that accomplish the same social and cognitive ends, one operating in the religious context, the other in the secular, mental hygiene context. The term that may best describe the mutuality of evangelical prayer and therapeutic encounter as rituals of reinforcement is "mutual witnessing" (McGuire 1987: 71,77):

> Mutual witnessing continues to be . . . important in the commitment process. . . . Through witnessing, members show themselves and others how their daily lives can be interpreted in terms of the group's meaning system. . . . Witnessing is a transformative process. All events, thoughts, and experience are transformed into significant events, meaningful thoughts and

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special religious experiences. Everyday and nonbelievers' interpretations are devalued during witnessing and replaced with religious interpretations. Witnessing can be relatively public or can occur in a setting of a small . . . group. Groups that consider themselves in opposition to the rest of "the world" are more likely to emphasize witnessing as a commitment mechanism (cf. similar functions in Alcoholics Anonymous . . . and psychotherapeutic groups).

Redemption House

Witnessing, in various forms is common in the evangelical community, where both proselytizing and mutual or "internal" (i.e., within the circle of the redeemed) witnessing often retain equal importance. The typical evangelical church schedule includes a "testimony time" at least once, and often twice, a week. These usually occur during midweek prayer services or Sunday evening "evangelistic" services, where attendance typically consists primarily of regular, i.e., more committed, members.[9] As McGuire (1977) suggests, these personal accounts of how "the Lord works" in individual lives is a common means of mutual reinforcement in the faith. They help induce new converts and fix or solidify the mentality of older converts.

I fully expected to find testimony meetings institutionalized at Redemption House. They are not. Testimonies are occasionally offered in Bible classes or chapel. And the churches the brethren attend in the evening often provide time for witnessing. However, the Redemption House brethren are not active participants. When I asked one of them why this was the case, he told me that Harry discourages, but does not prohibit, public testimonies by program residents. I was stumped at first. Either I had discovered an exception to the rule of conversionist groups and the importance of mutual witnessing, or I was missing something. Not surprisingly, the latter turned out to be the case. As I attended more and more prayer meetings, and especially with my initiation to Prayer Day (see Chapter 1), I discovered the central programmatic means of mutual witnessing as a commitment mechanism at Redemption House.

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In the opening chapter I describe prayer as the central ritual at Redemption House largely because it invokes the central figure of the faith, the source of change and support. Prayer is the means of direct contact with the movement's most sacred element. Prayer, in evangelicalism's own terms, is "practicing the presence of Christ." To put it somewhat less poetically but more sociologically, prayer can be said to involve practicing being an evangelical Christian, or "acting as if." Collective or public prayer, which is a core process of discipleship training, is practicing for an audience of one's peers... er, one's brethren.

One of the central "practices" of evangelicalism's form of the Christian faith is the activity of believing or, perhaps more appropriately, professing. What evangelicals "believe" are the essential dogmas of the evangelical faith, *viz.*, that God exists, that Christ is co-existent with God and is His most significant revelation (His Son), that human beings have direct access to the divinity, that it (He), in turn, is concerned with the intimate details of the lives of human beings (His children). These ideas, *inter alia*, are the fundamental assumptions on which the practice of prayer is based, and it is these definitions of reality that are asserted, invoked, and reinforced each time a believer (or proto-believer) prays.[10]

At Redemption House, praying is done in public, in the company of all residents and staff. It occurs, as I have described, several times during the day as well as on those special occasions know as Prayer Days. In this respect, Redemption House reflects all organizations in the evangelical subculture. Whether local church, mission board, publishing house, elementary school, or hospital, each typically has an organized schedule of collective prayer for its members or employees. Along with other forms of witnessing (proselytizing, testimony meetings), these collective prayer meetings are forms of mutual witnessing *within* the evangelical community.

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It was during participation in Prayer Day activities that I was struck by the ways in which these collective prayer sessions parallel the encounter group experience in the therapeutic community. In particular, group prayer provides the opportunity for collective exchange of personal information and concern in a small group setting that is charged with emotional intensity. The technique is more indirect than the confrontational methods employed at Recovery House, surely. It is nevertheless -- in addition to a spiritual (i.e., ideological) discipline -- a means of residents entering each other's lives, sharing each other's struggles, influencing and learning the normative evangelical response to (i.e., program paradigm for) life problems. It is practicing empathy for fellow disciples and seekers and learning to "admit" to one's own weaknesses, shortcomings, dependencies, all of which are necessary for continuing success in discipleship training.

Prayer Day at Redemption House in many ways epitomizes the centrality of prayer in evangelical religion. This special, bi-weekly meeting in the multi-purpose room consists of a half dozen sessions of songs, brief homilies by Harry or Martin, and directed prayer by the residents and staff over a six hour period. Much of the praying occurs in small groups of three to five men. Each group receives a prepared list of specific things or persons to pray for ("prayer requests") at each session.[11] The first session of the day is perhaps the most significant with respect to comparisons with therapeutic community procedures. This is the period for personal reconciliation and mutual prayer among the residents. The men are instructed "to go to the man you have wronged or who wronged you, seek reconciliation, and pray together for each other and for God's forgiveness."

In this small program of 25 men, it is impossible to hide such conflicts as occur between residents or residents and staff members. Knowing that one's conflicts are known creates a palpable tension (cognitive dissonance) to "do the right thing." Especially in these personal

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sessions, residents "have the opportunity" (i.e., encounter significant pressure) to share their lives and personal concerns with each other. The reconciliations also are often public and occasionally emotional, even tearful. The men who are not in need of reconciliation also pray together for each other's spiritual growth and any particular "spiritual needs" or "trials" they are currently facing (e.g., difficulty with drug or sexual desires,[12] improper attitude toward authority, family problems, health problems).[13] Praying in groups is done while kneeling with each man praying in turn, quietly and reverently, but nevertheless aloud in the immediate hearing of the rest of his group.

At Redemption House the typical (ritual) response to a prayer request from a brother in need generally follows an identifiable order, regardless of when it occurs:

> "Dear Lord, please help Carlos. You know (or we all know) what he is going through. (I went through the same thing last month when my wife left me, [or] when I was first saved). We know that the Devil is using these troubles to get him to avoid going to the Farm and finishing his training. Give him the strength to stay true to Your Word and know that You are with him and that Your Word says that if he trusts in You, all things are possible through Christ. Amen."

After 30 minutes or so of praying for reconciliation and mutual support, when he feels the time is right, Harry introduces the next segment by breaking out in song. Then, following a brief but familiar homily on Christian family responsibility, Harry restructures the small groups and instructs the men to pray for each other's children, for family reconciliation, and for assistance in "fulfilling their Godly responsibilities as fathers and husbands." This is an important topic at Redemption House, one that is discussed often in Harry's classes. Here too, the men typically respond to one another's family problems via the ritual pattern outlined above.

Each segment of approximately 20-30 minutes follows more or less the same pattern. Other topics for prayer include: "geography class," where the groups are given prayer cards with requests from missionaries in various countries; "math class," where they pray for the "numberless souls held in darkness" by Islam and Communism (this was 1995), also for the homeless and those

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in countries where Bibles are not allowed. Following this is "history class," where each group is given the names of former Redemption House students to pray for. They spend the next period "praying against abortion and the spirit of abortion across the land." Then there is a period to pray for the neighborhood churches they regularly attend; and finally a period to pray for the programs at Redemption House. Here, too, is the school for prayer. As in the briefer daily meetings, the longer, more intense activities of Prayer Day, which include significant time for prayer by the staff in the hearing of the program participants, provide opportunities for participants to go to school on the prayer substance and patterns of the adepts. Prayer Day also provides an intense emotional setting where ideas, attitudes, and practices discussed in classes and sermons can be "tried out" and experienced for their affective as well as practical value. It is in the practice of public prayer that the brethren profess their beliefs, where they testify to their new faith, and where they mutually witness (to) each other's beliefs and faith. Prayer Day is, indeed, a practice field for Christian living. It is where the proto-evangelicals "act as if..."

Prayer is a time when the community and the individual believe they are confronting the ultimate ground of existence, where thorough-going honesty and seriousness are essential. There is no situation where one's spiritual (i.e., community) status is more vulnerable to miscues that signal a lack of seriousness and can destroy one's reputation (or self-presentation). Failure to conduct oneself with appropriately reverent demeanor here becomes a signal to the entire community of one's improper spiritual state. In many ways, these and similar prayer meetings are the ultimate proving ground for the spiritual condition of the discipleship trainees. Other elements are important, to be sure, but virtuosity in prayer and a proper "prayerful attitude" mark a man as especially fit spiritually. This is where the sacred displays itself most prominently and all disciples must display the appropriate awe and respect or else suffer the ignominy of being judged unworthy or not serious, a "gamer" or worse. Here, clearly, the brethren of Redemption House encounter the

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sacred, the wholly and holy other, the *mysterium tremendum* of the evangelical cognitive universe (Otto, 1950). Here, they experience themselves and each other in the light of that "Other" as "He" is defined both cognitively and phenomenologically by the community, in both collective and organizational terms. Here, the residents and staff, as the "body of Christ," establish and determine who is and who is not a worthy disciple, according to the traditions and paradigms of the faith. Here, one's beliefs and professions of self and "Other" are corrected and reinforced in a fashion that epitomizes Cooley's notion of the Looking Glass Self.

Recovery House

If, as I have suggested, the men who graduate from Recovery House undergo a transformational process that parallels that of the men at Redemption House, I would expect to find a similar arrangement of rituals of reinforcement and commitment intensification practices at Recovery House. Indeed this is the case. At Redemption House, prayer is the central activity because it is the means by which new disciples objectify their faith in a way that it can be experienced directly by themselves and others. At the same time it is an important way of fixing the consciousness, of internalizing the meaning of the feelings, actions, and ideas that are part of evangelicalism. The same can be said for encounter and similar group processes and their influence on the residents of Recovery House. In encounter, attention (concern, surveillance) is most directly acted out for and by the residents. Also, the centrality of emotion is often visualized and objectified. The community's role in the individual's life is also evidenced and reinforced in encounter.[14] Its role is symbolized through encounter, as judge of proper attitude, feeling and conduct. As the agency of change it enforces rules for feeling, thinking, and acting; it displays and dispenses the rewards and punishments of the community (re: conformity or rebellion). One good example of this is the account of Wilson's correction of Ricky for failing to be properly consequential in his thinking (see Chapter 5).

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Although it may not be apparent at first glance, encounter (and other therapeutic) groups, which are the central rituals of the therapeutic community, operate much like prayer meetings at Redemption House. They are the means by which residents "practice" being ex-addicts (their new identities, their new realities) in the presence of collected peers and ex-addict staff. Encounter and similar groups are where residents of Recovery House invoke the central ideas and embodiments of their cosmology, the source(s) of change and support, the sacred elements of "treatment" and recovery.[15] Encounter is the means of direct contact with the movement's most sacred elements. It is where peers learn to believe their new status and where it is reinforced -- or reviewed and reshaped -- by the peers and staff. It is how and where they experience it as real. It is where the power of the community over the individual is most dramatically portrayed. These rituals of mortification and support are not only for the purpose of breaking down the defenses (nihilating deviant conceptualizations) of the new residents, but are also the means by which newly committed residents can begin to practice their craft of "ex-addict-ery," of recovery and sobriety.[16] It is where they learn from each other, including the ex-addict staff, how to interpret their own experience in "orthodox" rather than "deviant" terms.

One of the more interesting things I discovered in the course of this research was not how much the encounter was ritual-like, that was a given. What surprised me, especially, was how much the prayer processes institutionalized at Redemption House resemble the group processes institutionalized at Recovery House. This is the case in both the "ordering" of prayer meetings and encounter groups (as indicated in the opening chapter), as well as in the substance of these performances -- how they provide reinforcement of beliefs about the new cognitive universe, as I describe here. More than anything else, the responses to each other's requests for assistance shared among the brethren at Redemption House and the peers at Recovery House evidenced for me the profound commonality at the heart of these two self-described "different" programs.

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Recall that the typical Redemption House (ritual) response is to identify with the focal ("needy") individual and his difficulties, sometimes describing one's own similar problems briefly, then to offer advice, which invariably consists of remaining true to Christ and finishing the training or "stickin' with the program." The same formula of identification with the problem and advice to keep on keeping on in the faith is readily identifiable in the ritual responses to ritual requests for assistance at Recovery House during group sessions, especially within the more supportive groups, which are also the more numerous.[17] That typical response is readily illustrated by the following incident, which I reconstruct here from field notes recorded following a caseload group session at Recovery House in March, 1996.

In one of the bi-weekly caseload groups I attended, one resident I'll call Karen requested "feedback" from other group members regarding her private psychotherapy session earlier that same day. At her therapist's suggestion, she had invited her father to attend a session with them. Today was the first session with her father. As Karen put it, she sought her father's "acknowledgment" that he had not lived up to his parental responsibility and therefore had contributed to her "depression and drug abuse." Much to Karen's regret, her father blamed his late wife, her mother, for his action when he abandoned his family. Several members of the group "identified" with Karen's "feelings" and trauma regarding her family history. Each one responded with a variation on the typical (ritualized) pattern: "Yeah, Karen, I been there. My mother always blamed me for everything, wouldn't admit her role in my failures or her own. I feel for you. I know what you're goin' through. It's hard." Each respondent then offered a common litany of advice: "You gotta take care of you. You can't let your father's failure be an excuse for pickin' up again. Whatever you do, you gotta maintain your sobriety. Stay inside here and work this out with the Family."

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Thus the typical Recovery House (ritual) response is to identify with the speaker and her difficulties, sometimes describing one's own similar problems briefly, then to offer advice, which invariably consists of taking care of (remaining true to) one's self first and "stickin' with the program." The same formula of identification with the needy individual's problem and advice to keep on keeping on in the faith is shared by the ritual responses to ritual requests for assistance at both houses of rehabilitation: we all experience the same problems, but no matter what, the community (like "the Lord") will enable us to maintain our commitment to the principles and goals of the program, our recovery (or redemption).

The process of mutual witnessing is a common one at both programs. I have described its use at earlier stages of discipleship to assure a new resident that God had called the brothers to Redemption House, and at Recovery House to convince new peers to see their discomforts in treatment as their own making -- the result of their disorder which prevents them from submitting to a normal schedule of "right living." Here, a similar ritual process is invoked to normalize doubts or personal difficulties that often create doubts in the minds of newly converted members. For members to develop the intense commitment necessary in a quasi-deviant organization like Redemption or Recovery House, such threats to their new beliefs must be mitigated and plausibility maintained.[18]

Just as prayer meetings and prayer groups at Redemption House and Teen Challenge are "schools for prayer" and exercises in practicing the presence of Christ, or as I reformulated this traditional evangelical truism, practicing being a believer, it is likewise important at Recovery House to develop the ability to function in a confrontational group as well as a more supportive one. The therapeutic rationale is that these groups help break down addict defenses and then provide support for the new self that is discovered "beneath" (or constructed in place of) those defenses.[19] However this may be, from a more sociological perspective I see other purposes as well

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behind Recovery House encounters. One of the "crisis" groups I attended was called spontaneously by the staff for the house "structure," that is, all the residents who had assigned roles in the management hierarchy of the facility. The rest of the residents had been complaining that the "structure" had not been maintaining their responsibilities as leaders, not doing their jobs.

The session began with Nick, the house coordinator (top post), sitting at the twelve o'clock position in a large circle of about 35 people.[20] As he began speaking to another man sitting at about four o'clock in the circle, his demeanor was calm, analytical, and businesslike. He was offering "fatherly" advice on appropriate behavior in the operation of an office responsibility. Then, after several minutes of this, without warning, Nick suddenly burst into an angry tirade, lambasting the recipient for several minutes with an uninterrupted diatribe about continuing his "junkie habits in here," a practice that "won't go, but you will, if it doesn't change." Then, almost as suddenly, he backed off and returned to his calmer, saner demeanor.

Nick used this sort of point, counterpoint routine with two other group members over the course of the three hour and 45 minute session. This style was duplicated by three others, one woman and two men, who (I later learned) were immediately beneath Nick in authority. This was the command structure of the house. They commanded the bulk of the time in this "encounter" session by instructing their subordinates how properly to conduct themselves in the business of running the house, and by calling them to account for specific lapses. Interestingly, these leaders were "stationed" at 12, 3, 6, 8, and 10 o'clock around the room. No two of them sat together, although they clearly worked in concert throughout the session.[21]

"George," the man Nick berated, initially tried to interrupt Nick to defend himself, but was told to "hold his belly" until it was his turn. He did as he was told. When his turn came, he became so angry and so demonstrative that he literally fell out of his chair. His anger, however,

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was relatively accepted by the group, albeit critically. Nick told him that is was appropriate to blame some of his anger on the failings of some of the other members of this group. But also, all the main spokespersons agreed that some of his anger came from "somewhere else" -- that is from "outside" -- and needed to be dealt with elsewhere (other groups, individual therapy).

George was directed by his superiors not only to wait his turn, but to "get his issues straight." Some anger is appropriate to confrontational groups, some is not. There are different kinds of encounter groups. Residents must learn what kinds of issues may be raised in a given group as well as what kind of responses are appropriate. These are not open-ended, free-for-all, come-what-may procedures of pure spontaneity. Such group encounters may occur, but I did not witness one during my four months at Recovery House. All group sessions, whether part of the weekly schedule or called "in crisis," like this one, have an order, goal, and method that are clear to veterans, but not always to initiates. They also often have a particular purpose, a message to address to participants.

The "message" in this meeting seemed to have to do with the nature of work discipline, even though that notion was never mentioned. People were told specifically that they needed to take their "responsibilities more seriously," that their positions entail a "duty to the Family that must be honored." And they were shown by the way the group interactions were hierarchically structured how to submit to authority, how to suppress anger in the face of criticism, how to offer a defense without attacking authority. It seemed clear to me that this group was about workplace discipline and the ability to adapt to a subordinate position within a hierarchically and bureaucratically structured environment. These are not inconsiderable lessons, given the kinds of occupations therapeutic community graduates can expect, including work in a treatment center or other drug program. Nevertheless, what it did as well was celebrate and reinforce the very structure of the treatment organization itself and its ideology of submission or adaptation to "things

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we cannot change," as the Serenity Prayer puts it. It did not celebrate or promote spontaneity, self-expression, mutual or self-help, honesty, openness (although these were not entirely negated). It also demonstrated, and thus reinforced, the perceived danger of loss of control in the therapeutic community ideology. Others (e.g., Reinarmann and Levine, 1997, Peele, 1989) have speculated that the notion of addiction may indeed be the prime metaphor for loss of control -- or the experience of ecstasy -- in a temperance society like the U. S.. It is also noteworthy that the Higher Power was not once invoked in this meeting, either as ethical authority (how to work or follow orders) or as source of strength or "peace" to submit to authority.

Just like prayer is taught at Redemption House, encounter is taught and modeled at Recovery House. Residents are expected to learn the rules and "play the game" -- perform the ritual -- according to a very specific protocol, the violation of which threatens the entire community. George's anger was accepted, but criticized. Another participant was not so fortunate. Lila, a young Latino woman, became so enraged ("spontaneously") when her work was questioned that she slipped and knocked over her chair. Unlike George or Nick, however, her outburst was unacceptable. First of all, her "leaking" behavior was deemed inappropriate, because it involved direct rule violations: pantomimed editorializing during other speaker's comments, such as miming a "big head" and "shooting" at participants across the room with thumb and forefinger. Lila was finally removed from the room against her will -- and somewhat physically -- when she called another participant a "bitch," which is also against the rules.[22] But she was also openly "dissing" a respected senior leader, not only of the group, but the entire house, even though she did it on her own turn. She was thus challenging the structure and authority of the community itself. She had failed -- or refused -- to adopt an appropriate demeanor in the face of one of the most sacred elements of the therapeutic community. The performance could not continue until she was removed. Clearly, what is being modeled is appropriate attitudes toward authority, deference and

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submission to criticism. This is not only the school of encounter, and thus parallel to the school of prayer, but the school of proper workplace demeanor as well.[23]

Mystery, Magic, and Miracle

McGuire (1987: 77) suggests that commitment to a group and its ideas or beliefs is strengthened "if the group convinces the member that the group itself is extraordinary." Kanter (1972: 114ff) likewise recognized the importance of "institutionalized awe" to "successful [utopian] communities." Some groups, for example, teach that they are the exclusive path to salvation. Neither Redemption nor Recovery House goes quite that far. However, both do lay claim to the fact that their system -- rather than their particular program -- is best suited to the needs of the addict. As I indicated in Chapters 3 and 4, both organizations tell their recruits that if they reject the treatment or training and return to "the world" and drug use, they will be in serious danger of immanent death. (Recall, for example, the dramatic experiences of Gordon and Roberto regarding this threat.) This theme is played repeatedly for new residents. Older residents have thoroughly internalized this mantra and replay it constantly in formal and informal sessions. This not only helps induce some new residents to stay, but necessarily reinforces the threat in the minds of the older residents as well. This is one important respect in which both houses maintain their claims to extraordinary character.

Beyond these death threats, I heard even more direct miracle claims.[24] Men at both Houses testified to the "miraculous" character of their respective programs. A common miracle at Redemption House (in addition to that of one's "calling") was the "reception" of directions from God for everyday life and life problems. Keith, a particularly ardent convert, provided an outstanding example of this process one day when I asked him how prayer helped him.

> It's the power, the power of communication with our Father. That's to be able to talk and let Him know how you feel, to speak to my Father. To let Him know, "Dad, y'know, I got

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problems." Even though He's the one who searches out my heart, He wants me to commune with Him.

He wants his children to tell Him how [they] feel. So I come down here at eleven every night and tell Him how I feel and the things that's on my mind, and He releases those burdens, He brings peace into my heart and He reveals things to me about the Word and things I'm going through.

Q: Can you give me an example of that?
A: Like, for instance, yesterday. [Keith begins this tale without hesitation] I love my wife, [but] I done a lot of things to hurt her. So here I am, I'm down here it 8:15 a.m.[when] we got prayer before meeting. I feel some heavy burden on me. I wasn't really in the mood for praying, y'know? So I go to the bathroom to talk to the Lord by myself, as opposed to listening to everybody praying and having a distracted mind.[25] I'm sitting on the toilet saying, "Lord, you're not going to hurt that woman, she has always been good me. I don't even know her, she's a stranger. I need to know who she is. I really need to know that there is some way that I can deal with her, to know her and understand her. There has to be some kind of Christian material (I didn't really ask for Christian material, but something) that can be beneficial to help me know who she is that we can grow together.[26]

So while we were in chapel service, about nine o'clock, the cook comes in and calls three guys out, me, Fred, and Ron. I'm still thinking about my wife. So now we're getting in the van, getting ready to go to the Food Bank. Fred, he's the type of guy who wanta mess with everything, he wanta touch everything. So he turn the radio on. . . . Don't you know, there was on a Christian radio station, and there was this guy who was going through the same problems with his wife, wrote a book about it, doin' a interview, they got tapes. He was talkin' about how he didn't know his wife, and I said, "Good Lord, you talkin' to me, you revealin' it to me. [Keith's voice takes on an upbeat, pleasant, happy affectation.] So I get all interested, start huddle up [to the radio] and gettin' into it. Everything I was talking to the Lord about sittin' in the bathroom . . . *same exact thing.* Y'know't'm sayin'? Got the name and number, name of the book, to order some tapes and stuff that's probably gonna be beneficial to me going to my wife. [Emphasis in original.]

Here Keith recounts not only a case of miraculous answer to prayer, but one that includes mutual witnessing from an unknown and unexpected evangelical [institutional] source. From this perspective, God is, indeed, talking back to Keith, telling him that he is right to trust the Redemption House definition of the situation. As Keith recounts his astonishment, this event has clearly helped to reinforce his commitment to his new belief in evangelical Christianity and his own redeemability -- at least for the time being.

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I was not at all surprised to find this and similar miracles stories at Redemption House. where miracles are part of the texture of life and belief. However, I did not expect the miraculous to be an integral part of rhetoric in a secular. empirically-oriented. scientifically-legitimated community of recovery from personality disorder. Well, I cannot say that miracles are integral to the therapeutic community rhetoric, but the notion of miracle was not uncommon in the discourse of the men I interviewed at Recovery House, residents and staff alike. Perhaps they were using the term metaphorically. I will let the reader be the judge.

Nick was not atypical when he used the idea of miracle freely throughout our 2½ hour taped conversation, or when he returned to it again several weeks later as we were speaking more informally, without the tape recorder. The following is from the our taped exchange.

> Q: When you referred to the counselors at Recovery House, you talked about a miracle. Can you say more about the miracle and what you mean by that?
> A: Okay. In the morning when you get up you want to get high. Go to bed, you want to get high. You in a good mood, you want to get high. You in a bad mood, you want to get high. You bored, you don't know what mood you're in, you want to get high.
>
> You *always want to get high!* [Emphasis in original]
>
> If you can lift that type of curse off your back, it's a miracle. I always want[ed] to get high. [Now] I don't give a flying shit about drugs. I don't want it, I don't need it anymore. I'm angry with drugs. Drugs made a mess of my life. *I* made a mess of my life; me and drugs. And I can't beat myself up about it, so why not kick drugs to the [unintelligible]. Why not put the blame there. In part, some of the blame has to go there. I no longer have the desire in me. I can handle money, I can walk past different places [crack spots] without the desire to turn in to those places. And that's a miracle. Because at one point in my life, I had no control over that. None whatsoever.
>
> Q: What is the agency of the miracle? What caused the miracle?
> A: God [calm, cool, and self-possessed; without hesitation].
> Q: That's a central factor in your recovery? [Also, calmly!]
> A: No question. I couldn't be where I am now without Him. Tell you about some more miracles He does. Today, when I go home on request [pass] and we go shopping, [my wife] calmly hands me her pocketbook, regardless of how much is in there. That's a miracle. My mother used to come to the gate and put money through the door rather than let me in. Today when I come to visit, she fixes a big meal with [lots of relatives in attendance]. That's a miracle. And nobody can do that 'cept God.

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> God *guided me* back into my family's life. Because, I mean, I really burned my bridges down. Where my sisters didn't even want to speak to me in the street . . . too embarrassed. I got to where I didn't care who knew what I did. To come back from that, that's a miracle. I was so far gone nobody expected me to ever come back. They expected to get a call at some point in time saying "He's dead." No one ever expected me to turn around and become a decent human being. But I have. That's a miracle. I believe it. My wife believes it. My sisters believe it. [Emphasis added.]

There is, of course, a difference between the sense of the miraculous at Recovery House and that at Redemption House. Keith is typical of virtually every man who left Redemption House for the Farm; his tales were paradigmatic, if a bit more dramatic than most. (Keith is a performer, musician, and songwriter.) Nick, while not at all unusual among Level III residents at Recovery House and readily supported by some -- though not all -- members of the staff, is not representative of the entire body of upper level residents. A more secular take on life is not unknown at Recovery House, especially among certain staff members. Several of the men I spoke with are less explicit about the religious character of their experience than Nick or Saul. (Those men tended to be from Roman Catholic rather than evangelical backgrounds.) The literal sense of miracle is not the only rationale acceptable at Recovery House to explain the process of recovery. The rhetoric of disease and therapy is an obvious alternative, as is the language of self-help and self-discovery, including the notion of a Higher Power. And, as I have indicated, virtually all religious notions have to be couched in the language of Higher Power spirituality to gain public acceptance. Nick himself used the terms God and Higher Power interchangeably. Clearly, the concept of miracle in the organizational ideology of Recovery House is much less prominent than it is at Redemption House. In this respect, the treatment is more secularized than discipleship training. Nevertheless, behind the closed door of the interview room, traditional religious conceptualizations remain alive and well among many of the residents at Recovery House, as with 95% of Americans.

There is another sense of uniqueness that is shared by these two programs that inspires awe among the residents. Both groups see their successful members as survivors of a terrible dark

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night of the soul that cannot be comprehended or duplicated by the uninitiated. Both communities see themselves in heroic terms. As Kanter (1972:116) writes, "in successful communities . . . members were felt to possess special wisdom, insight, or magical powers . . . [and these] beliefs sanctioned the feeling that community members were a special . . . brand of human being." Both Keith of Redemption House and Nick of Recovery House, for example, report being big time drug dealers before their respective declines. Each man sees his return to something akin to normality and sanity as nothing short of heroic, although neither uses that term. It is, perhaps, too self-inflating in the context of recovery or redemption. Nevertheless, this theme of the addict's heroic (and harrowing) return from metaphoric death is a major part of therapeutic community ideology as well as that of Redemption House. The phrase "hitting bottom" does not seem to be part of the official rhetoric of either house, although it is occasionally used by both residents and staff at Recovery House. However, there is no more dramatic bottom to hit than death, metaphoric or otherwise.

Max Weber (1964/1922: 162; Gerth & Mills, 1969: 287ff) introduced the notion of the religious *virtuoso* to refer to those who practice "the systematic regulation of life in subordination to the religious end." Above all, *virtuosi* are those who separate themselves from the masses of the religiously "unmusical." In the context of Christianity, the mundane masses require a liturgical religion, one that distributes grace universally and democratically to its "consumers" (or sheep, in biblical terms) and leads them to redemption. The *virtuoso* finds his own pathway to redemption through, among other things, heroism, daring, and charisma -- including self-discipline and special knowledge or enlightenment. This certainly can describe the ideal of discipleship at Redemption House. And, if we substitute the ideal of abstentionist perfectionism for that of religion in Weber's statement, we can ascribe it easily to Recovery House also.[27] Both houses are *virtuoso* communities in the Weberian sense. Monastics, whether ascetic self-mortifiers or mystical

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ecstatics, were behind Weber's ideal type of the virtuoso. However, Weber also applied the term to the early sectarian Protestants who pursued their calling "in the world," rather than in otherworldly (monastic) pursuits. These programs fall somewhere in between. Redemption House remains in that tradition of inner-worldly ascetic Christianity that characterized the sixteenth century sectarians of what has been called the "Radical," or "left Wing" of the Reformation who were among Weber's historical referents (Bainton, 1941; Williams, 1962; Gerth & Mills, 1969; S. Berger, 1971).

Recovery House also lays claim to the heroism and awe of the *virtuoso*. The notion that only an addict can truly understand the experience of another addict bestows a special charisma on the ex-addict and qualifies him/her as an heroic adept. Although this idea has declined somewhat in significance since the pristine, early days of Phoenix House, Odyssey House, and Daytop Village, back in the 'sixties, several of the men of Recovery House maintain clear vestiges of this organizational self-image.[28]

Walter, another Level III Recovery House resident on the verge of promotion to the reentry phase of treatment, exemplifies the tenacity of this attitude among the more experienced residents. His intensity on this score is perhaps explained by the fact that he has been in and out of treatment a half dozen times over the last two decades and has witnessed the decline of the ex-addict paraprofessional and his/her replacement with what Walter refers to as "books."

> Q: When TCs started, only recovering addicts did treatment. Now they have another level of treatment people, specialists. How do you feel about that?
> A: The book? That's what I call them, the book. They don't know a goddamn thing about what an addict really is or goes through or needs. They read this bullshit that somebody fucking wrote that don't mean a spill of beans [*sic*]. Really want to find out about what the fucking addict goes through? Go hang out with one for about three days, if you can last three days. [29]
>
> Q: Do they have any contribution to make?
> A: Hmmph. On a psychological level, from what the book says, they can give you something. I can help an addict to at least see what I need them to see faster than a book can.

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'Cause they can identify with what the hell I'm gonna tell 'em. 'Cause what I'm gonna tell 'em they know I've been there. That book person can only give them what they've read. After five o'clock they go home with their white picket fence and car and dog and they never have to deal with a person who lives here in the ghetto, [who] can give you more information than they could. They [are] not living the life of an addict, but they see it every day. People smokin' crack in they hallway and staircase.

The following comment by Nick, pulls together both these lines of thought. Here he expresses his belief that the therapeutic community is extraordinary, even miraculous, because its counseling staff [traditionally] consists of ex-addict *virtuosi* of self-knowledge and self-control.

I sat in Recovery House's living room listening to a counselor saying so much seems wasted when they tryin' to get through to people and they keep seein' the same faces come back. Y'know? And they hear about people who split and end up dead or in jail or (unintelligible), and she started to cry. It fucked me up. Because this was a young kid and every place she talked about being, I been there. Maybe not the same street or address or the same people, but the same shit. But you all go through the same hell out there when you a addict. She started to talk about addicts need one another to stay clean, because the only way to understand an addict is to have been one. *Nobody else understands* the living hell that exists inside of an addict. [Emphasis added.]

Another of the miracle themes that was paradigmatic at Redemption House, also turned up among several of the interviews at Recovery House. In Chapter 4, I describe the importance of the notion of being "called" or chosen (elected) by God, often including being rescued from almost certain death, that is central to the definition of self that is typically reconstructed as part of discipleship training. The doctrine of positive election is not part of the official rhetoric of change at Recovery House.[30] Nevertheless, a number of the men I spoke with felt convinced that a higher purpose was at work in insuring their survival and presence at Recovery House.

Roberto, the Puerto Rican gangbanger I describe in Chapter 3, had the following to say about his rescue from what he perceived as almost certain death and a lifelong habit.

I went to the Brooklyn Bridge and I had a bottle of tequila, right? And I did my last bag of dope, and I smoked a couple of joints, I think it was, and I went up to the bridge. I climbed up to the cables and I was gonna jump. But something held me up there. I don't know what it was, but something held me up there until the police came. They would try to talk to me from the front and one snuck up behind me and grabbed me. I was drunk and I didn't care. So I

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ended up at Bellevue [Hospital] for a week. They gave me this address and I came for my first time [in 1980].

I used to be the type of person if you speak to me about God or the Bible, I close up on you. I don't wanna hear that shit. During treatment I been told over and over again, you need a spiritual awakening.
Q: Who told you that?
A: A lotta people. My peers. My counselors.
Q: What opened you to all this?
A: Being realistic, right? Listening to people telling me that with a virus like mine, and carrying it for that long, and being in the type of condition I was in, and still being alive, that there was *somebody* taking care of me. [Emphasis in original]

Q: Counselors here told you that?
A: Not here. In Phoenix House. It's what I needed and what I'm seeking, because I sinned a lot in my life. I did a lotta crazy things. I don't know how many people I killed out there. I never stopped to see if they were dead or what. There was a time when I read about hell and heaven, right? And, I don't want to go to no hell and burn up. And I don't know where heaven is at or nothin' like that, but if it's a peaceful place to be at, where I don't have to suffer, that's were I wanna be. I'm not so much afraid of death today, because I'm involving myself with the spiritual awakening of mine.

Q: Have you ever thought this is an answer to your prayers [mentioned earlier]?
A: Yeah. And I believe that, because it could have been worse for me. Never before have I got beat down like I had in '94-'95. I got four different beatings and *I should have been dead.* That's behind sticking people up. I shoulda gotten killed. Okay? And I'm still here. And somebody in Phoenix House told me once, "You're here because you're one of the *chosen ones.*" See, I believe I was chose to give people the little bit of information that I have. [Emphasis added.]

Although the notion of a calling, like other miraculous events, is not part of the official rhetoric of Recovery House, it is not an uncommon theme among residents and counselors, as Roberto's account indicates. The fact that at least some therapeutic community counselors give credence to the doctrine of the addict's "election" to therapeutic community treatment is supported by the comments of at least two members of the staff at Recovery House.

In Chapter 6, Saul describes his view of Higher Power spirituality. Part of his discovery of this spiritual form was a "miraculous" rescue from certain death by gunshot. Saul unconditionally attributes this and his subsequent entry into treatment to the Hand of God, a concept that is well understood at Redemption House.

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> I remember saying to myself, "Damn, you [were] almost killed." That's the first time in all the years that I [had] been on the street that I came face to face with death. The gun was fully loaded. And I knew at that moment that it was not my doing that I was still alive. I believe that all the years that I was in the street that God had looked over me and protected me for some reason.
>
> Even though I didn't have the faith in God that I needed at that time, I knew He existed, and I needed to find a way back to Him. And I remember dropping on my knees and asking God to please help me, because I didn't want to die in the street like a dog.
>
> You gotta forgive me. Whenever I talk about this I get emotional [he's crying at this point] because it's real to me. And I remember asking God to help me and show me a better way. And I drifted off to sleep and when I woke up my sister was there. . . . She said, "You don't have to go to church, but you have to find God -- in your own way. You need to because I'm afraid for you." A couple of weeks later I ended up in Phoenix House. I called them and had to wait two or three weeks for a bed. I haven't looked back since. That was eight years ago.

The Director of Recovery House avoided tape recorded interviews with me, despite my numerous requests. However, his public comments to the residents were indicative of his perspective on the uniqueness of Recovery House. The following comments are taken from field notes recorded shortly after he addressed an evening Focus group:

> G. countered the image he had just drawn of the "willful junkie" that is supposedly held by the "current powers" by talking about a Recovery House as a *cocoon* where you can take time to "develop and grow slowly into the kind of person necessary to overcome addiction."[31] He also used the image of an *incubator*, although less comfortably, and referred to the faulty "character of the addict" that needs time away from outside influences [he did not, nor has anyone else in my hearing used the term" enabler"] to work on those character flaws and build the type of *internal structure* [his words] necessary to resist temptation [my words, his meaning]. He referred to this notion of treatment as "a *belief*, one that I am *committed to*." He also discussed the necessity of doing that work in the company of others, of addicts who are "the *only ones* who can really know and understand what addiction is like" and what it takes to overcome it. [Emphases added.]

At the close of the meeting, "G." said to the collected house, "We are blessed, I believe we are blessed." He was referring to the encapsulated character of the community and the way [in its ideology] the community acts as an "ark," as a means of isolation in a caring context to enable addicts to turn *themselves* around.[32]

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Conclusion

The rituals of mutual witnessing, the mysteries of virtuosity, and the miracles of calling, rescue, and daily direction (answer to prayer) are just some of the means shared by Redemption House and Recovery House in their attempts to fix the commitment of their residents and solidify their attachment to the ideology (faith) of the respective programs. The parallels that I observed in these practices and processes further clarified and solidified my general thesis for me. The two programs are really very much one and the same save for their central legitimating or rhetorical systems. Both programs practice a system of personal conversion or individual identity transformation as a means of rehabilitation from deviant drug use. One calls what they do redemption and uses the discourse of religion and supernaturalism, while the other uses the discourses of (mental) hygiene, self-help, and scientific empiricism. Phenomenologically, however, they do the same things, operate with the same social and psychological processes. From the perspective of the sociology of knowledge, they create similar realities out of these "alternations," but use different conceptualizations (symbolic universes) of reality to define and give meaning to the processes, the persons, and the changes they undergo. Both programs are direct, historical outgrowths of Protestant traditions and ideas that reach back through nineteenth century America to the European Reformation of the sixteenth century and, through its interpretive lenses, to the religious movement of the first century that has been foundational for all of Christianity.

In this regard, I do not see the therapeutic community form of treatment for drug addiction as a scientific advancement over religious (and other earlier) forms of resocialization for the purposes of social control. Rather, it appears more as a reconceptualization of many of the very same processes and techniques used over the centuries by religious (and earlier "scientific" therapies, e.g., "moral treatments" of the "alienists"). This reconceptualization merely discards the no longer fashionable, traditional supernatural rhetoric of the religionists and the openly moralistic

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rhetoric of the alienists, and substitutes the current ideologically dominant discourse of empirical science (and self-help) to legitmate the very same practices, processes, and social dynamics.

Recovery House and the therapeutic community movement, which started out as a charismatic movement under the tutelage of Charles Dederich, is well on its way to becoming a routinized movement organization that uses science as an ideological means to legitimate its operations, operations that include little new under the sun. Recovery House is, like Redemption House, a social-psychological pressure cooker for the correction (social and ideological conformity) of social "misfits" and "troublemakers." They are agencies of social control and moral re-education, both in their own way servants of the state and status quo, using decidedly similar means to accomplish similar ends, while telling themselves different stories about what it is they are doing.

This seems less pernicious on the part of Redemption House, since however much its converts learn to conform to conventional standards of behavior and thought, its operation is essentially voluntary. Its program is presented as one set of social norms and bekiefs to be chosen over against another. Its only coercive power is its ability to persuade. And, it retains its own ideological critique of current society (seen as "modern culture" or "secular humanism"), with itself as a normative and ideological alternative. Thus, there remains in the explicit voluntarism of the Redemption House ideology an image of the individual as a locus of freedom, of choice, of independence. Moreover, its critique of modernity implies a potential for individual or collective resistance to currently fashionable "scientific" systems of control like the medicalizations of "troublesome" behaviors, such drug addiction, crime, and delinquency.[33]

"Treatment" is an agency of conformity that is rather more insidious than its Redemption House or Teen Challenge counterparts. Instead of preaching an alternative moral and ethical

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system, which its drug-using residents may choose, Recovery House presents its "treatment" to the public and funding agencies as based on scientifically determined universal principles of health -- as a technical issue. It presents drug addiction not as a (poor) choice, but as a personal, perhaps biological, deficiency that not only *can*, but *must* be corrected. This claim eliminates the "practical" question of whether or not certain drugs can be used leisurely or as a means of personal satisfaction, and replaces it with a "scientific" issue already decided by the experts. In this view, drug use is a failure of natural systems, either biological (i.e., it is a disease) or socio-psychological development (i.e., it is a failure of socialization), rather than a violation of socially constructed norms that vary from group to group and are subject to reflection and re-evaluation.[34]

Recovery House as a representative of the current drug treatment industry maintains an ideological interest in (mis)representing drug use as a technical rather than an ethical issue to be decided on the basis of full and free public consideration via complete and open access to information, i.e., as a personal decision. It has a clear interest in repressing this possible public debate by, among other tactics, maintaining a professional service model that focuses the problem at the *individual* rather than *social* level. In addition, it constantly maintains a crisis mode that postpones "theoretical" (i.e., political) questions for the sake of immediate treatment, and it represses the category of "ethics" *per se* as a category of significance by invoking the rhetoric of scientific objectivity. By instituting science as an ideology to legitimate its correctional operation, Recovery House and similar treatment programs are more ideologically and insidiously coercive than organizations like Redemption House, because they remove the notion of choice from the individual's self-understanding of his or her situation.[35]

In this posture as scientific expert, Recovery House remains an agent of the state and status quo to a much greater degree than Redemption House. Many of its residents are under the control of other state agencies, especially the courts and correctional system. Its powers of

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coercion, both real and potential, are much greater than those of its religious counterparts. The therapeutic community incorporates no social critique.[36] It bears no ideological allegiance beyond the state and current standards of its industry. It receives both state monies and oversight. Its programs are subject to state regulations -- like shortening treatment periods from eighteen to twelve and perhaps six months, largely at the dictates of insurance contingencies rather than the requirements of "the treatment." It is required to cooperate with state correctional and other agencies by treating any person sentenced to Recovery House by the courts or parole systems, regardless of validity of diagnosis or "readiness" for treatment (DeLeon and Jainchill, 1986). And, it is responsible to the courts to report whenever such "mandated" residents leave the supposedly voluntary treatment facility "against administrative recommendation."[37]

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[1]By conversion, here, I include the maintenance or reinforcement process that I discuss in this chapter as well as the inducement process discussed in earlier chapters.

[2]See C. D. Nock (1972) re the exclusive character of Christian versus "pagan" conversions. See also Nelson, 1973.

[3]Examples of "co-existence" include varying opinions on "Christian rock" music and the necessity and value of certain "gifts of the Spirit," such as speaking in tongues.

[4]In this context, therapy, should be understood in the sense given by Berger and Luckmann (1967:112ff):

> Therapy entails the application of conceptual machinery to ensure that actual or potential deviants stay within the institutionalized definitions of reality, or, in other words, to prevent the "inhabitants" of a given [cognitive] universe from 'emigrating.' It does this by applying the legitimating apparatus to individual "cases." Since . . . every [community] faces the danger of individual deviance, we may assume that therapy in one form or another is a global social phenomenon. Its specific institutional arrangements, from exorcism to psychoanalysis, from pastoral care to personnel counseling programs, belong, of course, under the category of social control. What interests us here, however, is the *conceptual* aspect of therapy. Since therapy must concern itself with deviations from official definitions of reality, it must develop a conceptual machinery to account for such deviations and to maintain the realities thus challenged. This requires a body of knowledge that includes . . . a theory of deviance (a "pathology," that is), that accounts for this shocking condition (say, by positing demonic possession [or character disorder]). There must be a body of diagnostic concepts (say, a symptomatology [junkie mentality, say], with appropriate skills for applying it [ex-addict mentality, say]). . . . Finally, there must be conceptualization of the curative process [treatment or training] itself . . . [i.e.,] a conceptual system for the "cure of souls." [Italics in original. Other emphases added.]

[5]Emotional reinforcement (attachment to persons or groups, rather than to ideas) is also part of this process, but is not my central focus here.

[6]From the moralist perspective, this experience is "insight" (i.e., "good" knowledge). From a phenomenological perspective, it is knowledge characteristic of a specific group or institutional sector that the actor has chosen to adopt or "identify" with. That is, he has accepted the perspective of the group or organization as his own. For the investigator to label it "good" is also to identify with the group's moral valuations.

[7]See Harrison (1974) for a description of similar orchestration of conversion in an explicitly religious context. See Hood (1992) for a comparison of these two orchestrations.

[8]The role "influences the convert's orientation in all interactive situations . . . . Accordingly, he or she enthusiastically avows his or her convert identity in all . . . situations" (Snow and Machelak, 1984:174).

[9]See Harrison (1974) for a description of a Pentecostal prayer meeting within the Catholic Renewal Movement that operates much like an Protestant Pentecostal service. Harrison also analyses the effects of "testimonies" on both new and older members. See also, McGuire, 1977.

[10]As Berger, Goffman and others - including the behaviorists at Recovery House - would suggest, this would be effective to some degree even when non-believers "act as if" they believe and profess.

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[11]See Chapter 1 for a description of prayer meetings at Teen Challenge Training Center.

[12]The notion of "cravings" for drugs or sexual activity that is used in the research and treatment literatures as a technical term which appears to distinquish normal from abnormal desire is unnecessary at Redemption House, since the "desires of the flesh" are always suspect, if not sinful. Although evangelicals can have normal or healthy desires, the line between these and the fleshly kind is not universally standardized. There is always a sense of uneasiness about the idea of desires other than those "of the spirit." Drug literature pretends that it understands a clear distinction between normal and abnormal desires at some biological level. I contend, however, that when it comes down to a case analysis of user wishes, the distinction between normal desire and abnormal craving has more to do with the substance desired and its quantity or frequency (i.e., moral and social issues) than it does with clearly definable differences in brain chemistry, anatomy, genetics, or any other material substrate. "Cravings" are desires that are socially unacceptable and have been labeled immoral or "abnormal." Since most bodily desires are unacceptable, and all strong desires suspect among evangelicals, this supposed distinction is unnecessary.

[13]Kanter (1972: 37) writes that "personal growth" is one way to express a striving for perfection. "Confession and self-criticism are common to many utopian communities where individuals constantly measure themselves against the 'standards of the perfect society.'"

[14]The community, which has much more rhetorical significance at Recovery House, means the collected residents and staff. However, the leadership of the community is what really embodies that concept. The leadership includes the resident "structure" or hierarchy, i.e., those solidly converted residents who are placed in positions of authority by the staff as well as the staff itself.

[15]Wuthnow et al. (1984:81), in their exegesis of Mary Douglas's view of culture, write: "A community's socially constructed picture of the cosmos, like science, is protected by not only being defined as sacred and dangerous, but more fundamentally, as truth - that is, as reality and *a priori* nature itself. [Indeed,] the very things we consider the most real - hence scientific - are, in fact, the most religious." And, they quote Douglas (1978: xv) in this regard: "The ultimate explanation of the sacred is that this is how the universe is constituted; it is dangerous [i.e., sacred], because this is what reality is like."

[16]In fact, these two processes generally work in tandem, with an older resident "breaking down" the "dope fiend rationalizations" of a newer one. In the process, the older resident "preaches" the rhetorical line of the program as - or "as if" - his own, thus experiencing himself as a recovering addict in his own actions and in the re-actions of his peers, both new and old, and staff members. The newer resident, correspondingly, experiences his "street cognitions" as inappropriate and either changes his cognitive universe or changes his place of residence back to the "street." Either way the rhetoric expounded by the older resident proves true, as do all self-fulfilling prophecies - it either exposes an addict who was "obviously" not ready for treatment or converts one who "obviously" was.

[17]Groups sometimes mix support for some members with confrontation of others. However, residents readily learn which groups specialize in which process. Caseloads are favored among many because of their tendency for supportive responses. Nevertheless, as the description of Ricky's exchange with the group leader about his thoughts of splitting shows, caseloads can confront too. See Chapter 5.

[18]Quasi-deviant because they are organizations whose members are viewed by the general public as deviant, even though in transition. Most Americans are skeptical of the possibility of rehabilitation of deviants, including drug addicts. The very way we socially organize ("process") deviants and the meaning of deviance - by labeling the deviant so that his/her deviance becomes a master status, largely irrevocable and often a self-fulfilling prophecy - militates against any general confidence in rehabilitation (see Becker, 1963; Erikson, 1964). This, I suspect, is one reason the treatment industry works so hard (and spends so much money) to demonstrate its claim that "treatment works."

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[19]See DeLeon, 1986.

[20]This session is reconstructed from field notes. Sections in quotation marks are verbatim.

[21]I cannot say if this "strategy" was planned beforehand. The seating did appear strategic. However, I suspect that this dynamic was more the result of the "elders" experience at the "game" of encounter than of any explicitly planned maneuver on their part. But the possibility should not be ruled out.

[22]This rule, "no bitches or bastards," is very clear and seemingly rather arbitrary. Why not eliminate people who call others "fuckers" or "assholes," too?

[23]It is interesting here that the community uses the utopian's technique of "mutual criticism" (Kanter, 1972:106f)) ostensibly to prepare its clientele to return to the world rather than to remain in the separated community and seek perfection. It amounts to a strange combination of nineteenth century motives and techniques from two different institutional sectors, both deeply concerned with social control. The inebriate asylum's version of "moral treatment," which flourished in the 1880s and '90s was intent on teaching their inmates industrial discipline that would enable them to function in the new industrial economy. There is much the same spirit in the treatment process at Recovery House as evidenced in this example. However, neither mutual criticism nor mutual witnessing are common practices in the typical workplace. The therapeutic community's modern form of "moral treatment" applies the methods for perfection ["right living"] within a utopian community in order to attain the asylum's "practical" goal of mainstreaming conventionally disciplined (potential) laborers. This seems a serious contradiction. (For inebriate asylums see, Rothman, 1971; Baumohl; 1987; McGovern, 1985.)

[24]Kee (1983:159) defines miracle in the Gospel tradition as: "the assuring sign of faith in eschatological vindication. Its immediate effect is personal, in meeting the specific need of the ailing or possessed; but its frame of meaning is cosmic, in that it points to the triumph of God over the evil forces." In the Pauline tradition, this continues, but St. Paul's writings also develop the idea of miracle in a further direction. Kee writes: " Rather than . . . signs of . . . the New Age . . . and the defeat of [Satan], Paul discusses miracle-working in the context of the charismatic gifts [teaching, preaching, prophecy, discernment, tongues]. The aim of these special endowments is to build up the community - 'body' - as a whole." That is, these ritual skills (gifts) promote individual commitment among the new believers and collective solidarity within the new (first century) Christian community. While the essence of Kee's Weberian-grounded work is to demonstrate the different meanings of miracle in different socio-religous contexts, my interest in his work is the nature of miracle in socio-religious contexts influenced by biblical Christianity (that is, those movements, especially the Protestant sectarians, which base their legitmations on the Bible rather than e.g., personal revelation or church tradition). It is my contention that both communities in question are historical constructs within that socio-religious context.

[25]Note Keith's assertion that he does hear others pray during these interstitial periods of prayer.

[26]I take this admission (i.e., "not really . . . material") as evidence that Keith is reading back into his prayer of the previous day details that were not originally present, but which more precisely correspond to the nature of the answer that he received on the subsequent day. The latter event (answer) is not only interpreted as a direct result of the former (prayer), but it also prompts Keith to re-interpret the meaning of his own desire, expressed more inchoately the day before. Thus the program dictum: "God answers prayer," helps shape not only Keith's "recognition" of the ultimate meaning of the answer to prayer, but also his very recollection of the meaning and substance of the "original" request.

This is an excellent example of the process of selective recollection that is so important in the experience of ideological conversion. The fact that Keith recognizes his own editing, but dismisses it as insignificant -- only the outcome of answered prayer is important -- highlights the process. Obviously he is aware of the "discrepancy" because of the proximity of the dates involved. Were he to tell this story

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again in six days, six weeks, six months, or six years, as he well may if he remains faithful, it is quite likely that he will "forget" the discrepancy and select the more cognitively satisfying version wherein he asked for "Christian material" and got it.

Had I been more alert in my research, I would have asked this question again in my later interviews with him. Unfortunately, I had a different agenda at the time. It is important to note that this is not Keith lying, but remembering a recollection rather than the original event. This is a mental operation that is common to us all. And certainly Keith's intention is not to deceive, either me or himself. It is obviously to convince us both! On recollection, see Ofshe and Watters, 1996.

[27]This amounts to a bit of "Durkheimianizing" of Weber (re: the definition of religion); I am not the first.

[28]Gregory Johnson (1976) identified this ideology of heroism early in the development of the movement. See also, White, 1998. Baumohl (1987) notes that the "lionization of those who succeeded" was common among the treatments of the nineteenth century as well.

[29]Walter apparently took me for one of the books. This response, among others, demonstrates that his was one of the more hostile interviews. Yet, it was quite productive.

[30]As suggested in Chapter 1, however, current anti-drug discourse - including the related notions of addiction as loss of control and treatment-induced abstinence as the only means to reassert self-control - includes a notion of negative election. I use the term to refer to the belief that only some people are vulnerable to addiction to psychoactive substances or other "risky" behaviors. This is most prevalent in alcohol-related treatments and is somewhat suppressed in the discourse that surrounds treatment for illicit drug use.

[31]His use of the word "cocoon" made me wonder if he had read Greil and Rudy (1984) as part of his undergraduate work, which he announced to me - with justifiable pride - that he had just completed.

[32]It is, of course, ironic, as Manning (1989) has pointed out, that the core of the ideology consists of a contradiction between the communitarian and the individualist principles. The community is the great healer (supposedly the great discovery or innovation of therapeutic community treatment), yet it is the individual who must affect (construct) her/his own recovery. And what is more, he/she must realize it as an individual in the outside world, devoid of the community that shaped him/her.

[33]On the medicalization of deviance, see Conrad and Schneider, 1985.

[34]On the "technification of moral-practical knowledge," see Habermas, 1970, especially chapter 6, "Technology and Science as Ideology."

[35]This is a "sticky" problem for the treatment regimes. At the level of theory they want to maintain this "technocratic consciousness" (Habermas, 1970: 111ff). However, at the level of daily life in treatment, residents experience themselves making choices all the time. They choose, for example, between following the dictates of their "disordered impulses" or the dictates of the treatment regime. In this light, it is even more interesting that the treatment has reinstated its own version of religion to "help" residents make these "therapeutic" choices. It is just such contradictions that make some treatment administrators and professionals wish for the "old days" before the "movement accepted state funds and regulation." (Personal communication from a Phoenix House official who is both former client and counselor.)

[36]This, too, is a change from its origins in non-professional treatment (addicts treating addicts). See Levinson, 1994.

[37]The main rationalization for this acquiescence is that treatment "works better" when it is legally as well as ideologically coerced (NIDA, 1999: 31).

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Chapter 8

Beyond Recovery and Redemption: The Reentry Process

> Of the seventeen guys we got here right now, maybe two of them will be walkin' with the Lord a year from now. That's because most of these guys don't have a church. Got to have a church. [A]nd they don't do they devotionals. Th[at's] what they supposed to do. They need that authority in them to tell them when to get up and where to go. That's one thing [I've learned] by working in a Christian program. You can always stay ahead. Hearing the Word every day . . . I need that. A lotta times I sit by the door while Harry is teaching [his daily Christian Life class] so I can get some word that helps me through the day.
>
> Edwin, Redemption House Intake Director

> Really, my recovery, I always tried to base my recovery at work [on] being a hard worker and having two or three friends at work in recovery who I can talk with about anything. And then of course your spouse or your partner. This is my *circle of recovery*. Other friends that I have, [they] have to go to [AA or NA] meetings every day. Some of them don't work in the field, and I can understand that. One guy I know is in four different kinds of recovery. But the people that work in the field . . . . They're talking about the things [at work] they're gonna talk about at the [outside] meetings.
>
> Louie, Recovery House counselor

In this chapter I describe the reentry process at both houses and the problems encountered by residents as they attempt the transition back to the "real" world. I conclude with a detailed account of Louie's attempt to get beyond both treatment and recovery into "normality."

The final step in the treatment and training process focuses on the resident's preparation for the transition to the outside world. From the perspectives of both programs, the key to successful continuation of abstinence from drugs and other "life-controlling" behaviors is essentially the same: find or create a social network or structure that shares and supports the

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moral logic and meaning systems advocated by the programs, Christian living or right living. For Redemption House, as Harry says repeatedly to residents, this means joining a local church and making oneself "accountable" to its leadership and congregation. For Recovery House, as Maria and others preach persistently, this means either maintaining regular contact with a support group of fellow recovering addicts constructed while in the reentry phase of treatment, or regular attendance at and participation in an organized support group such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA).

The instructions residents receive from both programs regarding individual practices are similar as well. At Recovery House they teach the techniques ("tools" is the term they use) deemed necessary to avoid relapse. These include continued contact with one's support group, already mentioned, but also involve certain practices and outlooks that prevent not only relapse, but are claimed to minimize temptation and resist "cravings." These include obvious methods such as avoiding places where one "used or copped" drugs prior to treatment, calling a friend from the support network when experiencing urges, cravings, or fantasies about drug use or other tabooed behavior, and continuous use of consequential thinking. The prescriptions are surprisingly (or, perhaps by this point, not so surprisingly) more or less the same at Redemption House: don't frequent former drug using places or associates; make new friends who are believers at a local church; maintain a personal devotional life (regular prayer and Bible reading).

What is central to the entire plan for post-treatment or post-training success is establishing effective "plausibility structures, that is, the specific social base and social processes required for . . . the maintenance of [one's]subjective reality" (Berger and Luckmann, 1966:154).[1] Graduates must establish or find social and cultural networks and patterns that will effectively support the new beliefs about self, world, drug use, abstinence that they have adopted in the process of treatment or training. This principle is loudly trumpeted by both programs to their graduates. It is old hat to the evangelical establishment at Redemption House, much newer to the

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therapeutic establishment at Recovery House. A basic failure of therapeutic community theory is their psychologistic belief that socialization can be entirely successful, that each individual can so thoroughly internalize her new identity, that she needs no permanent community to sustain her. It assumes that internal social controls can, for all practical purposes, replace external controls entirely.[2]

The faith communities, being tied to an older tradition, and perhaps not quite so theory driven, seem more aware that new converts are vulnerable to even the most cursory challenges in the outside world. Therapeutic communities, on the other hand, tend to believe their Emersonian and Jamesian assumptions too much. They have too much faith in the notions of socialization built on individualistic and essentialist notions of identity and personality. Interactionist and constructionist notions of socialization are rarely so sanguine. The better models always leave room for the necessity of ongoing processes and structures of reality maintenance, especially, as Berger and Luckmann (1966) explain, at the level of everyday association and conversation as well as in overt systems of social control. Over the last decade and a half, however, the therapeutic community movement has apparently conceded that graduates need continuing treatment-related structure and association to assist their continuing sobriety after they leave the program. In light of this, it should come as little surprise that many if not most of the graduates who remain true to the ethic of right living are those who become staff members in a therapeutic community.[3] There is little, if any, hard evidence to substantiate this, because no one has bothered to do the necessary research. Anecdotal evidence, however, points clearly in this direction.[4]

It is this point of comparison that may go furthest toward establishing that what treatment and training are, at their cores, is a conversion, a transformation of belief, of outlook, a change of world view and view of self (identity). The initial belief that is central, as I described earlier, is the belief that one is a sinner and/or addict, i.e., someone in need of correction or rehabilitation.

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But further, residents of both houses have come to believe that abstinence is the sole solution to this particular problem and that adherence to program-generated principles of right living or Christian living are required to maintain abstinence or are, perhaps, synonymous with sobriety. That is to say, treatment -- like training -- involves the establishment and maintenance of a faith in the essentialist notions of addiction and recovery on a philosophical par with evangelical notions of sin and redemption. Although, in phenomenological terms, both "addiction" and "recovery" as well as "sinfulness" and "saintliness" are best understood as socially and historically contextualized patterns of activity, both programs reify these experiences as static "qualities" or "characters" of individuals. These beliefs and the changes in belief affected in the confines of the programs, are established and maintained -- as are all beliefs or ideas -- in the context of a group of "like-minded" people (community or congregation) that share these same beliefs, this same sense of plausibility, in the face of a generally indifferent and occasionally hostile outside world.

One of the clues about this is that whenever Redemption House or Recovery House present their programs to the public or to funding groups, the testimony of "success stories" is a primary source of evidence for their effectiveness.[5] At any such meeting featuring the therapeutic community modality, the witnesses are likely to be graduate staff personnel, like Louie at Recovery House and Martin at Redemption House. As Louie reports:

> I used to go on speaking engagements with Daytop. And you met all these teachers and professors and medical doctors who were trying to convince other people that treatment works. So I [was a case where it] worked. Here I was a living example. They made you feel like a king on most of these interviews.

My argument here was challenged by the first Redemption House "dog-and-pony" fund-raiser I attended. Several of the men who came on stage to testify during the intermission of the Gospel concert held at Symphony Space in Manhattan to benefit Redemption House were *not* staff members there or at any other discipleship program. They were civilians! However, as I

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listened to their testimonies -- and to some of their stories in brief interviews following the concert, I discovered that virtually all of them held service positions in evangelical Christian organizations, often in programs directed at drug users or groups deemed particularly vulnerable to drug abuse.

Each man introduced himself to the capacity audience in much the same fashion as James, and then offered his testimony:

> Hello, I'm James Cotton, I graduated from Redemption House in 1982. There, God delivered me from fifteen years of drug addiction. That was twelve years ago [applause, whistles, cheers]. Today I'm married, I have two children, I'm a supervisor at the Department of Sanitation, a member of [unintelligible] Gospel Church in Rockland County. I'm involved with jail ministry and children's ministry.

The third graduate of the night introduced himself with a bit of humor to relieve his obvious stage fright, but otherwise followed the common script:

> Good evening ladies and gentlemen, I'm Nervous. [Audience laughter.] I am a senior accounts representative for an inter-school youth program called Project Express. I'm also an associate pastor of Calvary Baptist Church. I'm in charge of Christian education. [Applause.] At Redemption House, God delivered me from drugs. I just wanna thank Him for that.

Paul, a more recent graduate, followed "Nervous," and testified in a manner that is more common at such functions:

> I graduated from Redemption House in March, 1994 [six months prior]. Jesus Christ delivered me from a life of alcoholism and depression. And I'm glad to be working at Samaritan Center, which is a ministry of Redemption House for men with full-blown AIDS.

Then there was Vinnie:

> My name is Vinnie Cruz [from the audience: "Hey Vinnie,"] the Lord delivered me from an eighteen year habit. Today I'm the Director of Outreach at Church of the Savior. We implement a Christ-centered support group for [people with] life control problems [i.e., "addictions"]. I also teach at Redemption House and I'm two semesters away from obtaining my BA in Human Services. [Applause.]

From the perspective of the discipleship program, these men *are* staffers. Each is

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intimately involved in a service organization -- as staff member or volunteer -- that is actively and philosophically part of the evangelical subculture. They remain enmeshed in the culture and institutions (the "plausibility structure") of evangelical Christianity, which is the training culture of Redemption House.[6]

Interestingly, this is one important way that Redemption House differs from Recovery House. It is easier for the discipleship training program to send its graduates directly into an organizational setting that conceptually, if not structurally, replicates Redemption House. The evangelical community, as a whole, maintains the same world view and ethical outlook that pervades Redemption House. No comparable and identifiable segment of the American populace professes or practices the therapeutic community ethic and outlook.[7] It would seem, given this notion of the means of success, that Redemption House could expect greater accomplishments from its graduates than Recovery House, since the requisite plausibility structures (evangelical congregations) are more readily available for its graduates. As I will discuss in the next chapter, however, success rates appear to be more or less the same for both groups -- rather dismal when read without treatment industry spectacles. The problem that graduates of both programs face equally is that the plausibility structures that are most readily available to them after treatment and training are their former drug-using cultures and socio-economic milieux (read: poverty or low income).

The Reentry Process at Recovery House

At Recovery House, reentry, the last phase of the tri-partite longitudinal structure of the therapeutic community, by and large continues the same rituals of treatment, especially groups.[8] The major difference from earlier phases is that at this point the reentry candidate is separated from the general population and eventually finds his or her own living arrangement outside of the treatment facility. I asked Louie to describe the reentry phase for me. As always, he combined

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his own experiences in treatment, at the beginning of the decade, with the process of Recovery House, where he was employed at the start of our conversations.[9]

The reentry portion of the program at Recovery House involves a radical decrease in program demands and requirements on the part of the resident. Those that remain are merely variations on the rituals that have become second nature to the residents over the previous twelve to eighteen months. At Recovery House, for the first month of reentry the resident remains in the regular population, but attends special reentry groups whenever the rest of the House is in group meetings. The only exception to this rule is caseload group. Residents advanced to the reentry phase continue to attend the all-important caseload group until they are transferred to the separate reentry facility in the second month. Louie explains:

> When you get to [reentry], everything is gonna be on you, y'know. It becomes a constant focus for maybe two months. All of the groups you're in, this becomes the focus of everything. So all the peer groups you're in are: "What the fuck you gonna do when you're out there asshole, you can't do that shit out there." The only groups at this level where you mix with other lower levels is in your caseload, otherwise it's all people ready for reentry. Whenever they are doin' groups, you are in the reentry group, or probationary group. This is during reentry at the main facility. You have about a month of reentry there, and then when you get a job, you move to the separate facility.
>
> In [the reentry facility] it's more like a boarding house. I mean, there's things you have to go to, like a house meeting [each night], but there's no Morning Focus, except Saturday. You have to sign in and sign out of the facility. There's a curfew. But compared to the other facility, its nothing. But it's really like society, in a sense. [You] got your own place; group, like once a week, but if you have a valid reason, you can miss. Have to make one outside NA or AA meeting a week. All the counselors who work there have been in recovery a very long time, they're very rational people. Y'know, it's not about getting you in trouble [like the earlier levels]. Once in a blue moon you get a new jack asshole who fucks everything up. He treats you like you're in the other place and you're not responding to that stuff.

The process of treatment continues to be group work, practicing (acting-as-if) being an ex-addict, developing the new identity -- or, at this phase, polishing and presenting it to the peers and staff for evaluation, reinforcement, and on occasion, correction and adjustment. The next major step, while still in reentry, is "move out." Louie remains in treatment, but begins living outside, in society as he puts it, while still attending Recovery House groups, AA, and following

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prescribed treatment "criteria."

> Then you present [apply] to move out. It took me six months. Some have stayed in as long as two years, but that's a special case, medical problems or whatever. Most people are out by twelve to fourteen months.[10] You have to move out with a roommate from treatment unless you're married or have a really good job or whatever. You have to fulfill certain criteria: have to have a budget, money saved, bank account and so forth.
>
> I moved out with a staff member who lived in Jersey City. Still had NA. AA meetings once a week, had to bring a slip. [Louie repeats this in a sing-song style with flattened affect to indicate the matter of fact character of these requirements, no big deal.] I had to report back once a month for live-out groups for another six months. These groups are a lot like the caseload groups from treatment. You go once a month, you know most of these people, so you don't mind goin'.
>
> It's really fun at this stage, like being a senior in high school, near graduation. We often go out after together, to Manhattan, whatever. The theme in group is usually "how you doin' out there?" Generally you have somebody doin' bad, someone doin' well, some in between. Some may even mess up and get high. But they don't necessarily have to start over again. Usually they can't graduate, but they don't go all the way back to [a lower level], because they come to group and confess, say I fucked up, whatever.

Caseload continues to be the model ritual process, and obviously preferred by Louie, for this level of treatment as well as earlier phases. However, encounter is also utilized -- as a part of this same process, when deemed necessary -- again, just as in earlier levels. Louie's description of the process is instructive.

> Q: What happens if I'm in move out and I come into the group and say I fucked up?
> L: Well there's a lotta different degrees of fuckin' up, y'know. In a typical treatment program, "messing up" is like snortin' some dope or takin' a drink or smokin' some weed. But "*Fuckin' up*" [with strong emphasis], that's like shootin' dope or smokin' crack and you're in real trouble. 'Cause most of the time you're gonna do it again where you developed some sorta habit or routine about it. So there's some concern about that, 'cause you went all the way to shootin' dope. 'Cause usually your most typical addict's gonna come in and say he drank or smoked pot or sniffed some coke or whatever. Very rarely would someone come in and say, "I shot dope," and expect to leave the group and come back the next meeting.
>
> Q: Okay. What's the reaction to messing up?
> L: It turns into an *encounter group*. Y'know, "you fucking asshole, why did you get high, what did you do, tell us what happened." [Louie continues this role play, taking the "defendant's" position:] "Since I been out it's been lonely, I don't have a girlfriend, so I went out one night and had a drink and said fuck it and I started gettin' high." That's usually the routine. Then we give them our concern, which is usually a haircut, like: "You shouldn'ta done that, you shoulda called me, [you] fuckin' know better. You better hope they don't throw you outta here or rotate you back to [level I]," or whatever. [Again, in sing-song.]

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> After that you have to meet with staff and you're on a urine list. You have to give urine every time you come in, [you] might have to report in during the week, or they call you up and say come in and give urine, y'know, try and bust ya. But usually when somebody messes up and comes in, we try to help 'em. And generally when they come in and admit it, they don't mess up any more. Usually, the worst thing that happens is they can't graduate with the group and have to wait 'til the next [group to graduate].

Reentry at Teen Challenge

The shape of the Teen Challenge program, where all Redemption House residents spent the final six to nine months of their training during the period of my research, is organized differently than is Recovery House reentry.[11] The end is the same, however, as is the principle behind it. I discussed the outline and some of the central aspects of this program in Chapter 1. My descriptions of prayer in Chapter 7 also apply. Here I describe how Teen Challenge, as an extension of the Redemption House discipleship training program, prepares its residents to reenter "the world." Jake, who I introduced in Chapter 1, described for me his experience of reentry preparation at the Mid-America Teen Challenge Training Center in Missouri.[12]

The Teen Challenge emphasis on job training continues after graduation, especially for those men who do not plan to enter "full-time Christian service." For many of these men, Teen Challenge arranges apprenticeships or mentorships in the geographical areas to which they return after graduation. Ideally, this means each man is assigned to the care of an alumnus who learned the same job skill in training and can either offer the new graduate a job or assist him in finding one.[13] This relationship is supposed to assist the new graduate spiritually as well, to find a "home church," and provide a readily available, experienced evangelical Christian former addict who can act as spiritual counselor during the critical early weeks and months after graduation, when the relapse rate is highest. This arrangement is supposed to help protect the new graduate from the temptations of the world. As Jake put it:

> With Satan as lord of this world . . . the world is a garbage pit, because he's running things. [There's] greed, pornography, drugs, abortion, adultery.

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However, these "babes in Christ" are sometimes led astray in spite of the arrangements that are supposed to assist them in their quest for the straight and narrow. Jorge,[14] a Teen Challenge graduate who relapsed, told me that he had been assigned a mentor who gave him a job in his construction business and introduced him to his home church. Unfortunately, while working, Jorge met other laborers who regularly had a few beers after work and often smoked marijuana on breaks. Jorge eventually began joining them, and several months later began using heroin again. Treatment spokespersons and other drug warriors might be inclined to attribute Jorge's relapse to his casual use of these "gateway" drugs.[15] However, he had another explanation. As he accounts for his relapse, Jorge mixes the jargon of the two "different" programs in a way that suggests the very parallels I am describing between the relapse prevention techniques they prescribe.

> I *stopped praising* the Lord *and witnessing* for him, that's why I fell. I *stopped using the tools*. I took my eyes from my goals and just kept working overtime. I *stopped going to church, stopped preaching*. [Emphasis added.]

As in the therapeutic community movement, many of the men who make it to graduation (a very small percentage of those who begin the program) at Teen Challenge are encouraged to become staff members or, what amounts to the same thing for the evangelical subculture, enter some form of "full-time Christian Service" or "ministry." Most of the counseling staff at Redemption House are Teen Challenge graduates.[16] Manning (1989) suggests that a reasonable way to understand the therapeutic community treatment programs is as a recruiting program for the abstinence-oriented treatment movement in the U.S. and other temperance cultures. Recovery House fits very well into a resource mobilization analysis of varied commitments among movement memberships. Much the same can be said of the discipleship training programs in the evangelical and Pentecostal movements. They are in many ways just what their name implies, trainings. Despite the assistance provided to others like Jorge, the reentry process at Teen

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Challenge Centers emphasizes this ideal of training for "full-time Christian service," which often means a staff position at a Teen Challenge facility.

One day, while assisting Jake in the Redemption House kitchen by preparing an industrial-sized green salad (for 25 men) to accompany his even larger (and very tasty) cauldron of spaghetti, he described his "reentry training" (my phrase, not his) for me.

> As it got close to time to leave Teen Challenge, they began to ask what I was gonna do. [Q: Who?] The guys in charge of the 30 Day House in Cape Girardeau, where they teach [new] graduates to do all sorts of ministries: nursing home, street witnessing, food pantry. The big [ministry] is the Super Saturday. They get 200 kids from the neighborhoods, drive buses all around Cape Girardeau, pick 'em up and bring 'em to the church. For the older kids they had preaching services. But for the five to eleven year-olds they have games and puppet shows and all that. The big part is the puppet shows, all with a Gospel theme.
>
> The guy running the house said I should come to the 30 Day House. I said, "No, I don't own anything, don't even have a decent pair of shoes. I need to go out, get me a job, 'cause I want a nice little job, nice little family, nice little house, go to a nice little church." Y'know, live real? 'Cause I was tired of the city. I liked living on the farm, and that's what I wanted, be out in nature to commune with God. That's what I wanted, to live on a farm.
> When I told Tito this, he said, "Jake, your problem is you don't trust God to take care of your needs." Right then I determined, okay, I'm gonna go to the 30 Day House. If God has a need there for me, He'll show me. So I took over Tito's spot, 'cause he was leaving. So I became the puppet master.
>
> I fell in love with it, the puppets, the kids. I used to do five puppet shows a week along with the food pantry, children's church on Sunday and all that. But my big thrill was Saturday. Super Saturdays. I loved doing the puppets, because I got to be myself and be the comedian I never was. I did Dan Blather with the world news tonight and Spiritual Man. I did all the voice characterizations.
>
> [Then, all of a sudden] I'm junior staff. The third month there they put me in charge, and I'm running Super Saturday and in charge of the new staff of new graduates.

After another month at 30 Day House, Jake was told he would have to leave because they could not have men on staff who were HIV positive. He was informed that a position was available at Redemption House as manager of their AIDS hostel. After considering it for a time ("much prayer and fasting"), he decided to take it, because he was convinced it was God's will, what God wanted him to do, despite his own desire to live on a farm rather than go to another city.

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Jake was the ideal Teen Challenge graduate. He was committed to the movement and willing to do whatever its leadership decided was best for him. When I asked him what advice he had for men leaving Redemption House for the Farm, he said:

> I'd tell 'em something Tito tried to tell me a long time ago. Ninety-nine percent of problems are we don't trust God. [I'd tell 'em] Trust God, do what you're told. Just shut up and do it.

This unquestioning commitment was, arguably, the reason that Jake was fed back into the system that created him. Despite his stigmatizing condition, he was to do his part to produce the next generation of committed, "ex-addict, ex-juvenile delinquents" as disciples of evangelicalism. In Jake's case that meant

> do whatever has to be done to help run Redemption House, [which] is like a boot camp or field hospital. You take 'em in off the street and clean 'em up . . . clean off the rough edges, teach them respect . . . and send 'em on to the Farm.

Both Redemption House and Teen Challenge personnel are quite clear about the fact that the central role of each graduate is to attract more recruits to the evangelical movement. This is the role of all evangelical Christians, "to be soul-winners." Graduates of these discipleship programs are drawn to (placed in) familiar circumstances to do their recruitment. Like, they believe, attracts like. Or, no one can understand an addict like a redeemed addict. Or, in Jake's case, no one can help someone who is HIV positive or suffering from AIDS better than someone with the same condition who has found Christ. As I describe in the preceding chapter, both programs share this basic myth about the nature of work with people who have certain deficiencies (addiction, AIDS, sin), especially those that bear heavy stigma, either from the perspective of the general populace (addiction, AIDS) or from a particular sub-population like evangelicals (sin). As I indicated at the end of the first chapter, this is a notion that goes back at least to the beginnings of the Temperance movement and its temporal, and in many ways, ideological and structural parallel, the Revivalist Movement: drunks seeking drunks.

Edwin was another staff member at Redemption House who got there because of his T-

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cell count. Edwin does not have the same natural loquacity or ease with people that Jake had. Nevertheless, as part of its reentry program, Teen Challenge prepared Edwin for a full-time service position in its ranks. However, things did not work out exactly as planned.

> My ministry was the walkathon. I loved the walkathon. I loved witnessing to the peoples. You know, you meet a lotta peoples. Tell them about Teen Challenge. And you get a chance to witness to them, tell them what the Lord is doing in your life, and that feels good. A lotta ladies want the information so they can get they sons in it.

After his ministry training, Edwin graduated and sought an internship similar to Jake's, but in an entirely different field. However, what got him from there to Redemption House was quite the same process. It seems that Teen Challenge, unlike Harry Evans's program, prefers to isolate their HIV cases from the rest of their population.

> Then, after I graduated, I put in [an application] for internship, to work there as a custodian. They accepted [me]. Then I got sick: PCP pneumonia, stomach virus, I had ulcers. I had a lotta different things wrong with me. I had this black spot on my chest. I said, "Oh..., I was depr..., I was really upset. [This memory is obviously troubling for Edwin, and he has difficulty getting his thoughts together and his words out.] It was because I had did everything right and I thought the Lord had healed me.[17] He didn't. I spent two weeks in the hospital, went to renew my internship and they said no.[18] They said they thought it would be best if I went to another center to work with guys that have the virus.
> Q: Did you think they were trying to get rid of you because you had the virus?
> A: Exactly. I was mad. I really was mad at them until I spoke with Sonny. He's the director of the HIV groups and AIDS section at the Farm. He informed me about a program for men with the AIDS virus at Redemption House in New York. He said you could work there and at their induction center. They would like to have you. So I prayed about it and prayed about it, and came here to work. But I was still angry with Teen Challenge. I was angry a long time.

Christian Living Right After Graduation

Although he was supremely disappointed because he was denied the second internship and effectively banished from the Farm, Edwin seems settled at Redemption House. He seems convinced that working there is his salvation. His account of his post-training position as a staff member at Redemption House displays his sense of the principle means of relapse-avoidance and successful abstention from drugs and other sinful activities.

> I had decided [while in training] that I was gonna be a staff [member] at the Farm. I was

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gonna live in one'a those nice trailer houses they give staff to live in. They get a car. Teen Challenge really fix you up nice, if you a staff up there. When they sent me here, I didn't wanna be here.[19] Then Sonny asked me, "Who you doin: this for? They need you more where you at than they do at the Farm." And we prayed about it and prayed about it. I did a report about it and sent it to Sonny. After I was here for a while, I began to see how I was being used by the Lord here. I began to see how this was the best place for me. 'spite of what I felt. Now, I wouldn't wanna be no place else.

Edwin's experience at Redemption House has reinforced for him several pertinent notions about the means of living a Christian life after training is over. In particular, he is beginning to see the practical effectiveness of maintaining the necessary plausibility structures.

I'm Intake Director. When guys leave here with a bad attitude, it hurts me. I have three guys on the waiting list now that been here before, completed the whole program and left instead of going to the Farm. That's a major mistake. Harry said he's been doin' this 25 years, and in that time only two guys completed just this stage and is still walking with the Lord. That's because they had a home church backing them up. Most of these guys [residents] don't have a church.

That's one thing [I've learned] about working in a Christian program. You can always stay ahead of the other guy [who doesn't].[20] Hearing the Word every day, staying in contact with my director and pastor (Harry is my pastor), I need that. A lotta times I sit by the door while Harry is teaching [his daily Christian Life class] so I can get some word that helps me through the day. I look up to Harry as a role model. His walk with the Lord keeps me going. All the roles he has to play -- he's not just Director, he's teacher, he's doctor, he's plumber, electrician, everything. And everything he's doin', he's doin' it with a Christlike attitude. That's hard to do. If I was working outside it would be hard for me. I would probably be cleaning boilers, like I did before [training], where I worked with 20 guys and only one used to read his Bible. The rest, from 7:30 to 4:30, all them guys used to do was drink and clean, and get smutty and clean, drink and raise bills at the liquor store. I think it would be hard for me.

Edwin also has developed a relapse prevention mechanism that might be called "mutual witnessing by example." He protects himself, first of all by recognizing the main source of inducement to sin, then by taking an inventive, yet age-old, precaution to avoid seduction. His prevention program is one part magic and two parts solid social psychology.

What I do, what keeps me going when I go out, I take a Bible with me. I don't know, maybe it's superstitious, but I will not do nothing, drink or do anything [sinful], as long as I got a Bible in my pocket or somewhere on me. On holidays, if I go to visit my family, the urge always comes, because they swear, they smoke, they do they thing. If I go to my mother's, I take one of the students with me. Not the staff, but the students. The staff, you can con them easy, but the students, that's different. I'm setting an example. I can't be messing up. And that way, I'm protecting myself from temptation.

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After Treatment and Training

The (unknowingly) shared doctrine that successful avoidance of relapse following treatment and training requires the maintenance of a support network was something I discussed at length with Louie, the counselor from Recovery House who was my most intimate contact in the world of drug treatment.[21] Much of what he had to say seems to apply equally to both types of programs, which should not be surprising given the fact that they have so much else in common.

Edwin has described what it takes for him to maintain his "walk with the Lord." The counterpart at Recovery House is "stayin' clean," or as Louie put it -- paraphrasing DeLeon -- "living responsibly." Much of the reentry group discussions at Recovery House are about "how're you gonna do out there." As I have described, Recovery House offers a set of relapse prevention tools that is by now more or less standard throughout the treatment industry. These tools are concepts and practical advice "to be internalized" (as if this were a process similar to memorization). These "tools" were developed by research largely independent of the therapeutic community movement.[22] The tools include such basic advice as, e.g., avoid the "people, places and things" that were associated with past drug use or criminal activity and associate only with "people, places and things" that are associated with "conventional" activities and legal pursuits.[23] Another "tool" that is closely associated with "people, places and things" is the notion of a network of people in recovery who can support each other through regular social contact and, especially, in times of crisis when temptation to relapse is the greatest -- or so it is universally claimed throughout the dominant treatment discourse. Louie had an interesting perspective on this particular tool, considered central to relapse prevention.

During reentry Louie had a good position in the placement department of a Manhattan center for the physically disabled. He had completed a three-month internship there late in the

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main treatment phase and was offered a regular position as job coach.[24] His success on the job led to the opportunity to advance to the "live out" stage of the reentry process and he moved into a small apartment in Jersey City with a staff counselor. Louie did well in live-out, and graduated in 1992. Some eighteen months after graduation, Tommie French, who had been Director of Phoenix House during most of Louie's time in treatment, offered Louie a job as counselor at Recovery House. Louie stayed there for almost three years, which included my research period, then he moved to another therapeutic community for a year. Then, when Tommie left Recovery House and became Director of Programs at another large therapeutic community complex on Long Island, he hired Louie as an Assistant Director in charge of the adolescent program. At this point, Louie was chief operating officer of a community of 100 teenagers diagnosed as problem drug users, many because of their contact with the juvenile justice system. He was not yet thirty.

Like Edwin, Louie offered an account of what keeps him straight and living responsibly. His account provides both empirical support and a new phrase for this particular version of plausibility structures -- both their necessity and their grounding in conversation.

> I always tried to base my recovery at work on being a hard worker and having friends at work, in recovery, who I can talk with about anything. After I graduated, I mainly socialized with six or seven people from Recovery House: Kenny, Brian, Claudia, Lean, and I was in touch with Tommie. Basically you find two or three people at work who you can talk to about anything. This was my *circle of recovery*. [Emphasis added.]
>
> Q: Where does the phrase "circle of recovery" come from?
> A:. I heard it in treatment somewhere. To me it means having a *routine* of how to stay straight. Which means for me, goin' to work, goin' out, uh, there was always somethin' you had to do, a routine. Work every day, kept appointments, went out with friends, socialized, had fun, movies, had excitement in my life. The last thing is being honest, y'know, talking. Which is something that has kept me straight. Just talking. As a matter of fact, a month ago, it happened to me. I was working in my garage and a big white thing fell on the floor and it looked like crack and I thought about crack for fifteen minutes. So I went and called someone. [I told him] "I got this urge," and you just express the real truth.

Like Edwin, Louie believes that his position as a full-time staff member at a therapeutic community is crucial to his recovery. He sees friends outside the movement as being at a distinct disadvantage.

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And at work, when I run a group, I have a dual purpose in being there. Not only am I doin' a job, but I'm also doin' somethin' for me. That's one of the reasons I stay in the business. When I left the business I had a harder time. If I wasn't in the business, I could see myself goin' to meetings. Or having to be involved with a support group. And goin' to a therapist. I don't doubt that at all.

But other friends that I have, go to meetings every day. Some of them don't work in the field, and I can understand that. But the people that work in the field, I don't understand why they have to go to meetings every day? They're in recovery [at work] talking about the things they're gonna talk about at the [outside] meetings. One guy I know is in four different kinds of recovery.

When we do get together we have dinner, whatever. We talk about old times in treatment, assholes who did whatever, how we got over, laughing and so forth. A lot of these people are not staff, so I become like their pseudo-counselor. They call me up with questions.

From Recovery to Normalcy

Now Louie has experienced a number of years of sobriety and has developed a further perspective on recovery, one that I did not hear discussed in any treatment facility. Neither did I find it in any professional treatment industry assessment. Louie is attempting, cautiously and with sensitivity, to transcend the recovery paradigm that he sees as responsible for his success in sobriety and that he now experiences as an increasingly unnecessary burden. It has become another stigma that carries over from "addiction" to recovery and infects, or perhaps, "disorders" his quest for identity in the outside world. After several years of married life and recent fatherhood, Louie is ready to shed the label of "recovered addict" and live, as he puts it, "like a normal person."

When I get home at five o'clock, I want recovery to, like, shut off in a sense, and [I want to] be a *normal* person. Some people have problems with that. But not the "old school" people. They understand that rationale. Even after [my earlier treatment at] Daytop, I tried to look at it [addiction and treatment] as an *episode*. It's ended now and I want to move on now to be with people that are... uh... [searching for right term] normal. [Emphasis added.]

Something that still aggravates me is feeling like you're not like everyone else. Y'know? Like you have this thing, this dragon, inside that really makes you feel different. But now when you're trying to join the human race, you wanna be just like everyone else.

As we talked more about this, it began to become clear how this circumstance evolved.

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As Louie's life took on more and more of the accouterments of a conventional rather than a contraventional life style, as he gained more and more of a personal "stake" in conventionality, he began to feel differently about his life, himself, and his past unconventionality -- both as "addict" and as "recovered addict." The responsibilities of this new role in life, e.g., of fatherhood, became not requirements to be complied with, but purposes that shaped his consciousness of who he was and what his life was about. The more conventionally he lived, the more others -- especially non-treatment others -- acknowledged him as normal, and the more he came to see himself as normal. And, as the meaning of his present life was being reconstructed, his past had to change as well, at least certain aspects of it.

> But as I got married and did a lotta things I [had] always wanted to do, y'know, I started seein' myself differently.[25] Hey, y'know, I started seein' myself as *normal*. This [i.e., addiction-recovery] was an *episode* in my life. I was a fuck up. I made mistakes; I did these things wrong. I just messed my own life up. Now I can make it better. Now, since my baby's born, a lotta my old tendencies, like not wanting to get up in the morning [i.e., being "negative about initiating a day"] and alla these things that contribute to being an addict, have changed in a lotta ways. I have a different goal. I don't just worry about me and my wife, I worry about this baby. I have to do this for the baby, have to be responsible, go to work.
>
> Like all the episodes we've gone through since the baby was born. Like the baby getting sick, y'know, when he was first born? He had an infection. We thought something was wrong with his kidneys. Alla these crises, they were real-life crises; I had no time to think about being a fuck up. I had to think about being responsible and goin' through this pain, seeing the baby with a friggin' IV. Or the baby's nose is stuffed up, does it have anything to do with SIDS? Alla this craziness you go through as a parent. It gives me a whole new incentive that makes it better, because it makes it [i.e., life] more realistic. I'm not doin' this 'cause I'm an ex-addict and I'm in recovery and you have to do these things. I'm doin' 'em 'cause that's the way life is.

As I probed Louie on this issue, he began to recognize the contradiction between his spontaneous comments and recovery rhetoric. At first he backs off, taking refuge in traditional recovery nostrums. But the more he talks, the more this ambivalence resolves itself back into what he began with: "I don't wanna be an ex-addict, I wanna be just like everyone else. And I think I can." He even begins to build a rationale in support of his normalcy: everybody's screwed up in some way or another, us addicts are no different. He normalizes his past.

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Q: You keep coming back to one theme, seeing your drug use in the past as an episode, as not an essential part of your personality or your identity?
A: Unh-hunh.

Q: My understanding of therapeutic community treatment is that they drill into you that you're a drug addict. Once an addict, always an addict. What I'm hearing in the last 20 minutes or so is that your recovery is in some ways dependent upon your ability to put that in your past, to have it be an episode that's over. I think the way you expressed it is quite eloquent. So, in a sense, your continued success in recovery is part and parcel of your ability to say "I'm not an addict, I'm a normal person." If that is right, isn't there a contradiction there?

A: The contradiction is because some of us don't wanna feel that way about our life. We don't wanna feel that we're ex-*addicts*. We don't wanna be labeled in any way. Y'know? Yeah, there's a part of me that rejects that this thing has to be a life-long shadow over my life. I think I reject the theory "once and addict always an addict" for the fact that somebody's gonna get high again. Because I don't believe people have to get high again. I don't believe I had to relapse again to learn. It's just something that happened. I also look at my environment and see no other alternative than to do the things I did. I believe there's a genetic disposition, but [it's] also my environment. What if my parents didn't get separated and my older brother didn't die and my neighborhood wasn't rampant with drugs, y'know? What would I have done?

There is a point before you go into treatment where you feel totally abnormal. Y'know? You're a fuck up, unique and alla this stuff. But then you go into treatment and identify with alla these other people and most of the time the identification [i.e., rationale] is, "Hey we all made mistakes, now we're gonna put our lives back together." That's always the premise I stuck with. Y'know, these things happened to me and I'm just like anybody else with a disability or disadvantage or [who] made mistakes. And that's what continues to make me feel normal today. Yeah, there's TCs for people who do drugs, but there's also self-help groups for people who eat too much, y'know? And you start identifying with [i.e., believing in] the fact that everybody has, ummm, some inadequacy or something they're screwed up about.

As Louie and I continue our discussion, the main source of this desire to reconstruct his identity from "ex-addict" to "normal person" comes to light.

Q: Can you locate a time in your life when you became aware of this, that you didn't want to see yourself as an addict? That this was an episode you could leave behind?
A: When I met my wife and began to meet her family and all that stuff. For obvious reasons, in the beginning, of course, you don't want anyone to know, except your partner. But even after that y'know, you're just beginning to know, y'know, your brother-in-law, and you find out his views on somebody who has AIDS or who was a junkie or whatever. So you think, jeez, do I want him to know? So you start trying to disengage with the reality that you're an addict. Doesn't mean you give up the principles of not being an addict [maintaining sobriety]. But, I know a lotta people, a good forty of us in recovery who have this attitude -- some in recovery a lot longer than me, who live normal lives.

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Louie does not use treatment terminology to describe his wife's place in his current circle of recovery. However, his description of their relationship and her role in his continuing success confirms a point that has been raised about treatment of addictions by William L. White (1998: 333):

> The delivery of effective services to addicts begins with the transcendence of contempt... What recovered people brought to this field was, first and foremost, a capacity for moral equality.... But, *contrary to treatment industry mythology*, this is not a quality limited to people with a history of addiction. [Emphasis added.]

White notes that much has been accomplished in the field of addiction services by *non*-addicts as well as ex-addicts. To describe what they all seem to have had in common, he cites Ernest Kurtz:

> They . . . all . . . experienced tragedy in their own lives. They all had kenosis; they had been emptied out; they had hit bottom . . . whatever vocabulary you want. They had stared into the abyss . . . . Each had encountered and survived tragedy.[26] [Emphasis in original.]

Louie's account of his relationship with his wife can be seen as a case study in what White refers to as the "kinship of common suffering."

I began this conversation with Louie by asking if he had had certain requirements for an ideal mate, particularly regarding her drug use past.

> Q: Was it a conscious decision to look for a partner who was not from a TC background?
> A: Not really. What was conscious was that I wanted someone that was gonna understand me. Y, know't I mean? 'Cause I tell alla them after the first night what the deal is, 'cause I want them to know, and then either not call me or whatever. My wife happened to call me seven times after [our first date] for three to four hour conversations about my life.
> I found [in her] someone that I can tell anything to. Y'know, like, she don't ever throw it out [at me], like, "Why [are you upset], because you feel like smoking pot?" [Said in mock anger]. Y'know, and this kinda crap? It's more of an adult, mature, two-in-the-morning talk after sex kinda thing that becomes, y'know, your counseling, your guidance. Your partner should be your best friend.
>
> The greatest thing about my relationship with my wife is... Other women, from recovery, were very protective of the fact that I was in recovery. Some would question me constantly. Or, God forbid, you are watching a movie like "Good Fellas." I have to fast forward the part where he has these golf balls of cocaine. I can't watch that, because I start getting this internal physiological reaction to it. I start getting nervous and sweaty and urgent. That's a change I go through, but I wanta be able to say to my wife, "Oh my God, does that drives me

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crazy." Y'know? And I've had relations with women [from treatment] who I couldn't even tell I felt like smoking a joint. I couldn't say I seen someone who "kicked up the shit" and I felt like doin' it.[27] They would suspect me constantly. For me, as an ex- addict, I don't want to go there [i.e., have that sort of relationship].

I had girl friends who were, like, prim and proper, and probably still had virginity. Y'know? But what they didn't have was a reality. Yeah, they understood my reality, but they were always wantin' to make sure that I was "okay" [feigns a weak, patronizing "feminine" tone] and it wasn't a two way street.

When I met my wife, she was a person that had a lotta trauma in her life. And, see, that is something I did look for. My wife had more trauma than I did without drugs. She lost her first husband to brain cancer only two years after they were married. . . . [It involved] a year and a half of suffering on his part and mental anguish on hers. Then she lost her brother two years ago and her father died three days after I met her. Just major losses and problems growin up. Y'know? [This] gave us a bond. We struggled through something, we made it. Y'know, its more of a mutual relationship.

What I find most refreshing about Louie's comments here is the lack of program rhetoric. It was my impression that Louie, perhaps more than anyone else I spoke with in the course of my research, had constructed for himself a reasonable structure of plausibility that enabled him to navigate both the world of the therapeutic community, where he earned his living, and the world outside, where he did his living. He accomplished this by using elements of both worlds that he found helpful in his quest for sobriety, after periods of searching and discarding or relinquishing other elements that did not work so well. Louie comes as close as any graduate from any program that I have spoken with to being the independent, inner-directed, "Emersonian" individual envisioned by treatment ideology.[28] However, he has done it by maintaining close associations with the community that nurtured (controlled) him and by structuring his (independent) associations with the wider world outside the therapeutic community in a way that supports his ongoing belief in (modified) abstinence, which he also defines with a bit of independence.

Conclusion

Louie, at least, has been able to carve out an identity for himself that is increasingly

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similar to "normal" people. He justifies this in part by use of the disease model of addiction and the fact that other disabled persons claim similar degrees of unavoidable debility in pursuit of normalcy, e.g., overeaters, smokers, anorexics, neurotics. This is perhaps a clue to what the treatment and training programs actually offer their graduates.

Using the literature of "natural recovery," Currie (1993: 239) suggests that what is crucial to recovery is that addicts "resolve to develop an entirely new identity . . . and must translate that resolve into permanent changes in their lives." As Biernacki (1990: 117) claims, they must "become ordinary." And as Ray (1962: 132f) has shown, they must be able to be seen and accepted by others as "normal" rather than as ex-addicts, if they are to have a good chance of success. As Louie puts it, at some point "recovery [has] to, like, shut off in a sense, and [I have to] be a *normal* person." As I suggested earlier, based on this same literature, successful recovery requires significant "stakes" in conventional life. Louie seems not only to be finding these stakes, but -- to twist the metaphor a bit -- sinking them into solid social ground, as perhaps the testifiers at the Redemption House fund-raiser were also doing.

What the programs of treatment and training provided their residents, in my estimation, was not so much the programmed or paradigmatic identity (recovered or redeemed addict), especially in Louie's case, but the experience of the possibility of *any* new identity other than that of "loser-user." After all, from the perspective of most members of conventional society, the identity of "ex-addict" is not much farther along the road than addict. And it is a particular target of social scorn for members of self-satisfied conventional social institutions like the media, business, or government. "Ex-addict" is barely enough of an identity to build a conventional life upon if one remains within the confines of the redemption or recovery subculture by becoming a treatment or training staff member.[29] To establish a foothold in conventional life -- in another line of work outside the encapsulated culture -- would seem quite difficult. Perhaps this explains why Louie's ex-addict friends outside of the treatment industry make such a fetish of recovery

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group meetings (as many as four a day). But, just maybe, what the lucky ones learn in treatment and training is that personal transformations of identity are possible -- with the right resources (e.g., Louie's wife, treatment skills, and industry connections).

Once outside the treatment context, graduates may be able to shed the "heroic ex-addict" self, which rarely flies outside this subculture, and blend back into the conventional world on the basis of other available or createable self-defining elements. Perhaps what they can learn in the treatment process is to transcend its reifications, to step outside the confines of socially prescribed identities and piece together a new cognitive world that is more meaningful than that of either addict or ex-addict. As Peter Berger suggests in his now-classic book, *Invitation to Sociology*, once one has experienced one radical change in consciousness, a conversion or alternation of identity, others are not quite so shattering. Some people even develop a skill for it. The common experience of "serial conversions" to various religious groups provides some weight to this suggestion. The phenomenon of confidence men and women provides another. The therapeutic community does not provide a real stake, material or ideal, in conventional society, because it is transitory; residents cannot move in for life unless they can qualify as staff members. It may, however, allow some few perceptive and resourced residents to discover the necessary skills of self-creation or self-transformation that will enable them to negotiate the necessary re-adaptation to real normalcy -- or perpetual chameleon-ism -- once on the outside. And even Louie has yet to get entirely outside.

Also, it is important to remember that treatment (or training) holds no true monopoly on former drug users changing their lives. As the natural recovery literature aptly demonstrates, many people free themselves without resort to formal treatment programs. They, like Louie, free themselves not so much from chemical enslavement, as -- to use a Bergerian image -- from the prison of reified social identities. This view, of course, runs counter once again, to the disease or disorder notion that addicts are somehow constitutionally different and must retain the

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"recovered-addict" mentality if they are to survive, a notion that is increasingly prominent in the daily discourse of Recovery House. With such a complex path to follow, is it any wonder that Louie is one of the very few who make it "all the way home?" Just how few is the subject of my final chapter.

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[1]Wuthnow et al. (1982:52) view this concept as "a rough parallel [to] the symbolic interactionist term, reference group." They continue:

> Though the concept can and does refer to macro-societal phenomena . . . . It is principally through interaction with significant others that reality is maintained as *subjectively* plausible. The vehicle of reality maintenance is . . . conversation. [C]onversation with others . . . mediates the reality of the symbolic universe. When this . . . is interrupted . . . as in the case where a plurality of definitions are in . . . competition . . . the reality ceases to impose itself as self-evident truth. [Emphasis added.]

[2]This is the same essentialist or positivist hubris for which Erich Goode (1996) takes the Chicago School sociologists to task.

[3]The therapeutic community movement still resists (read: denies) the correlative notion that their horrendous relapse rate is a result of returning their converts to the general population via graduation where these new converts lose their plausibility structure, i.e., the believing community. Personal communication with executives at the Center for Therapeutic Community Research. See also, G. Johnson, 1976; White, 1998; Hoffman, 1987.

[4]The treatment industry will not do the research, presumably, because they can only lose. The drug research industry ignores the issue, presumably, because there's nothing to gain. If they were to prove that only staffers succeed, treatments would come under heavier criticism than they currently garner and research groups would lose research sites. Also, this would be an expensive and time consuming job. Locating the staffer-successes is easy. Locating those who have "melted" into the general population and may not want their previous identities known would be much more difficult.

[5]The therapeutic community movement also presents voluminous statistics, often published in scientific journals, purportedly demonstrating the effectiveness of its method. However, these are based largely on the very same success stories and their counterparts that are presented at public forums that feature graduate staff personnel.

[6]Even if all of these tales are not strictly truthful, the fact that these men find it necessary to report their association with such organizations is significant. It further demonstrates their recognition of the necessity of continuing support from evangelical plausibility structures that is central to the rhetoric of Redemption House and the wider evangelical community.

[7]The membership of AA and NA fellowships is unlikely to approach that of the evangelicals in size, and certainly not in its organizational support or active proselytizing efforts. To do so AA would have to return to the tactics of the Temperance movement, which it decisively eschews.

[8]See Frankel, 1985 especially Chapter 7, for discussion of the relation of this structure to general theories of socialization and learning.

[9]The data for this aspect of treatment and training is based largely on retrospective reports of staff members, most of whom had completed their programs within one to five years prior to these interviews. This was necessary because of the resistance of the Reentry Director at Recovery House. She successfully avoided allowing me access to her program. It was necessary at Redemption House, because it did not have a reentry program at the time of my research, but sent its residents to Teen Challenge for reentry. I was able to spend only one week at the Teen Challenge facility, much of which was spent re-interviewing transfers from Redemption House and observing the training program there.

[10]Louie is referring here to his own treatment sojourn that ended in 1992, before my research began. By 1995, when I was at Recovery House, the treatment time was trimmed to twelve months, overall. That is

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comparable to the Teen Challenge program. Moreover, there was a lot of talk at that time about facing cutbacks to six-month treatment periods mandated by state oversight boards. Reentry at Recovery House in 1995-96 was geared to a three month move out, with a maximum of six months.

[11]Redemption House no longer transfers men to Teen Challenge, but has expanded its program to include the entire twelve month stay. The last three months residents spend primarily in apprenticeship or other work training or educational programs that Harry arranges or approves. They continue to attend church in the evenings and/or chapel in the mornings, depending on their work schedules. They are encouraged to participate in as many prayer meetings as possible. They are also held to strict curfews, and weekend passes are required. However, these restrictions are much less stringent compared with the residents in earlier phases and curfews are individually modified to fit work and other scheduling necessities. In these structural respects, Redemption House has come to resemble Recovery House more than it did during my research.

[12]I spent hours with Jake, often in the kitchen preparing meals, discussing the training programs at Redemption House and Teen Challenge - always with the tape recorder on. He was the most cooperative informant among the Redemption House staff who were Teen Challenge graduates. Jake loved to talk and he loved company while he worked in the kitchen. He often repeated the same story more than once, which was fortunate, because it allowed me to evaluate the consistency among the versions that appeared at different interview sessions. Suffice it to say that I have very little reason to doubt Jake's honesty. I cannot evaluate his stories against actual events, but each of his versions varied little from its counterpart in essential content, even though Jake was a great story teller. There is another reason to trust Jake's veracity and accuracy. He was HIV+ and just beginning to show signs of active disease. He saw these interviews as an opportunity to get his testimony "on the record" before he died. He wanted his experience to benefit others after he was gone. Sadly, Jake did not live to see his words in print.

[13]In certain cases, a man returns to a local church that includes members of his family in its congregation. In others, where there is no church background, and no "ideal" apprentice connection, some form of mentorship is arranged with a local pastor or alumnus. Obviously, this program operates in principle similar to the AA big brother or mentor program.

[14]Jorge was a resident at *Recovery House* (*sic*) at the time of this interview. He had been mandated there by the court in lieu of prison time.

[15]The classic *post hoc ergo propter hoc* error of the "gateway" argument has been more than adequately disputed by research (see, e.g., Zimmer and Morgan, 1997:33ff). What is more likely is that Jorge believed the rhetoric typical of virtually all treatment programs in the U.S., that one drink or one use of any psychoactive substance re-triggers the "disease" (or character disorder, or [dormant] sinful nature) and the user is virtually helpless to stop his total relapse. Thus, the rhetoric often becomes a self-fulfilling prophecy, a conventionally supported (and convenient?) rationale for returning to a life focused on the misuse of an intoxicant. Jorge, certainly, did not attribute his relapse to the slippery slope.

[16]Harry, the Director, and Martin, the House Manager, were the two main exceptions to this generalization at Redemption House. At other, less independent, Teen Challenge "induction centers" many of the directors, and virtually all staff, are graduates of the system. At Redemption House, Edwin and Jake as well as Teddy, the one man who refused to be interviewed, were Teen Challenge graduates.

[17]Edwin tested positive for HIV while in a Teen Challenge induction center in Philadelphia. He had been symptom-free throughout his time at the Farm.

[18]To become a regular staff member at Teen Challenge, two six-month internships are required.

[19]Recovery House provides room and board and a minimalist salary for its staff members. There is no car for personal use.

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[20]Edwin implies no competitiveness here. Rather he simply means it is easier to remain committed, faithful, in this environment than it is outside Redemption House, in "the world," where the "other guy" has to struggle with constant temptation and competing universes of meaning. Unfortunately, Edwin is unfamiliar with Durkheim's notion of the universality and relativity of deviance. During my research, Edwin was punished for a minor infraction of the rules for Redemption House staff. He was suspended briefly, without pay.

[21]As mentioned elsewhere, we had six separate taped interviews of two or more hours each, plus numerous informal conversations about these issues over a period of two years. During that time, I was privileged to develop with Louie the kind of relationship that is most appropriate to the method of participating observation traditionally practiced by anthropologists. Before my research began, Louie was a student in two sociology classes of mine at Iona College. All but one of our taped interviews took place following the completion of those classes. By the end of my research, Louie and I were engaged in the kind of dialogue that allowed us both to press issues and challenge responses in ways that are often not possible in less textured relationships or more incidental interviews.

I do not mean to dismiss the significance of other interviews used in this treatise. There is substantial evidence that I gained a reasonable degree of confidence from many, though not all, residents represented in these pages. I believe that their responses to my nosy intrusions into a difficult period of their lives were, for the most part, as genuine and reliable as any comparable research process, whether done with men in drug treatment, in full clerical vestments, or three-piece business suits. Nevertheless, Louie provided me with the lengthiest and most nuanced look at the practice of drug treatment in a therapeutic community. Without his assistance this project would have been much more difficult and much "thinner" (in the Geertzian sense) than it is. I am deeply grateful for his selfless and self-sharing contributions.

[22]See Marlatt et al., 1985.

[23]The jargonistic tendency of drug treatment discourse has abbreviated this advice to the phrase enclosed in quotation marks. It is commonly repeated as an explanation for one's drug use or other behavior considered unsavory, as well as a tactic for future sobriety. It is so well integrated into the vocabulary of motives at Recovery House that it was confusing, at first, to hear the same response given for why one used drugs in the past and how one would avoid this problem in the future. The meaning, as with so much else, is contextual not literal. This advice, not surprisingly, is consistent with the tenets of "social control theory" developed by Travis Hirschi, 1969.

[24]Louie was selected for this position because of his earlier experience working with a mentally retarded population in a facility in Texas. This was between the time he finished his initial period in treatment at Daytop Village and his relapse, which resulted in his more recent treatment experience at Phoenix House, which he describes here.

[25]Whether he actually always wanted these things or not is an open question. My suspicion is that Louie's reading of his past desires is similar to Keith's rereading (described earlier) of his desire for God to give him "Christian materials" to know how to love his wife. However, the actual truth is irrelevant. Louie and all of us build the meanings of our lives out of what readings are plausible to us and our audiences and interlocutors.

[26]While I have trouble with the "hitting bottom" notion, especially as a necessity, Kurtz likely has a point about the source of empathy. While personal suffering may be a necessary ingredient in empathy, I doubt that it is sufficient by itself.

[27]"Kicking up the shit" means stirring up urges to use drugs.

[28]Several of the long-term graduates of Redemption House that I spoke with at the concert impressed me as possibly similarly independent men. However, that impression is based on much thinner evidence than my hours of conversation with Louie.

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[29]This may be less so for Redemption House residents than for those at Recovery House. The evangelical subculture does offer a relatively conventional (perhaps "hyper"-conventional) potentially supportive community on the outside for graduates of discipleship programs. Each grad must, nevertheless, make his or her own way into a particular local incarnation of evangelicalism. No mean task, that. There, however, is no comparable "mainstream" community for therapeutic community grads. They must remain in the treatment context as staff (or return as client again?) or find a way to re-create themselves yet again in terms that some conventionally-oriented social community will find acceptable.

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Chapter 9

Conclusion: Retention Rates for Redemption and Recovery

> For traditional TCs, national surveys indicate that 30 percent of clients achieve maximally favorable outcomes (no crime, no illicit drug use, and prosocial behavior)....Success rates among graduates exceed 75 percent... after treatment.
>
> George DeLeon, Director
> Center for Therapeutic Community Research[1]

> Conventional outcome statistics tend to be circular and self-confirming; they tell us, in effect, that the programs are likely to be successful for those who are most likely to succeed.
>
> Elliott Currie[2]

Throughout this volume I have argued, and attempted to demonstrate, that there is a -- or many a -- fundamental similarity, analogy, and parallel between the drug treatment program of the therapeutic community I have called Recovery House and the evangelical Christian discipleship training program I have called Redemption House. In Chapter 1, I developed a *prime facie* case for rather precise parallels between the processes, personnel, and even some of the fundamental philosophical assumptions of the "secular" Recovery House and the "religious" Redemption House. In Chapter 2, I described the extensive similarities between the men I encountered in treatment at Recovery House and those I met in training at Redemption House through an analysis of the accounts of their "contextualized demographics," that is their lives prior to entering either

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program. In Chapters 3, 4 and 5, I illustrated the parallels that exist between the processes of "cognitive induction" into the universes of treatment and training, again using the accounts of the participants, as well as my own participating observations. In Chapter 6, I demonstrated that, like Redemption House, Recovery House makes use of a specific, exclusive religious perspective, viz., Higher Power spirituality, to convert and control its clientele. In Chapter 7, I demonstrated the parallel uses of ritual, myth, and the miraculous at both Houses, as analogous means of reinforcing and maintaining their converts in the new ideology. In Chapter 8, I described the reentry programs used at Recovery House and Teen Challenge to prepare their residents for life after treatment and training. I described how graduates struggle to find ways to maintain their new beliefs about themselves and their addictions in the "real" world and how at least one man sought to construct a life *after* recovery.

Given this evidence, it seems safe to say that therapeutic community treatment (recovery) is phenomenologically the same process as religious conversion (redemption). Only the legitimation systems -- the rhetorics and rationales -- vary from one program to the next in any significant way, and even these demonstrate important parallels in fundamental anthropological assumptions. Another way of putting this is that therapeutic community treatment is a secularized form of Protestant religious conversion used to correct, control, and conventionalize people whose drug use has been labeled deviant.

Protestant conversion may be unique in the history of proselyting religions, requiring absolute rejection of prior belief systems and world views, and complete submission to the new order rather than assimilation of new and prior views and practices. As A. D. Nock (1972/1933) argues, ancient Christianity, like its predecessor, would have no truck with "pagan" gods, and would not even brook reinterpretation of them into Christian forms.[3] When the Roman Church, following its ascension to cultural power, absorbed Latin and other cultural forms over the

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centuries, the radical Protestant reformers, especially Anabaptists, Puritans, and others, re-adopted various forms of this absolute separation from the "pagan" church of Rome.

At least since the so-called Second Great Awakening (ca. 1800), personal conversion with this sort of exclusionist emphasis has been a central means by which American communities dealt with social problems. That is, communities (re)defined drunkenness, divorce, abandonment, crime, and other "deviant behaviors" as personal problems that require personal transformation (i.e., correction of individuals) rather than as social problems that require structural transformations. The histories of temperance and revivalism show that public disavowal of one's previous life along with a pledge of total self-reformation has been a popular means of dealing with such problems. Through a somewhat convoluted historical development, the therapeutic community (or its predecessors) exorcised the supernatural ideologies of Protestantism that originally attended these movements while adopting their individual conversionist methodology (as well as their essentialist and individualist anthropological assumptions) as an appropriate means of addressing the social problem of deviant drug use.

If this argument has merit, if indeed both secular and religious programs operate by the same social media, it would be reasonable to expect that rates of "conversion" (or successful treatment and training) should be more or less the same for recovery as for redemption. I believe that this is in fact the case. However, there is no easy means of empirical comparison on this issue. In fact, I would argue that there is ultimately no way -- with existing numbers -- to establish positively (i.e., positivistically) what the truth is here. Nevertheless, I will attempt to make a case for my "conclusion."[4]

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The Numbers: Recovery House

The available outcome studies for secular treatments, including the therapeutic communities are numerous. Those for religious programs are almost non-existent. I have been able to find three outcome studies -- all done on Teen Challenge populations -- for what William White (1998) refers to as "religious therapeutic communities."

In one important regard, what I found at Redemption House and Recovery House were quite similar attitudes regarding this question. I was told at both programs that each individual's redemption or recovery is what is important, not aggregate numbers. This, of course, is a classic true believer's hedge. But as I listened closely enough in one case, and probed the right corners in the other, I found radically different assessments of success rates. Harry Evans, as Edwin described in the last chapter, claims something akin to a 10% success rate. That is, based on his 25 years of experience as Director of Redemption House, Harry has learned to expect no more than two men from any given group (average n = 20) to be "walking with the Lord" a year following graduation. At Recovery House, where I probed further, I received a different response. That was that very few wanted to talk about success rates, on or off the record. Residents were often unaware of such things, except in the contradictory programmatic terms that splittees were doomed, but most graduates were second or third timers in treatment. On the other hand, some administrators would talk about aggregate rates of "success" in terms of reduced drug use and criminality after treatment, but no one would make any claims about abstinence rates of graduates, the supposed goal of therapeutic community treatment. Most administrators referred me to the statistics department at the Manhattan office.

According to the official numbers graciously supplied me by the "Computer Specialist" at the Recovery House Foundation central office in Manhattan, the rates of *graduation* from this

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therapeutic community compare well with "official" research assessments. Recovery House, like all therapeutic communities, graduates residents with the hope that they will maintain absolute perfection in abstinence, without relapse. In all candor, most staffers will admit that most graduates can be expected to relapse. However, this admission is not part of their official self-presentation, nor is it something they emphasize during treatment. That is, Recovery House intends to produce totally recovered addicts, and does not take credit for relapse. Relapse, like addiction, is always the user's fault or failing.[5]

In this light, it is interesting to look at the Recovery House numbers I received as a result of my request. These numbers cover admissions and discharges for the period of 7/1/95 to 12/31/95, the six month period prior to most of my research at Recovery House, which began 11/15/95. These numbers cover all four segments of the main facility of which Recovery House is part, each of which accounts for approximately 25 percent of the total population.

	male	female	total	
Total admitted:	208	139	347	
left w/o consent: (splittees)	137	97	234	
admin. discharge	27	5	32	
medical dischrge	10	6	16	
moved out	27	19	46	
total terminated:	201	127	328	(201+127 or 234+32+16+46)

This is not a precise statistical evaluation of the program. For example, the two totals lines do not match because they do not account for people coming and going outside of these dates. However, if I can assume that this is a relatively normal six-month period, it does give some

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measure of what happens to the residents of Recovery House. During a period when 347 people were admitted, 46 moved out as part of the approved reentry "move out" phase of treatment discussed by Louie in the last chapter. That is, less than 15 percent of the number *admitted* during the six-month period were processed out in keeping with program protocol. Or, to look at these raw numbers another way, just over 15 percent of the people *who left* for any reason, left for program sanctioned reasons. In other words, by these admittedly unrefined statistical measures (simple distributions at best), the "success" (i.e., program completion) rate of Recovery House for that six-month period hovers around 15 percent.

How does this compare with other evaluations? In his now-famous monograph, George DeLeon (1984:), the foremost researcher and defender of the therapeutic community, writes that "12-month retention rates" in seven therapeutic communities studied "ranged from 9% to 15%." In the U.S. Office of Technology Assessment's recent evaluation of drug treatment, therapeutic community retention rates are also found to be quite limited: the first thirty days in treatment, drop out rates are 35 – 50 percent; after three months, up to 70 percent of clients have left against staff advice.[6] As the DeLeon study noted, one year retention is 15 - 25 percent, and the percentage of clients that complete the program is listed as 10 – 15 percent, which makes my *ad hoc* numbers look pretty good. In sum, I think DeLeon captures the picture quite well when he states that in therapeutic communities, as in "all drug treatment modalities . . . attrition is the rule"[7] By DeLeon's measure, Recovery House was on the high end of the scale during the period covered by the numbers cited above.

The Numbers: National Treatment Evaluations

The further question, however, is how many of these "move outs" remain abstinent for any length of time. It is this sort of question that the independent evaluation studies appear to address.[8]

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The national and regional treatment research bureaucracies trumpet the message that "treatment works."[9] First of all, the standards of these large surveys are not completion of a program, but "success" or "failure" to maintain treatment goals *after leaving* treatment. Treatment goals, of course, can be variously defined. For these "independent" studies the goals are usually defined as abstinence from (at least illegal) drug use, from criminal activity, and from unemployment. (Some more recent evaluations have included general health variables and interpersonal skills.) However, they are not looking for "perfection" (i.e., absolute abstinence), but e.g., "*reduced* frequency of use," "*reduced* amounts of drug use," "*fewer* arrests," "*increased* days of employment."[10] By these aggregate standards, drug treatment programs appear to reduce drug use (though not necessarily create abstinence), reduce criminal activity, and increase (slightly) employment rates among the treated population.[11]

In its March, 1998 "Report to Congressional Requesters," The Government Accounting Office noted four major independent evaluations of drug treatments over the past three decades.[12] These are: DATOS, the Drug Abuse Treatment Outcome Study, sponsored by the National Institute on Drug Abuse [NIDA] (1991-1993); NTIES, the National Treatment Improvement Evaluation Study, sponsored by the Substance Abuse and Mental Health Services Administration [SMSHA] (1993-95); DARP, the Drug Abuse Reporting Program, sponsored by the National Institutes of Mental Health [NIMH] (1969-73); and TOPS, the Treatment Outcome Prospective Study, sponsored by NIDA (1979-81). According to the GAO report, "much of what is known about typical drug abuse treatment outcomes comes from these studies."

The numbers that have been produced by these studies might lead anyone to conclude that treatment is effective.[13] A few examples should suffice to indicate the general conclusions: "DATOS, the study most recently completed, found that the percentage of individuals reporting weekly or more frequent drug use . . . declined following treatment." For cocaine users in long

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term residential treatment -- the majority of men I interviewed -- use dropped from 66.4 percent in the year prior to treatment to 22.1 percent during the year following treatment. But there is more. "Previous studies found similar reductions . . . the TOPS study found that . . . 40 to 50 percent of regular heroin and cocaine users who spent at least three months in treatment (of any kind) reported near abstinence during the year after treatment." Additionally, "DARP found that . . . 61 percent [of clients] in therapeutic communities . . . reported abstinence from daily opiate use." And that is not all. "NTIES found that 50 percent of clients in treatment reported using crack cocaine five or more times during the year prior to entering treatment, while 25 percent reported such use during the year following treatment."

These are indeed impressive numbers. However, it must be recalled that they are based, for the most part, on the miniscule numbers of men and women reflected in the 10 to 15 percent retention and completion rates! This is one of the major criticisms leveled at evaluation research by Elliot Currie (1993: 222): it seriously inflates its numbers. For example, Currie writes that the TOPS numbers are based only on "those who remain in treatment three months or more." The study does not take into account the "55 percent of therapeutic community clients [or] the 64 percent of outpatient drug-free program clients [who] discontinue treatment . . . in the first three months," according to the GAO report (1998: 25). This caveat should be added to the several pages the GAO report spends justifying the practice of basing "hard" statistical numbers on "soft" self-report studies. When these two criticisms are added together, they seem to raise serious questions about the effectiveness of the effectiveness studies of drug treatment.

Currie has other complaints about these evaluations. Not only do they inflate their numbers, but they "stack the deck" in favor of the "treatment works" position. By comparing the first year post-treatment with the year immediately prior to treatment, researchers compare what is often the very "best" with the very "worst" periods of a drug using career, rather than comparing

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life after treatment with the user's "typical pattern before treatment." As my own research has shown -- in agreement with a large body of street ethnography -- user's often manage their habits for extended periods of time with minimal "dysfunction." Miguel's (Recovery House) heroin habit is one example, and Marvin's (Redemption House) comparatively controlled crack use is another. Users come to treatment when only things get beyond their contol, things like Miguel's failing a urine test and facing several more years in prison, or Stanley's suicidal depression over lost love, or Andrew's ultimate sense of self-degradation when his mother locked him out after yet another crack binge. Most users come to treatment as a last resort. Therefore, to compare their lives at such nadirs with the immediate post-treatment period, when the newly converted sense of self is strong and hope is at its peak, is tantamount to biasing the research in the direction of the "treatment works" hypothesis. It evaluates the best of treatment outcomes in the light of the worst of the user's career. Currie (1993: 222) cites a different approach that compares crime rates of treated users *two years* post treatment with their *average* crime rates from the onset of their drug use to their treatment entry. The results showed that their rates of criminal activity were actually 28 percent *higher* post-treatment!

Currie's final criticism is that treatment evaluations completely ignore the majority of users -- and abstaining or moderating former users -- who have never had to resort to treatment. I have discussed this issue at length elsewhere in this treatise, and will not belabor the point again here. Suffice it to say that to the degree that drug researchers, especially those supported by government and mainstream foundation monies, ignore the far more common process of "natural recovery" from all forms of so-called addictions, they further bias the results. Treatment research focuses instead on formal, fee for service and publicly-funded treatment programs like therapeutic communities. This "sample selection" process alone gives aid and comfort to the taken-for-granted notion that all illicit drug users become abusers and need treatment, a form of treatment whose

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effectiveness they also continue to inflate at public expense. Treatment research is too often the worst sort of institutional self-congratulatory effort rather than the critical, discriminating, and incisive work it ought to be.

But, let us suspend disbelief for a while, just for the sake of "evaluation." If we look at the TOPS or DATOS numbers in light of the retention and completion numbers, what do we find? All the studies reported by the GAO show 40 to 60 percent decline in drug use after treatment. There is no way of knowing, however, from the published results, if this means all graduates use only half the drugs they used prior to treatment or if it means half of the graduates are totally abstinent and half are not, or some other real world variation on these aggregate, abstract numbers. But if I assume the best case scenario outcome for the abstinence paradigm and apply the 60 percent decline to the 10 to 15 percent completion rate, I get a rate of (0.6 X 0.15) 0.09, or approximately 7 to 10 percent of all graduates of drug treatment programs are abstinent during the year following treatment.

If my earlier suspicion, unsubstantiated by anything other than anecdote (soft numbers), that many therapeutic community graduates end up as drug treatment staff, how many of the 10 percent I just created do they account for? Also, as the GAO study reports, and most researchers acknowledge, follow-ups are very difficult to complete. Since this is the case, how many of the follow-ups that were completed (for any of the major evaluations) are drug treatment staff personnel? Is it possible that the positive numbers that are created are a result not only of all the machinations that Elliot Currie has uncovered, but also a result of the fact that a "significant" percentage of the "year after treatment" respondents are staff members of therapeutic community organizations and, thus by definition, committed members of the movement, i.e., converts? This would be an interesting survey research question for some budding young social scientist or graduate student. I wonder if the TOPS or DATOS staff took such data?

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The Numbers: Redemption House

Despite the questions surrounding all these statistics, one set of numbers seems to be reasonably accurate, the completion rates determined by DeLeon and others, including my own "straw" survey above. Although they do not tell us whether the graduates will remain abstinent, they can supply a rough means of comparison regarding rates of relative retention of residents between the two types of programs I have chosen to highlight. While Redemption House does not keep statistics of its residents, graduates, and drop-outs, it does keep somewhat haphazard records of enterings and leavings in a large ledger book at the front desk, which I was able to peruse. I was able to get composite numbers for the period from 9/13/93 to 6/24/94, which covered the period of my active research efforts at Redemption House plus three months. In this nine month period, 69 men were "inducted" into the discipleship program, 17 transferred to the Teen Challenge Farm for continued training after approximately three months in the Bronx. Although these numbers cover a period of nine months, they have to be considered as three-month retention rates, because transfers occur between three and four months at Redemption House. That is, all dropouts in this nine-month period occurred prior to the three-month length of the Bronx discipleship program at that time. This means that the three-month retention rate at Redemption House for that nine-month period is 24 percent, which corresponds fairly well with the 30 percent retention rate DeLeon (1989) found for therapeutic communities in general.

I was also able to learn the fates of the men who recorded interviews with me and who transferred to the Farm during my active research at Redemption House (five men were interviewed at both programs). Of these seven transfers, four (57%) completed the program at Rehrersberg, PA. Of those four, at least two (50%) joined the staff of a Teen Challenge program after graduation, although neither remains in his position. Of the four graduates of the discipleship training program (Redemption House and Teen Challenge combined), one (25 %) is currently

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"drug-free" and "walking with the Lord." The other three have "slipped back" at one point or another. One of these is currently in a drug program in another state following a "serious, two year relapse into crack use."[14]

These data do not easily compare with what I obtained from Recovery House, because of the different ways in which they were recorded and collected. However, for the sake of my straw poll, I will attempt to extrapolate from the Redemption House figures, totals that can be compared across programs. I do not intend these calculations to be definitive, nor do I contend the outcomes are even accurate. They are simply what I have to work with, and I intend them only to be suggestive of what seems, from my observation, to be the case at the discipleship program. To get a completion rate figure to compare with that of the Recovery House totals, I will do two extrapolations from the Redemption House numbers cited above. First, I reduce the total inductions (69) and transfers (17) by one-third so they correspond to six months rather than nine months.[15] Thus, inductions equal 46, and transfers equal 11.[16] Next, I assume that the ratio of three-month completions (transfers) to program (or twelve-month) completions is relatively constant at 50 percent (4 of 8 that transferred during my research). This means that completions for the extrapolated six-month period are six (5.5). If six men out of the initial 46 complete the full discipleship program, the extrapolated completion rate is 13 percent. This corresponds very well to the 15 percent I tabulated in my straw poll of Recovery House, which reproduces the rate considered to be accurate by more extensive statistical studies (DeLeon, 1989). This also corresponds with my equally "unpositivistic" sense of the situation at the two rehabilitation programs, namely that they are doing the same things at more-or-less the same rates, if not with the same absolute numbers.

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The Numbers: Teen Challenge

Despite the serious questions about "independent" treatment evaluation research, it might be interesting to compare what studies are available on "religious therapeutic communities," with those summarized above on secular treatments. Although the Redemption House staff seems unconcerned with statistically derived rates of success, Teen Challenge is not averse to this sort of endeavor, but finds fewer research dollars available for such evaluations than does the federal government.

There are two studies available to establish a sense of the completion rates at programs like Teen Challenge.[17] The first was completed in 1975 and followed up an early Teen Challenge graduating class (1968) seven years later (1975). The other was completed in September, 1994. The principle investigator for the first study was Catherine B. Hess, M.D., who was well respected among both researchers and treatment personnel in those early years of "the drug war." Dr. Hess's study was funded for one year by NIDA and for an additional year by Teen Challenge. The main interest of the study was to evaluate Teen Challenge claims of 70 percent cure rate. The survey was able to do that, as was the later poll by Roger Thompson, Ed.D. at the University of Tennessee at Chattanooga. The Thompson study was funded by Teen Challenge.[18] However, in both cases, return rates, while considered acceptable by general survey standards (Thompson cites Babbie, 1992), were in the 50 percent range for graduates, which is likely to indicate that the survey's results are inflated by at least that much.[19] The Hess study indicated a self-reported success rate with regard to opiate abstention of 86 percent (49 of the 67). However, a fact sheet generated by the Teen Challenge website indicates only 67 percent of graduates were drug-free according to the urinalysis test administered at the time.[20]

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The Hess study can be compared with both my straw poll of Redemption House and with the larger evaluation studies of secular drug treatments. As I indicated above, most of the independent evaluations claim a ballpark figure of 50 percent use reduction for people following secular treatments, in some cases only three months of treatment! Teen Challenge, based on the Hess study, can claim at least a 67 percent success rate for its graduates. Hess also adds that 54 percent of three-month drop-outs report being opiate-free after seven years, although not for the entire intervening period. These numbers clearly rival those of the secular programs. Dr. Hess claims to have experienced a "conversion" herself as a result of this study, from a "severe and doubting critic" to a new belief that "Teen Challenge . . . basically a spiritual center . . . [is] a unique and successful rehabilitation center" (Manuel, 1993: 130)

I find it more interesting, however, to look at the numbers Dr. Hess produced regarding the question of program completion. Although this was not a question she was particularly interested in, her data allow me to get a relatively clear picture of this issue for the population she counted. The Brooklyn induction center she focused on started with a population of 335 inductees for the class of 1968. One hundred and thirty-three (133) of these transferred to the Farm after three months. This calculates as a 34 percent retention rate at three months, similar to DeLeon's count at therapeutic communities and mine for both Redemption and Recovery Houses. Unfortunately, things get a little muddy after these men get to the Farm. Here, Hess includes 31 transfers from other locations, from populations of unknown size. This skews the final results in ways that cannot be determined. But this is probably no worse than the extrapolations I did earlier, merely a more obvious source of error.

Nevertheless, continuing with my imprecise straw polling, Dr. Hess concludes with a graduating class of 67 (that equals 47 percent of total transfers) out of 144 for 1968. If I assume that the rate is more or less the same for the 133 men who came from Brooklyn as it is for all 144,

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the number of graduates in that cohort would be 61. Forty-seven percent (47 percent) as a graduation rate for three-month transfers corresponds well with the same category at Redemption House (4 of 8). Moreover, the *overall* completion rate for the Brooklyn cohort at Teen Challenge (using the correction factor) calculates as 18 percent (61 of 335). This, too, compares well with the similar completion rates at Recovery House (15 percent) and that extrapolated for Redemption House (13 percent), not to mention DeLeon's extensively researched evaluation for therapeutic communities in general (10-15 percent). Thus we have a four-way comparison of overall completion rates:

Teen Challenge of 1968:	18%	(47% of three-month transfers)
Redemption House of 1995:	15%	(50% of three-month transfers)
Recovery House of 1995:	15%	
DeLeon study of TCs, 1984:	10-15%	

As with all other categories of comparison I have considered throughout this work, the rates at which residents complete the treatment and training processes are virtually identical.

Professor Thompson's study consists of a sample of 50 men who were chosen to receive his questionnaire. These names were selected at random from 213 names of men who completed 3-4 months of training at the Chattanooga induction center (comparable to Redemption House) covering the 13 year period (1979-1991). Of the 50 questionnaires sent out, Thompson reports a 50 percent response rate. Of those 25 respondents, 96 percent (24) attended a Teen Challenge center, and 79 percent (19) of those graduated. This implies that some 80 percent of transfers to the Farm completed the entire (12 month) program. This is quite different from my straw poll number of 50 percent. Thompson supplies no other indication of completion rates in his survey. (He is primarily interested in the success rates of men who pass through the three-month Chattanooga facility, unlike Hess's focus on the larger program.) If, however, I were to assume

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that his 25-man response rate includes the vast majority of his 50-man random sample of three-month finishers *who also finished the entire training*, that rate would be in the neighborhood of 50 percent -- similar to all previous findings by DeLeon and myself for this category.

This, of course, is the most outrageous of my assumptions and flies in the face of statistical theories of probability upon which Thompson rests his conclusions. I, nevertheless, believe -- as I suggested in footnote 15 -- that most respondents to questionnaires like Professor Thompson's are, in fact, program "successes." I believe this is so, because they have the (personal, psychological) incentive to complete forms that put them in a positive light (as do we all). More importantly, this is so because those former trainees who have slipped back into a self-destructive pattern of behavior associated with use of illegal drugs are less likely to be personally motivated to respond. They are also much less likely than their successful counterparts to be locatable, because of the unstable residential patterns of people with use problems, criminal involvement, or unemployment. While surveys of large numbers of people investigating matters of taste which imply no stigma are likely to adhere to mathematical principles of probability, surveys that test stigmatized behavior like illicit drug use are less likely to do so. Therefore, Thompson's study, although highly touted by Teen Challenge, is both highly suspect and not very useful for my purposes here.[21]

Despite my "unscientific" skepticism of the Thompson study, it is instructive to compare his outcome data -- his main interest -- with that of the Hess study and the evaluation studies with government sponsorship. Thompson reports that

> Alumni were asked to describe their current drug use; 75% of those who graduated from Teen Challenge 1-15 years ago are abstaining from any use of illegal drugs. Of the 25% that are currently using drugs, none reported heavy use (at least once a day). Of the active users, one-third use 1-2 times a week and two-thirds use drugs occasionally, at least once a month.

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The Hess study resulted in comparable numbers: 86 percent of 1968 graduates reported being drug-free one year after training (67 % passed the urinalysis test). Both sets of numbers are comparable to, and even better than, the claims of the alphabet studies (DATOS, TOPS, etc.) of secular programs. It seems, if we take these results at face value, that treatment and training both work with similar degrees of success. Certainly, both regimes claim success at something like equivalent levels, and have produced numbers from both programmatic and independent researchers to support those claims.[22] Yet, completion rates are woefully low, even as represented by program-inspired research. Moreover, critiques like those of Elliot Currie are applicable to the research on both programs. His analysis brings the whole process of treatment and training, as well as treatment and training research, into serious question. This is yet another way in which the two types of programs are one.

As has been my argument and assumption throughout this treatise, this is yet another way the transformational programs of Recovery House and other therapeutic communities are but secular incarnations of religious programs for individual betterment via cultural technologies of the self/soul developed in earlier centuries under the aegis of explicit religious perspectives. In this light it is interesting to see the success claims and realities of revival movements over the last 150 years. Extended revivalist campaigns have typically claimed thousands of converts only to have the results revealed by independent or skeptical reviewers as considerably fewer. The historian of revivalism, William McLoughlin (1959: 204f), cites contemporary critical evaluations of the "inflated claims" of the early evangelists like Finney and Moody that they converted masses of "anxious inquirers" during various regional, month-long revival crusades:

> 400 anxious inquirers [were] found to be mostly Christian men . . . many helpers in the work . . . not a score of anxious [unconverted seekers] among them.
>
> The blessing has fallen chiefly on those who may be called the church-going portion of the community . . . little effect has been produced on the masses . . . the masses have not been reached and there is no perceptible change in their moral condition.

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More recently, the Billy Graham crusades have incorporated the sort of strict attention to numbers while "fudging" the meaning of the constructed categories that I see in the alphabet studies. One of his crusades, for example, reported 8161 "decisions for Christ." A follow-up investigation learned that 75 percent of these were taken by people who were already regular churchgoers. More than 500 of these were children, 654 were made at a "dedication service" for church workers. McLoughlin (1959: 516f) reports that "the net result . . . appears to have been 102 new members and 339 new attenders out of 8161 decisions" (5.4 percent). Nevertheless, Graham continued to refer to *each* of the 8161, "as persons who 'gave their lives to Christ,'" as if, McLoughlin adds, "they were all a statistical *and qualitative gain* for Christianity" [emphasis added].

This tactic seems quite similar to the reporting strategy of treatment researchers and advocates who report that "treatment works," implying that abstinence is accomplished when, in reality, something quite different is happening. Their numbers and claims are presented "as if" all successes were "statistical and *qualitative* gains" for abstinence. Actually, these are at best only statistical variances within an aggregate population toward fewer instances of deviancy and more instances of conventionality among a population that can be generally characterized as marginal. Like the revivalist's converts, the numbers generated by the alphabet studies are not really an accurate test of what treatments are or do -- and they certainly are no test of the exaggerated claims made by therapeutic communities. Treatment and training undoubtedly has an influence on the behavior of the men and women who pass through them. However, to say that "treatment works" is just as much an obfuscation as the claims of Graham and his predecessors regarding their successes at inducing conversions.

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In addition to this ideological smoke screen, treatment researchers do not ask what effects treatment has on those who stay only a short time. Skoll (1989) suggests, as I mention in Chapter 6, that treatment abstinence ideology may only influence "splittees" in the direction of more "committed" use. Their attitude may be, "If it's a disease, and I can't cope with treatment, why bother trying to adjust my risky using patterns. Perhaps I should intensify them."[23]

It is also interesting to look at the research on conversions to modern religious groups and movements that emphasize missionary work. Whether relatively mainstream groups like the Mormons, or more harshly stigmatized organizations like the Unification church (the Moonies) or Hare Krishna, research demonstrates that successful conversion rates are typically in the range of 10 percent (see Rambo, 1993: 87f). What this suggests is that this form of changing people's "images of self and world" as a means of changing their behavior -- or as behaviorists, including many in the therapeutic community movement would have it: of changing their behavior in order to change their outlooks and behavior -- simply is not very successful in the long run.[24] Interesting also is the fact that this research corresponds well with the "clinical" assessment of Harry Evans, the Director of Redemption House, and that of my own experience with reference to the men I interviewed who completed the discipleship program.[25] Something on the order of 10 percent of those originally admitted to the program seems to be the average successful completion rate whether of recovery or redemption. And, even if the five-year post-treatment and training rate of successful abstinence is 90 percent (which is highly unlikely), that means that the overall success of abstinence treatments is no better than 10 percent of initial program entries. And program entries are far fewer than all who are presumed to need treatment or training. This does not seem to support the claim that "treatment works," unless that phrase can be understand as the practical equivalent of the slogan "Jesus Saves."

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Alternative Possibilities

If, as the logic of my arguments here and in previous chapters suggest to me, treatment and training work for only a miniscule number of individuals (in the ideal fashion claimed by the program ideologies), how do we make those methods and procedures work for a larger number, even a majority? This is the question that DeLeon and other treatment professionals typically ask, and I believe it is the wrong question.[26] To retain the question in this form is as much a problem in trying to cope with "the drug problem" as it is with any social problem: crime, divorce, single mothers in poverty, violence among teens. We must approach these issues as social problems not personal problems. The real source of most of our problems with drugs lies in our prohibitionist approach (another legacy of our religio-cultural origins) and in our related misunderstandings of the place and function of psychoactive substances in human societies. This is not the place to make this argument, and I have made reference to aspects of this approach at various points throughout the preceding pages. Suffice it to say that a public health and decriminalization approach would go a lot farther toward reducing the damage of drugs to persons and neighborhoods than would more money spent on current treatment regimes. The best approach, of course, would be the elimination of the extremes of poverty at one end of our economic scale and the extremes of wealth at the other, preferably via reasonable employment opportunities, wage and benefit requirements, and taxation policies. This, however, moves us too far in the direction of never-never land.

As it stands today, the treatment industry in America is an ideological monopoly. All four treatment modalities, with the partial exception of methadone maintenance treatment, take for granted that abstinence is the only real solution to drug use problems, which they call abuse or dependence. Although treatment has often been offered as a humane alternative to the supply-side aspects of the drug war, its "zero tolerance" approach is little alternative. An abstinence ethic that

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will broach no discussion of alternative therapies or alternative acceptable outcomes continues to rule on the treatment floor at both Recovery House and Redemption House. The latter is a self-recognized religious solution that practices perfectionism; the former preaches perfectionist ethics in medical and mental health clothing. Both contribute to the know-nothing approach to drug issues that has characterized US (anti-) drug policy since the days of the Harrison Act and Harry Anslinger.[27]

To the extent that the drug treatment industry continues to adhere to its abstentionist ideology and its utter rejection of any "non-judgmental" (non-stigmatizing) treatment of drug use and users, it will continue to be mired in the same contradictions that keep its completion rates at the 10-15 percent (by the best assessments) range, while it continues to trumpet the absurd doctrine that treatment works. The reality is, as Currie (1993) suggests, treatment works for those it works for.[28] Its numbers will not get any better, just as Billy Graham's numbers were no better -- and no worse -- than those of Charles Finney or Dwight Moody. The same is true for discipleship training: it works for those it works for. However, unlike the therapeutic community, its success claims are much more in keeping with its reality.

I believe that both treatment and training should be available to any and all who would select these options for dealing with their difficulties with drug use or any other of life's problems. However, there are numerous other approaches and options that are currently not available in the U.S. simply because they do not adhere to the joint ideologies of prohibition and abstinence. These also ought to be made available, or at least the treatment industry as well as social work and other helping professions ought to make the public aware of the full range of responsible options. And, the same "authorities" should be scrupulously honest about the nature and outcomes of their own treatment programs. I suggest a cultural revolution in our approach to treatments: "let a hundred flowers bloom," especially where they can be determined to do none harm and some good.

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However, each "flower" should be recognized for what it is, moral re-education and correction, not medical or mental health treatment.

Perhaps the most effective alternatives to abstinence treatments are those that are grounded in what has been called "natural recovery." Natural recoveries require no treatment facility, no professional or "heroic" para-professional staff, no insurance coverage -- public or private. Natural recovery works, but it does not make much money for any one -- not even those independent researchers who have written about it. Until someone can figure out how to make serious money from it, natural recovery will probably remain "unprofessional."

Harm reduction is an approach that in many ways incorporates natural recovery. It provides services of various kinds to drug users, e.g., sterile syringe exchanges, clean "paraphernalia," condoms, as well as safe-sex and safe-injection education to help users avoid HIV transmission and other blood-borne infections. That is, they try to help users to stay alive until they are "ready" for treatment or to "mature out" of risky use without treatment.[29] Harm Reduction programs, like the Lower East Side Center[30] in New York City, also provide counseling, support groups, unconventional therapies like acupuncture and Reiki, drop-in facilities for sex workers (i.e., prostitutes) at no cost to participants, although many regular participants volunteer time to these under-funded, under-staffed, and over-worked programs. All evaluation studies have shown these programs stop the spread of AIDS without increasing drug use and often draw even the most "chaotic" users toward conventionality.

The fate of the harm reduction reform movement continues to be much in doubt. It currently has a growing cadre of members, many of whom are committed to non-judgmental services for drug users.[31] The current situation of the harm reduction forces is that they are being opposed tooth and nail by the current prohibitionist regimes in Congress, the Drug Enforcement

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Agency, the National Institutes of Health, the White House Office of National (anti-) Drug Control Policy as well as other anti-drug bureaucracies, both public and private, at federal, state, and local levels

The reaction of the treatment industry is interesting. Especially the therapeutic community movement is caught between its original ethic of total rejection of drug use and its methods of degradation of the user, on the one hand, and the ethic of social workers (both ex-addicts and non - addicts) who are filling its counseling ranks, to do no harm, on the other. As a result, there appears to be a mixed response to harm reduction. On the one hand, there is an attempt to co-opt harm reduction practices and practitioners for traditional treatment purposes. Howard Josepher, the founder of ADAPT in New York City, an agency that serves people just out of treatment, has described the therapeutic community as "the original harm reduction program."[32] On the other hand, there is antagonism between the two groups (treaters vs. harm reductionists) over the issue of how to "judge" use and users. The treatment industry has traditionally been focused on "use reduction" (read: abstience), but has increasingly been tempted to look at its task as "harm reduction."[33]

Harm Reduction is only one, and perhaps the least radical of alternatives to traditional treatments available in the U.S. The European democracies and Australia far outstrip the U.S. in investigations and implementations of so-called alternative approaches to both drug policy and drug treatment, including decriminalization of possession of small amounts of even "hard" drugs and the use of heroin maintenance for "seriously hard core" users.[34] Alan Marlatt and his colleagues (e.g., Marlatt and Baer, 1997) have also incorporated harm reduction goals into their cognitive approaches to dealing with drug use problems with great success. The Smithers Addiction Treatment Center, a leader in the field, has recently announced a "controlled drinking" program to teach some people with alcohol problems how to drink safely to reduce the harm of

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abusive drinking. Nicotine patches for smokers who have trouble quitting is another commonly accepted harm reduction technique applied to a drug use problem associated with a legal substance. Harm Reduction makes abundant common sense when not burdened by the irrational stigma attached to currently illegal substances and those who use them.

I venture these few comments about alternative possibilities on the advice of John Walton (1990: 66-7), who believes that critical sociologists must also offer alternatives, not merely critiques. However, one goal of this endeavor has been to point up the "unscientific" and decidedly traditional character of one secular treatment agency by comparing it with the openly non-scientific approach to the same problem by a traditional religious organization. I believe I have been successful in demonstrating their similar methods, goals, and -- in this concluding chapter -- results. Both Redemption House and Recovery House seek to rehabilitate or resocialize drug users by a process that can easily bear the label of personal conversion. This term would be embraced more readily by the men at Redemption House than by the men and women at Recovery House, especially those responsible for running it. Nevertheless, it has been my task in this investigation to bring to the surface the extensive similarities between the two modalities, similarities which are more often ignored or dismissed as trivial by the professionals involved in treatment and training, as well as those engaged in treatment research.

Coda

There may be one other issue worth considering before closing. If recovery and redemption are matters of belief and commitment, what does this imply about so-called drug addiction or dependence? Can appendicitis or colon cancer, diabetes or tuberculosis be cured by belief and commitment? Well, Andrew Weil (1986) and others may think so. And there is some evidence that things like faith and laughter contribute to good health and recuperation from illness.

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In this light, it is worth considering whether addiction -- so called -- is itself a matter of belief and commitment.

We know that "compulsive" drug use is not simply "disorder." Preble and his followers have shown that users do lead ordered lives, but lives that are *differently* ordered than treatment specialists and training directors would prefer. What is it then that users are committed to? Max Weber (1969) writes in "Religious Rejections of the World and Their Directions" that virtually anything, but especially ecstasy-inducing activities (e.g., sex, drugs, or rock and roll), can qualify as a source of commitment in an otherworldly direction. Altered states of consciousness by means of psychoactive substances is a prime example of the "rejection" of the world, that is, a means of "mystical" escape from the doldrums or horrors of everyday (inner-worldly) life. If the corrections (treatments and trainings) proffered for this form of escape are, in practice, more like religion than like medicine, should we be surprised that the "escapisms" can be conceived in religious terms as well? Moreover, is it surprising in a society still imbued with the Protestant Ethic (although also under the influence of that differently mind-altering ethos: the consumer ethic) that ecstatic forms of escapism come to symbolize evil *per se*, the "other" incarnate, from the perspective of "inner-worldly" ascetic work in a calling devoid of supernatural legitimation?

The stereotypical addict has become one of our strongest "folk-devils." He or she marks the moral boundaries of middle class careerism and working class labor discipline, just as "the communist" once defined the limits of political commitment. The addict's escapism has to be labeled deviant if the non-addict's commitment to his or her "vocation" is to be legitimated. Therefore, we invent numerous ways to dramatize the dangers of addiction, including prohibition, which is what really makes drug use dangerous. One of these dramatistic inventions is treatment. The epitome of treatment is the therapeutic community, which supposedly deals with the worst addicts of all. However, as I have tried to show, this drama is nothing more than a secularized

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revival movement whose converts have repented of their otherworldly or escapist deviations and have adopted instead an ethic of inner-worldly conformity. Recovery House helps to dramatize the legitimate moral logics of the day much like its religious counterpart, Redemption House. I have merely used the latter as a foil to uncover the ideological obfuscations of the former's claims to scientific legitimacy. Simply put, if I am correct, treatment must be a religion, because the presumed disease is.

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Endnotes Chapter 9

[1]DeLeon, 1988: 75.

[2]Currie, 1993: 223.

[3]Certainly, this sort of transmogrification occurred among the first century Greek and Roman Christians, as it does in most personal or collective conversions. However, it was quite limited and was not a conscious practice. The early Christians and their followers in the sixteenth century, like their Hebrew ancestors, were, ideally, absolutists. Yahweh was never one to permit any dalliance with pagan Gods or peoples, although it occurred regularly. The Roman Church was much more tolerant when it came to translating non-Roman (non-Christian) spirits or divinities into saints.

[4]I take this issue on, in part because it is of great concern to the therapeutic community movement, the entire treatment industry, and its professional researchers. This issue is, perhaps, the only one this tradition of research is really interested in. Research into "treatment process," such as this study, has been severely neglected (DeLeon, 1990a). I suspect this is so because it is not really of interest except as it explains how to increase the success rate. I expect my study will not interest this tradition much.

One of the more obvious indicators of this interest occurred when I ran into a Vice President of the Recovery House Foundation shortly after completing my research. He is the administrative official who originally graciously cleared me for the research for this study, apparently against the wishes of many of his staff. He questioned me extensively about my "hypotheses," recommended several books and articles, and gave me some advice about research, which was his background, although he was not an ethnographer. When we met by chance at a seminar a few years later, I reintroduced myself. After a minute he recalled my work and asked, "Well, what did you find out? Is the religious program as successful as the TC?" When I then reminded him that mine was not an outcome study, he quite obviously lost interest and quickly excused himself from the conversation.

[5]This is a classic case of "blaming the victim." See Ryan, 1976.

[6]Congress of the United States, Office of Technology Assessment, "The Effectiveness of Drug Abuse Treatment: Implications for Controlling AIDS/HIV Infection, Washington, D.C., 1990, p. 83. (Cited hereafter as OTA.) It is interesting to note that the OTA attributes these numbers to "a compilation of studies," but cites only DeLeon, 1989, an article which is essentially a repetition and update of his 1984 study based on seven other program-related studies. See also Currie, 1993.

[7]DeLeon's major triumph within the treatment research community and the treatment industry was his demonstration, in this article, "that the TC had a therapeutic effect that increased with the amount of time spent in treatment and that the dose-related positive effects . . . accrued even to those who failed to complete treatment" (White, 1998:248). The minimum "dose" is about four to six months.

[8]White (ibid.) comments about therapeutic community success rates. In his list of "Criticisms of the Therapeutic Communities," #1 includes "the oft-quoted statement that 90% of those who graduate from TCs remain drug-free belies the fact that only a very small percentage of those admitted graduate... partly because as many as half [of TC clients] leave against staff advice within the first year [of treatment]." Moreover, as I suggested, many, if not most, graduates become staff members of a therapeutic community after graduation, which is tantamount to not leaving.

[9]Alan Leshner (1999), the Director of NIDA, writes, "there is already abundant scientific data showing that drug treatments are... effective." See similar arguments in Leshner, 1997 and OASAS, 1999. The latter reports an OASAS review that "shows treatment works."

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[10]These "treatment goals" are taken from a sample table of "types of outcome measures to assess effectiveness of drug treatment," in "Drug Abuse: Research Shows Treatment is Effective, but Benefits May Be Overstated," the GAO Report to Congress (HEHS-98-72), March 1998, p. 16; emphasis added. (Hereafter cited as USGAO, 1998.)

[11]These results have never been evaluated in light of true control groups. The reasons vary from the difficulty of creating such groups - or locating "natural controls" - to the claim that it would be unethical to deny treatment to someone who wanted it in order to create a control group of "treatment ready" individuals.

[12]USGAO (1998:21).

[13]The caveat noted in the title of this report refers primarily to methodological questions regarding self-report studies. Its general conclusion is that caution should be used since users tend to under-report drug use at certain stages of the treatment process, although not at all stages. The following statistical statements are from pages 22 and 23 of the GAO report.

[14]This "anecdotal" information was supplied to me by Martin Davis, the Redemption House Manager, based on his personal knowledge of the men. When I asked him in a recent (December, 1999) phone conversation if they had records of the progress of the men I interviewed at the Farm and after, he said, "Give me a name and I can probably tell you his progress." He was apparently familiar with the fate of each man. Martin also pointed out that this five year success (my word, not his) total of one man, was precisely what was predicted when I was in the course of interviewing and participating observation at the Bronx facility. It is further interesting to note that the single success is from a family that attended a Pentecostal church regularly throughout much of his childhood, and both of his parents are committed members of this movement. Furthermore, his sister graduated from a discipleship program for drug users as well. This man is one of two Farm transfers in my sample with a strong religious background.

[15]This is reasonable, since all numbers are really three-month numbers due to the length of the program at Redemption House *per se*.

[16]With one exception, I interviewed all of the men who transferred to the Farm during the period of my active research at Redemption House, which was 16 weeks. I did 8 (50%) transfer interviews. This seems to support a reasonable correspondence between 11 (46%) transfers for 24 weeks.

[17]I discovered a third evaluation, but too late to include in this analysis. See Calof, 1967.

[18]Professor Thompson (1994: 4) provides all assurances that his study was carried out independent of any contact with the funding agency.

[19]Consider that those contacted are likely to be the ones who have not changed address often in the intervening years between program completion and survey, while those not contacted may have several changes. The latter corresponds with heavy drug use more than does the former. This suggests that most non-respondents were also non-successes, while most successes would be respondents. Dr. Hess's study tends to bear this out. She was able to contact 97% of graduates, but only 33% of three month drop-outs. These surveys, like those of the secular programs are obviously biased in favor of successes, regardless of Babbie's abstract statistical considerations.

[20]This is somewhat confusing. The report of the Hess study included in Manuel (1993:150) states that the second year was "to validate the facts [by urinalysis] given in the questionnaire [but] this phase was not carried out."

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[21]See Teen Challenge website www.teenchallenge.org.

[22]Langrod et al., (1972: 187) state that Teen Challenge has "at least [a] respectable rate of success . . . [based on] clinical observation and personal testimony."

[23]See Fingarette for a similar argument about AA and its "little white lie" (viz., "one drink equals one drunk").

[24]Rambo (1993: 87-88) reports: "Even the relatively successful Latter-Day Saints report only one in one thousand contacts eventually becomes a Mormon. . . .seeking proselytes is extremely difficult."

[25]Recall that Harry's comment was two out of every class, at best. My experience was only one remaining after four years from the class I observed.

[26]Currie raises the same question, but has radically different answers, some of which agree with this analysis (e.g., combine with harm reduction, create real jobs for users, give users a real "stake" in conventional life).

[27]See, e.g., Musto, 1987; Morgan, 1981; and especially Brecher, et al., 1972.

[28]Currie (1993: 223) writes: "what that means is that conventional outcome statistics tend to be circular and self-confirming; they tell us, in effect, the programs are likely to be successful for who are most likely to succeed. Addicts with more severe problems or fewer resources simply fall out of the picture altogether."

[29]DeLeon (1986) highlights the necessity of "readiness" on the part of residents for successful treatment. Unfortunately, in his usage, this sounds more like blaming the victims of what he considers a "disorder" for not making "his" treatment modality more successful.

[30]I must confess my participation in this organization as volunteer and (unpaid) board member.

[31]Many members are also committed to reforming the drug laws, including decriminalization, heroin maintenance as well as the more widely accepted methadone maintenance, and sterile syringe availability to combat HIV transmission, among other "radical" reforms.

[32]Howard's intentions may have been "righteous" when he made this statement, but his analysis was inaccurate.

[33]This is evident in many ways. One example is the recent research project proposed by the Robert Wood Johnson Foundation with harm reduction assessment as its avowed purpose.

[34]A quick study in this regard is the *Psychology Today* issue on "Addictions," September/October, 1994; or see Nadelmann et al., 1994.

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Appendix 1

Redemption, Recovery, and Social Science

> The *truth* of the doctrine of cultural (or historical . . .) relativism . . . [is] we can never apprehend another people's or period's imagination *neatly*, as though our own. The *falsity* of it is that we can therefore never apprehend it at all. We can apprehend it well enough! But not by looking *behind* the interfering glasses that connect us to it, but *through* them.
>
> Clifford Geertz[1]

> The commitment [is] to get close, to be factual, and descriptive and quotive . . . to represent the participants in their own terms. This does not mean that one becomes an apologist for them, but rather that one depicts faithfully what goes on in their lives and what life is for them, in a way that one's audience is at least partially able to project themselves into the point of view of the people depicted. They can 'take the role of the other' because the reporter has given them a living sense of day-to-day talk, and day-to-day activities, day-to-day concerns and problems.
>
> John Lofland[2]

This treatise can be seen as a work of debunkery via a comparison of systems of alternation. On the one hand, I describe the conversion of sinners at an evangelical Christian "discipleship training" program, which I call Redemption House. On the other hand, I describe the treatment of "deviants" at a therapeutic community, which I call Recovery House. In both cases, the primary targets of rehabilitation are drug addicts. My thesis is simple and straight forward. By in-depth comparisons of the people and procedures of the two programs, I make the case that both go about the process of changing people by social activities (processes, techniques, social mechanics and dynamics) that are more or less identical in both goal and procedure.

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Further, I suggest that this identity of operation and purpose constitutes an implicit or immanent critique of the therapeutic community movement and its claims regarding its form of treatment. In particular, I reject the claim that its form of scientifically-based treatment is an advance over the methods of personal conversion used at Redemption House. I suggest that the methods of Recovery House are not particularly innovative, but reflect -- in more secular garb -- a variation on processes of social control (or resocialization) of deviant individuals that have been known for some time. Many of their methods date back, at least, to the revivalist and temperance movements of the nineteenth century as well as group commitment techniques used by perfectionist-utopian communities of the same era as well as by contemporary cults, so-called, of varied ideological persuasions. Likewise, many methods and attitudes similar to those of the therapeutic community movement can also be located in the asylum movement around the turn of the last century, especially that wing that directed its "moral treatment" toward the reform of "inebriates" (Rothman, 1971; Baumohl, 1987; Baumohl and Room, 1988).

In other words, the processes of alternation used by therapeutic communities, and by implication similar programs for the treatment of drug users are, for the most part, generic techniques available to any social movement, group or organization that choose to adopt them.[3] These techniques -- or "therapies" are typically used to persuade individuals (recruits) to adopt a new world view -- moral, religious, political, or (mental) hygienic -- as well as associated personal disciplines, practices, behaviors, abstentions. The treatment process developed and utilized by the therapeutic communities, I suggest, is little more than a secularized form of religious conversion practiced at Redemption House, the faith community. The treatment for rehabilitation of drug abusers is tantamount to an ideological conversion from one faith (user) to another (abstainer).

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The Literatures

The obvious structural parallels between therapeutic communities and faith communities have received different responses from the two related research traditions. The literature of the sociology of conversion (largely a sub-category of sociology of religion, but also a significant issue in the study of social movements in general), has grown exponentially during the increase in religious and spiritual movements and organizations that has characterized the last third of the twentieth century. Some observers have referred to this phenomenon as the Third (or Fourth) Great Awakening (McLoughlin, 1959; Pritchard, 1976). Others have seen it as the decline of historical Christianity (Bloom, 1992).

Several *articles* in this genre have raised the question of a basic identity between conversionist methods in religious and secular rehabilitation programs. One study (Greil and Rudy, 1984) proposed a new social category, "Identity Transforming Organization," which includes all groups that practice "radical conversion" regardless of ideological content. Another, an influential review of the literature (Snow and Machelak, 1984), proposed this question as a major research focus for the subsequent decade. The response was not overwhelming. Most of the studies were theoretically oriented and utilized the numerous case studies available rather than attempting new empirical investigations (see e.g., Bankston, et al., 1981). No study has utilized a faith community rehabilitation center as a research site. As a result, most compare explicitly religious groups (the Universalist Church or The Children of God) with "spiritual" rehabilitation groups (AA is a special favorite -- probably due to its ready accessibility for ethnographic researchers, see Greil and Rudy, 1983).

Although a few important articles have been published about conversion and therapeutic communities (see especially G. Johnson, 1974), no one has done a detailed analysis of the

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conversionist character of these self-proclaimed professional-scientific, secular organizations, despite the many publications on provocative religious groups like the Branch Davidians, Heaven's Gate, or People's Temple. This may simply reflect the fact that sociologists of religion, who are increasingly influenced by interactionist perspectives, take a "cross-ideological conversionist" category for granted. One problem this entails is that while they may have answered the descriptive question to their satisfaction, there seems little interest in the political or social control implications of conversionist organizations that present themselves as medical or quasi-medical (value-neutral) treatments for mental hygiene.

From the other side of the disciplinary divide, drug researchers have virtually ignored faith community rehabilitation and refuse to accept (or are simply ignorant of) the fact that research on religious organizations can have implications for or provide valuable insight to scientifically grounded programs of drug rehabilitation. Periodic encyclopedic coverage (Lowinson and Ruiz, 1981, 1997) of the drug field typically commits an article to religious training programs and then dismisses them as relevant (and even useful) only to "a certain segment" of the drug-using population without considering them as a source of information for the field in general.[4] Early articles dismiss the "conversion experience" as beyond the ken of empirico-scientific investigation and of an order of experience distinct and somehow less respectable than "character analysis" used in scientific treatments (see Langrod et al., 1972, 1984). A more recent version of this psychologically-oriented evaluation (Muffler et al., 1997) has included on its research team an experienced student of New Religious Movements and their relation to the drug culture. This new team member, psychologist James T Richardson, is also familiar with the conversion studies that focus on this modern American phenomenon. However, while the article shows significantly more attention to the religious literature, the conclusion reads in part, "religiously oriented treatment is not suitable for everyone."[5] Among other things, this conclusion begs the question of whether

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therapeutic communities are suitable for "everyone." It also assumes an "essential" treatment category, to which the therapeutic community is basic, and of which discipleship training is some sort of residual.

Teen Challenge International has commissioned two "in-house" outcome evaluations and one journalistic, book-length report. Its founder has also published an account of its origins and operation. The latter two reports take the conversion experience at face value (Manuel, 1993; Wilkerson, 1964). The outcome studies do not address the issue of process (Hess in Manuel, 1993; Wilkerson, 1964; Thompson, 1994).

The Theories

The theoretical perspective most appropriate to an analysis of the social construction of recovery and redemption, is the "creative sociologies" (e.g. social interactionisms, a social constructionist sociology of knowledge, phenomenology). These have been characterized as creative because the

> common strands stringing [them] together are that [they] all have an image of human beings as creating reality in interaction with others. . . . They all call into question the [simple] deterministic notion that the "solid structures" of society act as forces on the individual, deciding his fate. . . . They all use methods of study that are different from the natural-science methods of positivistic sociology. (Morris, 1977: 42)

Creative sociologies are widely used in the study of religion (see Berger, 1967; McGuire, 1992) and of deviance and social control (see Becker, 1963, 1964; Schur, 1971; Rubington and Weinberg, 1999). This is in part because they view social identity, its formation, de-formation, and re-formation, as a dialectic of individual and collectivity. Although the particulars and research emphases vary among the different "creative" outlooks, these sociologies attempt to discover the individual's role in constructing the social formations that in turn constrain the individual's thought and action.

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The creative sociology that, for the most part, focuses and directs this inquiry into the parallels between the two programs is the social construction of reality, most cogently articulated by Peter L. Berger along with several co-authors in various writings. Berger and his co-authors argue that the sociopsychological processes involved in ideological conversion and the associated transformation of identity are the same regardless of the labels and moral evaluations (i.e., meanings) attached to the before and after identities by relevant social groups and their ideologies or meaning systems. This claim is grounded in the basic "sociology of knowledge" observation that social realities (i.e., meanings) are constructed and maintained by social collectivities of men and women, largely in the course of their ongoing daily conversations with one another.

Berger's system entails the dialectical interplay of the social processes of externalization, objectivation, and internalization (see Berger, 1967). The process that my study is most directly concerned with is the latter, internalization. Internalization is the process(es) whereby an individual learns, adopts and identifies with, *inter alia*, the ideas, ideals, world views, and moral logics of the social groups with which he or she associates and makes them -- or at least aspects of them -- the very stuff of his or her own mental apparatus. "Society, identity (as an objective location in a particular [sociocultural] world), and reality are all solidified in consciousness in the same process of internalization/socialization" (Wuthnow et al., 1984: 44).

Like Berger, I also draw on the work of symbolic interactionists, especially Erving Goffman. Symbolic interaction forms one of the bases of the Bergerian synthesis and bears many similarities to its phenomenological outlook. Central to that outlook is the necessity of comprehending the meaning of human behavior *from the perspective of the actors*. Although Max Weber is Berger's primary source of intellectual inspiration, his most direct forebear regarding the dialectical moment of internalization is the American social philosopher, George Herbert Mead, one of the intellectual fathers of symbolic interactionism. Mead's analysis of the processes of

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socialization -- both primary and secondary -- have been foundational for the interactionists. This Meadian-influenced perspective on human social psychology rejects positivist (e.g., behaviorist) models of human consciousness, which typically posit normative conceptions of reality, including a "hygienic" or "normal" self. Mead and the social constructionists, rather, see the self or identity as socially bestowed and maintained.[6] Certain societies or social groups "bestow" certain social identities. One becomes "that by which he is addressed" (ibid.: 47).

Here Berger sounds like many of the interactionists, who have been criticized for leaving society out of their social analysis. However, as the true classicist that he is, Berger does not limit his focus to the "micro-level." The moment of self or identity construction is grounded in the equally prominent Durkheimian moment of the dialectic. The socialization process visualized by social constructionism always occurs in the context of a specific social structure, characterized by particular "universes of meaning" and "stocks of knowledge," to use Berger's Schutzian terminology for world views and common sense.[7]

These "social facts" (institutions and identities) are the result of previous and continuing moments of externalization and objectification, i.e., processes of human creativity and institutionalization which, in turn, influence the subjectivity of individuals. Thus, Berger's sociology of knowledge presents shared meanings about reality as the foundation of the world of everyday life as it is institutionally defined and individually perceived. Knowledge is what makes the world go 'round, and also what forms the basis for individual selves.

Taken broadly, this perspective tries to reconcile the conflicting notions of individual freedom (championed by modern existentialisms) and notions of social determinism (championed by classical sociologists like Durkheim). The creative sociologies attempt -- collectively at least -- to present identity, including the transformation or alternation of identity, as a social process --

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something *more* than a straightforward individual *achievement* (a psychologistic reductionism) and something *less* than simple organizational or institutional *ascription* (an *over*socialization). The creative sociology of knowledge easily allows a demystification of the processes of identity formation and maintenance, and a debunking of institutionalized mythologies in general. It refuses to reify identity, i.e., to view it as an individual, fixed structure or property. It attempts instead to capture the sources of identity somewhere "between" individual and group. In this social constructionist light, recovery and redemption are viewed neither as a "treatments" to be applied (as many treatment apologists would have it) nor simply as a decision to be chosen (as many training apologists would have it).

Drawing freely from the various creative sociological conceptualizations, I have attempted in my observations and analysis to be alert to three moments of identity formation:

1. group *ascription* of meaning; seen, in part at least, as a labeling process
2. individual *achievement* of role-identity; seen, in part at least, as internalization of, identification with, or adaptations -- and negotiations -- of labels; and
3. historical construction of categories of role-identity (labels), especially those of "addict" and "ex-addict" (recovered and redeemed) and other related meanings

The first two moments are "captured" -- to use a photographic metaphor -- by means of the classical ethnographic techniques of participating observation and gathering life histories from program participants, both staff and residents. The "discovery" of the third moment entails an "etiology" of recovery and redemption categories, i.e., an attempt to explore, however briefly in the context of an ethnography, some of the social and historical sources of the meanings attached to recovery and redemption as related to drug rehabilitation (Conrad and Schneider, 1989: 20). I have attempted this by a comparison of certain ideas and organizations from past American movements for ethical perfectionism or drug rehabilitation, e.g., revivalism, temperance, Christian utopianism, and the (inebriate) asylum movement.

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Although this latter aspect of the study is the least developed, it suggests that it is possible to understand the therapeutic community historically as well as structurally and processually as a secularization of earlier religious forms of social control and "moral reclamation." I do not mean to suggest that the therapeutic community has not "evolved" new means for this process over the years. Each new phase of the revivalist movement had its characteristic ideas and methods, yet each new era recapitulated the fundamental elements of its predecessors from Charles Gradison Finney the founder of "modern revivalism" in the 1830s to the movement's latest international star Billy Graham (see McLoughlin, 1959). However, at the root of the therapeutic community process of deviant re-identification are numerous practices and emphases that can be found not only at the faith community, but also in these early movements for moral perfectionism.

The primary focus of the constructionist sociology of knowledge is the "pretheoretical" level. This entails "common knowledge," which is "organized into myths, beliefs, values, maxims, morals and, 'bits of wisdom'" (Wuthnow, 1984: 47). This shared knowledge sets the parameters of thought and action in a given social or institutional sphere. It also provides "available identities" (e.g., addict, businessman, professor, tribal chief) through which the individual is able to orient him or herself in his or her institutional sector and the larger social order.

Social roles mediate the appropriate intitutionalized stock of knowledge and meanings to the appropriate individuals. By virtue of their internalization of and identification with these roles and their attendant identities (e.g., addict or ex-addict, sinner or disciple) the individual becomes a member of that particular social group or society.

> We can properly begin to speak of roles when . . . typification occurs in the context of an objectified stock of knowledge common to a collectivity. Roles are types of actors in such a context. . . . Institutions are embodied in individual experience by means of roles. The roles, objectified linguistically, are an essential ingredient of the objectively available world of any society. By playing roles, the individual participates in the social world. By internalizing these roles, the same world becomes subjectively real and meaningful to him" (Berger and Luckmann, 1967: 73-74).

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Thus, specifically institutionalized knowledge is central to role participation, through which individuals understand themselves and the world to which their identity is attached and within which, and only within which, it is likely to be seen as meaningful -- by the individual, by other members of that social world, and by the appropriately sensitized social observer. For example, as I describe in the first chapter, redemption as a means to "ex-addictry" is meaningless, even threatening, to Tommie, a man whose identity as a successful ex-addict is grounded in the therapeutic community movement.[8]

Identity formation is closely tied to roles and knowledge. Institutions provide the background of stable definitions of reality, patterns of behavior, views of the world and the self. Within this relatively stable (and constraining) background, individuals remain capable of making choices among identities, as well as creating, innovating, and manipulating them. It is this ability, indeed, according to Berger and his collaborators, this innate necessity to externalize that is the starting point for ever newer and diverse objectifications or institutionalizations, new forms of knowledge and new identities. Thus, both human beings and their collective cultural products (ideologies, moral logics, normative systems), which direct and constrain them, are social constructions or, as James Hunter puts it, "cultural artifacts" (Wuthnow et al., 1984: 74). To the degree that individuals over-identify with their social roles, and see them as *necessary* rather than historically and socially contingent, Berger would accuse them of "bad faith." Nevertheless, he also claims that a "functional imperative" operates in all societies wherein most "actors" take for granted that their realities and identities are, for all intents and purposes, fixed and immutable.

As social constructions, both human identities and social institutions are inherently "precarious." You can't have one without the other. It is impossible, Berger argues, for an individual -- always his central concern -- to maintain a given sense of reality or its relevant

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identities without definite "plausibility structures," networks of associates and/or social organizations that provide the intersubjective ground for that set of ideas about the nature of things. This is nowhere more obvious than in modern, pluralistic societies which contain a diversity of social groups with various world views and "available" identities. From Berger's existenialist perspective, the very existence of alternate realities, each with its own social matrix, creates a modern consciousness that is necessarily lacking in certitude, the internal confidence that the (empirically unavailable) "real" world and oneself correspond to what one believes them to be. Because there are so many social (and ideational) worlds available, it is difficult to maintain unwavering confidence in any single cognitive universe. This makes the passage from one to another relatively easy, but, nonetheless, requires the availability of a corresponding social context (something much more easily facilitated by the increased access to cyberspace-mediated communication than perhaps even Berger and Luckmann imagined when they penned their opus).

The cognitive passage from world view to world view and self to self is readily possible in the modern world. This is not a problem for the sociologist *qua* sociologist, who like Berger and his mentor Weber, adopt the sociological epoche of value-freedom as social observers. For others, for psychologists and psychiatrists, for ministers and social workers -- boundary maintainers for various social, moral, and hygienic universes, who are concerned to bolster a particular version of reality and of normal or healthy selves -- the ready availability of alternatives is troubling indeed. But it also offers them some hope. Not only can they lose followers, they can also gain or regain them. Alternation -- Berger's preferred term for conversion -- is thus, potentially, a blessing and a curse.[9]

Perhaps the most radical forms of alternation are religious (or, closely related, political) *conversion*, especially that related to sectarian or (so-called) cult groups, and the *rehabilitation* of "committed" deviants, those who have thoroughly internalized the identity of, for example, drug

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addict, homosexual, or prostitute. Since the publication of the Berger and Luckmann volume, several specific subdisciplines or subject areas of sociology have developed literatures with social constructionism as a theoretical focus. Among these are family, health care, death and dying, to mention just a few. Likewise, the social constructionist perspective has had profound influence on the sociology of deviance and the sociology of religion, including the study of conversion.[10] The literature on the sociology of deviance has focused heavily on issues of identity formation among deviant groups and the role of socialization and re-socialization in the development of deviant lifestyles. Although it has not been widely investigated by sociologists of deviance (see Hawkins and Wacker, 1983; Trice and Roman, 1970 as exceptions), the same techniques that turn "normal" individuals into "deviants" (e.g., labeling, stigmatization, isolation) can be seen to "reverse" the process. This has been most readily recognized, at least practically, by so-called "re-programmers," groups and individuals who try to restore to their prior identities persons believed to have been "seduced" or "brainwashed" by religious or political cults. Erich Goode's (1993, 1996, 1997) widely used textbooks in deviance and drug studies are examples of the social constructionist perspective.

The work of Merdith McGuire (e.g., 1992, 1977) represents a use of the social constuctionist viewpoint in the analysis of religion in general and a conversionist religious group in particular. While I make use of both of these literatures as supporting "plausibility structures" for this study, much of my own descriptions and analysis of Redemption and Recovery Houses are generated by my own applications of this theoretical analytic. I have not attempted to replicate any of the earlier studies, nor do I utilize -- or scrutinize -- any particular "formulaic" analysis of conversion (e.g., Lofland or Stark and Bainbridge).

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I do, however, borrow concepts and notions from several analytics, if somewhat eclectically. I have, for example, made use of specific elements of the organizational analysis of American utopian communities, including Synanon, the original therapeutic community, by Rose Kantor, 1972. Also, Erving Goffman's (1961) masterful interactionist analysis of total institutions and their inmates, is foundational for my work. I also draw on Herbert Danzger's (1989, 1989a) penetrating explanatory synthesis regarding the phenomenon of Jewish return. But I neither duplicate nor "slavishly adhere" to any of these analyses or perspectives. In this respect, I place myself in the tradition of "grounded theory" (Glaser and Strauss, 1967), using what illuminates my data and my purposes without being bound to whole systems.

The Thesis

I argue, thus, that both programs, Recovery House and Redemption House, resocialize their residents by restructuring the meaning that their experience of the world and of themselves has for them. This is done in both places by changing the user's place of residence and thereby the context and substance of his discourse. He inhabits a new social and cognitive world that is radically different from his previous social and cognitive surround. The programs change where the user lives, who he talks to and what he talks about, and therefore they inevitably change him, assuming he remains in residence long enough. This initially convinces the user that he is a sinner or an addict, someone who is presumed incapable of choosing to live according to God's plan (Redemption House) or proper human standards (Recovery House), but who was chosen by divine election (Redemption House) or forced to submit to treatment by his pathology and its inevitable consequences (Recovery House).

It typically takes three or four months of treatment or training for a new resident -- if he is one of the few who stay that long -- to become convinced that this view of himself is plausible. At

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both programs, he will be further induced to believe that the only way to change from the despised addict or sinner to ex-addict or disciple is to disavow his previous identity and adopt a new identity grounded in a perfectionist view of rehabilitation. That view features complete abstinence from the demonized substances and activities that are the symptoms of his previous sinful (Redemption House) or pathological (Recovery House) condition: drug use, crime, unemployment, sexual irresponsibility and family disloyalties. Cognitively, residents exchange one set of views (one cognitive universe) for another. Or, in the terms Berger prefers, one role for another and, thus, one identity for another. In the first view the user is the adept, the abstainer the square. The user enjoys his "illicit" pleasures, they may even be the primary value in his or her life. His "irresponsible" life-style becomes a badge of freedom from conventional constraints and undesired responsibilities. Or, alternatively, she celebrates her ability to balance the pleasures of "hedonistic" escape via illicit substances or activities with the world of work and/or motherhood, unlike the square who believes the two are antithetical.[11]

In the new world inside the treatment or training center, life appears much as it did to Alice in Wonderland. All views, values, and expectations are upside-down. Inside treatment and training, it is a looking glass world where the user becomes (defined as) an unfree, enslaved addict or sinner. There s/he "discovers" that s/he is prevented -- by sin or a disordered mind -- from recognizing her/his own best interests, viz., abstinence from drugs, full, licit employment, and total responsibility as a family man or mother -- and, in the case of Redemption House, a "right relationship with the God of the universe," which holds the promise of heaven in the next life.

The primary methods used at both programs are: (1) isolation from competing views and social contexts of drug use and related life-style activities, (2) constant formal and informal indoctrination -- by "peers" and staff counselors -- in the program's moral and cognitive universe, and (3) ritual performances that prompt the resident to act out the new identity and/or delegitimate

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the old one. The Redemption House view of what happens is that it is the work of the Holy Spirit. At Recovery House it is attributed to the "treatment," especially the therapeutic effect (or, alternatively, though somewhat contradictorily, the moral force) of the (treatment) community. From the sociological perspective taken here, there is no magical, ontological transformation (from lost to saved), nor is there a magic bullet that cures a pathology. Phenomenological analysis is limited, instead, to social and socio-psychological processes, which are most simply described as discourse -- or talk, talk, talk. The conversions that occur via treatment at Recovery House and discipleship training at Redemption House are accomplished by changing the individual's social location and attendant cognitive universe or consciousness: the people he talks to, what they talk about, and how they talk about it.

Whether the transformations that occur at Redemption House involve the work of the Holy Spirit is, of course, beyond the scope of this or any other empirical investigation. Transcendant claims are not open to the scientist *qua* scientist, as Berger likes to put it. I can, however, have access to the experience of the disciples-in-training through their descriptions of what is happening to them. Their consciousness, to the degree that it is available to me in its "externalizations," their conversation and participation in program activities, is the heart of the data. I do not have to back away, like a positivist, as mystified by "the religious factor" as are the believers themselves. The creative sociologies take the supernaturalists' belief as merely another human perspective and experience to be understood *from the perspective of the actors.*[12]

The situation is somewhat different at Recovery House, where the formal legitimations are spelled out in scientific rather than religious terms. Science, unlike religion, is open to empirical investigation. As such, it is possible to evaluate the scientific basis of the treatment program at Recovery House in ways that are impossible at Redemption House. By comparing the methods of the two programs, the experiences of their residents and staff members, and certain aspects of their

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views of addicts and addiction, I suggest that the preponderance of their parallels presents a "natural" critique of the claims of Recovery House and, by implication the therapeutic community movement, to be a scientific form of treatment that in any sense parallels legitimate medical forms of treatment for "real" illnesses or disorders.[13]

The therapeutic community and perhaps the entire treatment industry present a case of science as ideology. As I have suggested, Recovery House can be seen as a secularized form of the Redemption House practice of personal conversion for the purpose of socializing -- in the sense of "correcting" -- "social deviants." That is, they both make them "toe the line" by making them "see the light."[14] To this end, Recovery House uses the powerful imagery of modern science and medicine to cloak its particularist (middle class) correctional interests in a mantle of legitimacy that suggests both universal truth and humane professionalism.[15] By this comparison, I do not intend to suggest that Redemption House should be seen as the standard for correcting individual drug problems. My point is simply that they do, for all practical purposes, just what Recovery House does without "stooping to" claims for scientific standing. They do make universalist claims that are, likewise, readily challenged by the existence of the secular drug treatment industry. As Berger suggests, pluralism itself is delegitimating to a degree. However, successful claims to scientific or medical standing provide cultural and economic power in a modern, highly secular society that claims to religious or supernatural standing do not.

The secular treatment industry (public and private) and related governmental funding and research bureaucracies define the meaning of addiction and treatment for the American public. This results not only in "mandating" thousands of people into treatment programs each year through the criminal justice and other systems of "referral" (hospitals, social agencies). It also provides a monopoly for the ideology of abstinence. As long as abstinence remains the paradigm of the currently dominant treatment interests, other forms of treating drug use problems, individual

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or collective, (e.g., harm reduction, natural recovery, heroin maintenance, decriminalization) are prevented from gaining legitimacy (both public and professional), despite widely documented successes.[16] This is true, moreover, because the treatment industry is a bedfellow of the drug war constituency.

Some critics of the nation's "war on drugs" are saying that our problem is too much attention paid to the supply side "solutions" and too little to the demand side (see, e.g., Massing, 1998; Leshner, 1997, 1999). This, they suggest, has not only kept us from winning the war, but actually exacerbates the damage we have incurred. I agree. However, I do not agree with such critics as Michael Massing, Bill Moyers, and Alan Leshner that the solution is to take the money from interdiction programs and give it to treatment programs, unless the definition of what constitutes treatment is opened up to include much more than the current abstinence-only paradigm allows.[17] Even more than this, I would argue that the solution to our problems in this regard lies more in the area of reform legislation than refinancing current programs, even so-called "successful" ones. The problem in the area of drug "abuse" is the artificial legal discriminations among psychoactive substances that are based more on prejudices of class and race than on medical or scientific information. In this respect, as I describe throughout this document, the treatment industry, with few exceptions, is an ideological partner of the federal and state bureaucracies and other agencies (e.g., DEA, NIDA, OASAS, ONDCP, CASA) that run, pay for, and justify the disastrous war on drugs based on the "zero tolerance," "drug-free," and "just say no" fictions that are the ideological bedfellows of the abstinence paradigm.[18]

Berger (1967: 6 and 1963: 111) defines ideology quite simply as "ideas serving as weapons for social [vested] interests," which "frequently . . . systematically distort social reality in order to . . . legitimate the activities of such groups." The claims to scientific and empirical validity of the therapeutic community movement to justify their programs at Recovery House and

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other treatment centers, are highly questionable because the same results can be obtained by the same methods on the basis of diametrically opposed claims and explanations. The fictions that are sustained by this perspective hold both directly coercive and hegemonical power over the lives of ten of thousands of people, but offer them little more than they can get by turning to their local Pentecostal storefront. Redemption House claims no more -- and no less -- than those local storefronts, but produces the same results as the secular treatments by virtually the same means. Systematically debunking the ideology of which program better serves the interests of truth, justice, and the health of the American people?

The Methodology

The means I used to get at these comparative processes of using conversation to change identities and behavior were to talk with participants, residents, staff, and administrators of the two programs -- or rather, have them talk to me -- and to observe and participate in their prescribed processes of talking with and to each other.

Here my perspective is shaped by the work of the cultural anthropologist Clifford Geertz, as well as Berger and other creative sociologists. Geertz is, like Berger, essentially a Weberian who does not ignore the Durkheimian moment of social reality, as paradoxical as it may seem at times. The issue is one of perspective, not contradiction. By Weberian, I mean his social science is interpretive and phenomenological (a term not prominent in his self-descriptions). Both Geertz and Berger are concerned with the meanings of things. For them, as all *verstehende* social scientists, human behavior is intentional, it is a function of meaning. Thus, in order to comprehend human behavior, including the processes of alternation, the investigator must penetrate the "relevance structures, meaning systems, and bodies of knowledge" that constitute the world views of the people he or she is investigating.

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> The meanings of ordinary life [must be] transposed into a *different* world of meanings, namely that of the social scientist. This transposition is at the core of sociological interpretation. It also constitutes an incipient *explanation* of the situation . . ." (Berger and Kellner, 1981: 42.)

Geertz (1973: 9) writes similarly that

> what we call our data are really our own constructions of other people's constructions of what they and their compatriots are up to . . . [which] is obscured because most of what we need to comprehend, a particular event, ritual, custom, idea, or whatever, is insinuated as background information before the thing itself is directly examined. Analysis, then, is sorting out structures of signification.

Meaning, then, is at the heart of this form of investigation of the social world. How does one get at meanings, at subjective intentionality? Berger's answer is the "phenomenological epoche," Geertz's is "thick description," the symbolic interactionists' is "taking the role of the other."[19] For all three, the ethnographic methods of participating observation, as the author of perhaps the best recent street ethnography of drug users and dealers prefers to pose it, and collecting life histories are most appropriate.[20] Both techniques are attempts to comprehend, as far as practicable, the intersubjective worlds of particular people in particular sociocultural settings.

The problems of access to individual subjectivity are not ignored by Berger or Geertz. They are careful to recognize that there is an ultimately insurmountable cognitive boundary between the observer and the observed, which symbolic interactionists seem sometimes to ignore as they "immerse" themselves in the worlds they study (Morris, 1977: 51). We can never have direct access to the mind of another. Nevertheless, the ethnographic approach directs the inquirer to account for social reality from the point of view of the actors involved. As Hunter (in Wuthnow et al., 1984: 33) describes Berger's approach, this method attempts to "describe human experience as it is lived and not as it is theorized about." Although "consciousness as a web of meanings is . . . subjective, and therefore impenetrable by 'scientific' methods, it can be objectively described because its socially significant elements are constantly *shared* with others" (Berger, 1973: 14,

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emphasis added). Externalised human "artifacts" (e.g., doctrines, rituals, prayers, teachings, therapies, accounts, encounters), including conversations, become cultural texts that display, however imperfectly, the intersubjectivity of those who produce and consume them.

Geertz is more concerned with the collective level of human consciousness, i.e., culture. However, his writings manifest his attention to individual subjectivity as both source and product of what it is the social scientist must get at. Culture, Geertz (1973: 10) writes, "is public." Therefore,

> [d]oing ethnography is like trying to read (in the sense of "construct a reading of") a manuscript -- foreign, faded, full of ellipses, incoherencies, suspicious emendations, and tendentious commentaries . . . . Though ideational, [culture] does not exist in someone's head; though unphysical, it is not an occult entity. . . . Once human behavior is seen as symbolic action -- action which, like phonation in speech, pigment in painting, line in writing, or sonance in music, signifies. . . . The thing to ask is . . . not what the . . . ontological status is [subjective or objective, real, ideal, material]. The thing to ask is what the . . . import is: what it is, ridicule or challenge, irony or anger, snobbery or pride, that in their occurrence and through their agency is getting said.

Berger is very specific, I might almost say impassioned, about the fact that phenomenology is description only, and not social science. Science, he insists, must be concerned with causality. The social scientist must construct "second order" concepts (ideal types, for example) that are constructs of the constructs used by, in this case, the residents and staff members of the two treatment programs as they go about the business of treatment or training, day in, day out. Or, again, as Geertz (ibid.: 15) puts it,

> Descriptions . . . must be cast in terms of the constructions we imagine [the residents] place upon what they live through. Anthropological writings are themselves interpretations, and second and third order ones to boot . . . they are thus fictions . . . something made, something fashioned.

The process of extracting concepts from the actors own "spin" on what they are doing rather than imposing on their actions and words some other theoretical formulation (theological, or behaviorist) is an approach consistent with grounded theory analysis as well as those of Berger and

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Greetz. Geertz (ibid.: 15) writes that the aim of anthropology is "understanding a people's culture . . . without reducing their particularity." Setting people "in the frame of their own banalities . . . dissolves their opacity." As Geertz notes, this is referred to commonly as "the native's point of view," bookishly as "verstehen," and in technical anthropologese as "emic analysis." His own preferred formulation, however, is that "formulations of other people's symbol systems must be actor-oriented." Thus, these methods are empirical because they are directly concerned with human experience at the level of everyday life. This approach also informs much of the social constructionist and related interactionist work in the sociology of conversion (see, e.g., Snow and Machelak, 1984; McGuire, 1991) and the sociology of deviance (see, e.g., Goode, 1989, 1997).

James D. Hunter (Wuthnow et al., 1984: 33) notes certain problems with Berger's phenomenological method. Among these is the fact that it is difficult to verify empirically, despite the fact that Berger insists that the investigator must search systematically for falsifying information. Geertz (ibid.: 16) offers the following observations regarding the issue of verification or "how can you tell a better account from a worse one?"

> The claim of attention in an ethnographic account rests . . . on [its] ability to . . . reduce the puzzlement . . . . the determining question . . . is whether it sorts winks from twitches and real winks from mimicked ones . . . [that is, comprehends the actor's intentions and, thus, comprehends the meaning of his behavior for him]. We must measure the cogency of explications . . . against the power of the scientific imagination to bring us into touch with the lives of strangers. . . . It is not worth it, as Thoreau said, to go around the world to count cats in Zanzibar. The proper object of cultural analysis [is] the informal logic of actual life.

As Hunter (ibid.) also reminds readers, the impulse behind phenomenological sociology is to be a corrective to positivist sociologies. Treatment research is particularly guilty of the "endemic tendency" of all essentialist social science toward reification; it tends to mistake its own models for social reality *per se*. From the triangulated perspectives of Berger's phenomenological sociology, what has been called the Gilbert Ryle - Clifford Geertz program of "thick description," and interactionist grounded theories, these positivist reifications do not discover "what is

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specifically human in human reality" and "all too frequently end by confusing [their] own conceptualizations with the laws of the universe" (Wuthnow et al., 1984: 75; Berger, 1967:187). Phenomenological, "thick" description finds its verification in its verisimilitude. What lends "adequacy" to our constructions of the lives of others is, as Weber posed it originally, whether they are adequate at the level of meaning, do they correspond to the common-sense understanding of the everyday life of the actors. This is the goal of this inquiry, to capture "their" views in "our" vocabulary. And more than this, since this is a work of comparative ethnography, to capture the views of each group in the vocabulary of the other as well as that of social science. "Out of this process arises a text's claim for truth, or its verisimilitude" (Denzin, 1994; quoted in Murphy and Rosenbaum, 1999: 175).

The Data Collection

The data that I generated and use to construct my descriptions and interpretations of treatment and training were collected primarily at two separate rehabilitation programs. I spent four months attending program functions at Redemption House, usually three to four days per week. Although I did not live in the house, I followed a full three-month "induction" cycle and attended each regularly scheduled program function several times, many of them -- especially those that seemed central to the process -- dozens of times. These included such activities as Bible studies, classes in Christian living, chapel services, meals (including preparation and clean-up), field trips, work projects. I interviewed a total of 25 residents -- equal to a full complement for a given induction cycle -- and five staff members including the Director and House Manager. I also re-interviewed six residents of Redemption House after they were promoted to Teen Challenge at the Rehrersburg facility, which they refer to as the Farm. I spent a week there observing and participating in various program activities: chapel services, meals, classes, work assignments, prayer meetings.[21]

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In addition to the "formal" interviews, those that I audio taped for later transcription, and attendance at scheduled events, I spent unnumbered hours in informal conversation with residents and staff members during leisure periods, mealtimes, and other interstitial moments throughout the day. It was often these "off the record" chats (many of which I documented later in field notes) that provided "deep background" to what I was observing. These moments, as much as anything, gave me access to the "meanings" that are the substance of the "intersubjectivity" of the Redemption House social world. For four months I was a regular presence in the three-story brick house that was home to the 17 to 25 men of Redemption House and all of its paid staff save the Director, who lived with his family just a few houses up the block where his Christian collective maintains a residence.

Harry, as everyone calls the Director of Redemption House, granted me complete access to the program. I was allowed to come and go as I wanted. I attended all program functions whenever and as often as I pleased: classes, chapel services, church services, work periods, prayer meetings, meals, staff meetings (with prior notice), and even a couple of out of town trips to the Teen Challenge Training Center. I was permitted to interview any resident or staff member who agreed to participate. No resident refused me; some sought me out to offer their cooperation. Harry introduced me to his staff and the residents (at separate sessions) and explained my reason for being there and that all were free to cooperate or not as they wished. It was clear to me, however, that his friendliness and cooperation were instrumental in the ready reception and cooperation I received from all members of the program. I was refused only one request for an interview during my research at Redemption House, by one of the counselors on staff. As it turned out, I interviewed almost every resident who stayed more than a week during my tenure.

The "formal" interviews were, in fact, highly informal. The setting at Redemption House was the multi-purpose room that served the House as both chapel and classroom. The interviews

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were loosely organized around the topics I was interested in pursuing such as the resident's family, work and educational background, history of drug use, personal route to discipleship training, impressions of the training, assessment of how it works -- its process as well as outcomes, and his future goals. At the outset of each interview, however, I told the resident that I was interested in his story, his impressions, his experience, his journey from life before training to the present and what, if any, changes had occurred. I said that we could talk about whatever he thought was important, he could tell any story he thought would illuminate my attempt to understand his experience. Likewise, I assured each resident that he could refuse to answer any question, and that he was free to end the interview whenever he wanted. I also assured each man that what he told me would be held in strict confidence, that none of the program staff would have access to what passed between us. As is typical in the grounded theory approach, the interview content varied from person to person and also changed in response to the ongoing process of analysis. I suggested that most interviews begin with the resident's family background. It was familiar territory and helped him overcome any initial nervousness or resistance. Interviews typically took off from there and continued for an average of one-and-a-half to two hours. My interruptions were minimal, and largely served to open new subject areas or ask for more information or clarification.

I tried to conduct each interview as a conversation, with the resident explaining his experiences in training and before. The mood I attempted to set was very much like that described by Murphy and Rosenbaum (1999: 161) in reference to their interviews with pregnant women who used drugs:

> We attempted to create an interview context in which our study participants felt their perspectives were privileged and their stories would be heard. [The] interviewees were to be experts on the phenomena of interest. . . . A reflexive methodology that allowed interviewees to decide what the important interview topics would be was absolutely necessary. Qualitative, grounded theory methods were appropriate and most effective to achieving these goals

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In keeping with this interview method, and other considerations, I use extensive quotes for many of my descriptions throughout the foregoing chapters in order to convey the full context and content of resident accounts -- as well as my observations. As Peter Worsley (1992: 113-114) notes,

> [unlike in quantitative studies,] quoted speech is intended to actually provide the evidence with which the reader is expected to assess the author's interpretation . . . [therefore] the burden placed on it is correspondingly greater. It requires care, experience, and a good deal of honesty and judgement, to present material in a balanced way, and places a great responsibility on the researcher.

This places something of an additional burden on the reader as well, especially when the author does not entirely sanitize the language and cadence of the "expert testimony" he presents. The reader, if he or she hopes to comprehend the descriptions and arguments, must attend to the data provided in much the same way a statistician attends to the tables and significance quotients provided in more positivistic approaches. The import of extensive quotation is that it presents more opportunity -- to paraphrase John Lofland (1971) -- for one to depict faithfully what goes on in the resident's lives and what it means for them in a way that the reader can at least partially project him- or herself into the point of view of the residents. By this means, readers can "take the role of the other," if the author has given them a living sense of day-to-day talk, day-to-day activities, and day-to-day concerns.

The other program I researched is a therapeutic community that I call Recovery House, for parallel (if not poetic) reasons.[22] Like my time at Redemption House, I spent four months observing, participating with, and interviewing residents at Recovery House. Likewise, I attended each type of program activity numerous times over the four-month period, and certain core activities scores of times. Core activities included various types of therapy groups, daily house meetings, orientation seminars, developmental and educational seminars. I conducted audio taped interviews with 35 residents, four staff counselors and one program director. Taped conversations

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with "Louie," the staff member who became my main field informant for the therapeutic community culture, add up to more than 20 hours during six different interviews over a period of two years. This relationship was invaluable to me in analyzing the information I collected at Recovery House. Because of the population size and the highly structured nature of the situation at Redemption House, opportunities for informal conversation were less available especially among lower level residents.

Although my white skin stuck out like the proverbial sore thumb at both locations, I was more anonymous among the residents at Recovery House. This was due largely to the greater population size (especially in joint meetings) and the size of the facility -- a large dormitory rather than a large single family house. As a result, it was far more difficult to create -- or seize -- opportunities for truly relaxed and comfortable "leisurely" conversations at Recovery House. Although many of the private taped interviews eventually took on the character of relaxed conversations with residents, this was by no means always the case. This made my lengthy and more numerous conversations with "Louie" absolutely crucial to my understanding of the therapeutic community culture.[23]

In addition to the material collected at Recovery House, I collected observations at two other therapeutic communities that I visited briefly over the same time period. Also, as a "control group" for certain issues addressed in Chapters 5 and 7, I taped interviews with a small number of former therapeutic community residents (including one graduate) all of whom are currently active users of "hard drugs." These men would be considered addicts by either of the programs under investigation, and they consider themselves to be addicts. However, they place quite a different valance on that term than do the programs or the general populace. As at Redemption House, I took field notes in all circumstances (e.g., group sessions, house meetings) where electronic recording would be either prohibited or obtrusive.

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The interviews at Recovery House followed the same format outlined earlier. My access to the Recovery House program proved much more difficult than was the case at Redemption House, I was given unfettered access to the program, as I described earlier. In the case of Recovery House, I was granted formal access by a Vice President of the Foundation who was not involved in the day-to-day operation and whose office was not located at the treatment facility. It then took three months of phone calls to numerous administrators at the Recovery House facility before I could find one who would take responsibility for introducing me to the program director and administrative staff and advocating my research.[24] This resistance from the administration continued throughout my stay, and filtered down to some of the counseling staff. However, like my Redemption House experience, no resident I approached refused an interview. However, several staff members, including the Program Director of Recovery House, successfully resisted several attempts to schedule interviews with them. Fortunately, that was not the case with all Recovery House staff members.

There was an important difference in the setting(s) for interviews at Recovery House compared with those at Redemption. Recovery House interviews, after the first few, took place behind locked doors, thanks to one of the counselors who, himself, avoided an interview. This meant that any interruptions from the outside had to seek our permission to intrude. This provided the interviews with a greater sense of privacy than that which prevailed in the multi-purpose room at Redemption House. This was beneficial, because of the generally greater sense of skepticism about my research at the therapeutic community. (It also insulated us from the greater degree of noise generated by 100 rather than 25 residents.) In keeping with that general attitude, many informants at Recovery House tended, initially at least, to be more guarded in interview sessions than the Redemption House residents. This was especially true among informants that I had approached initially, more so than those who volunteered entirely on their own. In most cases

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resistance was overcome rather quickly, and residents spoke openly without any indication of fear that their comments would be overheard by staff or their "agents" among other residents. The presence of that fear was an impression I often got when speaking informally with residents on facility grounds.[25] Despite the initial resistance when I introduced my research plans (see page 23f), I felt none in any of the groups I attended -- with one quickly dispelled exception. Also, the vast majority of my interviews were as comfortable as those at the discipleship program, after a few awkward moments beginning some of them. I can count on one hand those in which a resistant or hostile attitude prevailed throughout the taping. Even hostile interviewers typically communicated vital information of the textual as well as "subtextual" variety.

The notion that conversations are texts became objectively real as I transcribed the taped interviews and began coding and analysis. I followed what I understand to be the grounded theory approach to the interview transcripts and field notes. Both as I transcribed and as I later read and reread transcripts and notes, I attempted to "fracture" this data into concepts that would make sense of the stories the men were telling me in ways that would capture their experience as part of a meaningful whole. Then I began comparing the collections of concepts from each House with each other to find elements of comparison and contrast that I then recodified into "compcodes" and "contracodes."[26]

During the transcription, readings, codings, and recodings, I tried to remain cognizant of two overriding principles. The first is the grounded theory dictum that the investigator remain "open or unrestricted by predetermined theory" (Kearney et al., 1994: 353). My goal was to "follow" the data wherever it led me, within the limits of my particular interests in the residents' experience of the treatment and training process. I do not mean to say that I did not use preexisting theoretical concepts or that I do not have a particular sociological perspective that focuses my attentions and observations. I have identified both of these already. What I mean is that I did not

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attempt to, in fact I specifically attempted not to, mimic the analysis or arguments of other investigators particularly with regard to the nature of the processes of religious conversion (e.g., Lofland or Kanter) or of resocialization of deviants (e.g., Galanter or Szasz).

My second concern in the process of "textual analysis" was to look carefully for contradicting or "falsifying" evidence with respect to my contention of overall phenomenological comparability between the two supposedly distinct programs. Whether I have successfully evaluated such instances in this report is something that can only be determined *post hoc* by the community of scientists and others concerned with these particular substantive issues, i.e., "my peers" to use the vocabulary of treatment, and my "brothers and sisters" to use the vernacular of Redemption House. This is yet another of the reasons I use extensive quotes throughout the pages of the dissertation, i.e., to give as much of the context as possible to allow the reader some means of evaluating the comparative direction of my argument.

Above all, I sought to convey the stories of my informants as they told them, to comprehend those accounts in the "thickness" of their social and cultural contexts, and interpret them in the conceptual language of constructionist sociology as I understand it.

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[1]1973: 44.

[2]1971; quoted in Murphy and Rosenbaum, 1999: 159.

[3]Berger and Luckmann (1966: 161) "propose a specifc 'prescription' for alternation into *any* conceivable reality, however implausible." The procedures they prescribe include a plausibility structure, segregaton from competing cognitive universes, therapeutic personnel, a body of knowledge, legitimations and nihilations.

[4]Langrod et al., (1972:186) suggest that the "following persons may be more predisposed to rehabilitation and conversion through religious programs: 1. [those] with strong superego functions; 2. [those] with a great need for affiliation and acceptance; 3. [those] oriented toward the analytical and supernatural; 4. [those] who may not respond to psychotherapy or encounter."

[5]Much of what appears to be Richardson's contribution to this research summarizes the work of social scientists (e.g., Galanter, 1989; McGuire, 1985; Robbins and Anthony, 1975, 1982) about conversionist religious organizations as "support communities" that help stabilize alienated young people, including many involved in the drug culture. While this has relevance for my work (see Chapter 7) the article seems largely interested in re-interpreting the role of the religious communities into the vocabulary of psychology, as if it were the essential reality of which the religious folks were somehow unaware. Its brief comments on conversion end with the following statement: "The religious community's idea of conversion does share with that of the secular [therapeutic] community the reality that one must first accept drug use as life destroying, and then choose to discard it in favor of behavior that is life building, before rehabilitation can begin." (Note that conversion is not considered part of rehabilitation, but a precursor.) There is no attempt to look for clues to secular treatments that might be provided by the operations of religious communities, neither in the Teen Challenge training program (which they also discuss) nor the NRMs, which are not drug programs.

[6]Morris (1997:46, 59 & 61) points out important distinctions among interactionists, phenomenologists, and social constructionists, especially Berger and Luckmann, with regard to "bestowal." "Symbolic interactionists generally consider roles [and, thus identities] to be imposed by the expectations of others. Phenomenologists emphasize the importance of subjectivity, of the "I" aspect of the self." As distinct from both, "Berger and Luckmann . . . are concerned with the ways individuals create, or construct, reality . . . [but they] also stress the manner in which the society . . . constrains and constricts the reality that may be created." Their sociology of knowledge approach, says Morris, "contains a large dollop of Durkheim . . . [it] appears to smack considerably more of social determinism than do other phenomenological approaches."

[7]Not all "stocks of knowledge" are "common." Especially in modern societies, some are specialized, sophisticated, professionalized, elite stocks. These are specifically "uncommon" and not available to the ordinary citizen or to ordinary everyday discourse. With respect to this investigation, the common sense discourses of residents and immediate staff personnel who interact every day at each program are what I am most interested in, rather than the specialized "knowledge" of the theorists and theologians. The latter come into play on occasion, because they influence the daily discourse of treatment and training, especially via vocabulary and aphorism. In this focus, I believe I reflect the central concern of the social constructionist sociology of knowledge.

From another angle, the treatment and training discourse can be said to be "uncommon," because they are not shared by the man or woman in the street. This is increasingly untrue, especially for the therapeutic community, because the language of the "addiction recovery movement" is fast becoming a

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dominant "technique of neutralization" for both the celebrity and non-celebrity publics. Because of the prominence of "fundamentalism," the vocabulary of evangelical Christianity is also increasingly prominent in everyday discourse, from various value perspectives. Moreover, modern society is characterized by multiple - and often discreet - universes of meaning, each capable of having both common and elite stocks of knowledge that operate as described by social constructionist models.

[8]This is not to say that all threats stem from meaninglessness. Tommie's fear (see Chapter 1) seemed to be associated with anomie. If Redemption is the - or a - road to abstinence and "normalcy," the world of the recovery movement, including the therapeutic community, no longer makes sense of his experience, his self. Because Tommie is a highly placed executive in a movement organization, his livelihood, a decidedly material interest, is also challenged. While this is not immaterial (pun intended), my impression was that his attack on religious drug programs was not primarily about finances.

[9]In "The Pilgrim: Chapter 33," Kris Kristofferson (1999) puts this quintessentially existential experience in only slightly different terms:

> He keeps right on a-changin' for the better or the worse
> Searchin' for a shrine he's never found,
> Never knowin' if believin' is a blessing or a curse
> Or if the goin' up is worth the comin' down.

[10]The sociology of conversion can be seen as situated somewhere between the sociology of religion and the sociology of deviance. I would include in these libraries the large number of strictly interactionist studies that are closely related to the Berger and Luckmann perspective, since the interactionist perspective is explicitly acknowledged as an important, albeit limited, element in the social constructionist synthesis. Find a useful literature review in Snow and Machelak, 1984 and a longer summary and analysis in Robbins, 1988.

[11]I do not mean to suggest here that drug users come only in these two stereotypes. I pose these at this point for the sake of contrast. In fact, it is more plausible that the "responsible" world needs the stereotypes of "irresponsibility" provided by the "junkies," "fags," "hookers" and others to help maintain their own image of righteousness. See Cerulo, 1997.

[12]Langrod et al. (1972: 186) write that it "is difficult and maybe impossible to interpret the spiritual experience and the phenomenon of conversion in social or psychological terms, and anything done in that direction can be speculative at best."

[13]Whether or not there are such "real" things is a question that I do not intend to address, let alone answer, here. Suffice it to say that, if there is such a class of conditions, drug addiction's claim to be included has yet to win universal consensus, and rightly so. The best one can say for troublesome drug use is that in certain ways and from certain perspectives it bears some resemblance to other "syndromes" that have gained status as "medical conditions." However, it also clearly bears resemblences to behaviors labeled "immoral" or "sinful," for which there is at least more historical if not medical or scientific precedent. It should also be said here that behavior similar to that labeled "addiction" is considered normal and acceptable in certain cultural contexts. See Douglas, 1987; and MacAndrew and Edgerton, 1969.

[14]In behaviorist terms this becomes "making them toe the line *in order* to see the light." Both rationales are applicable to both programs, but perhaps in contrasting degrees.

[15]I do not mean to suggest that science or medicine entirely deserve the images they represent in our collective consciousness, simply that this is their symbolic power as legitimating systems. The fact that *mental* health is the only medically related "identity" that drug treatments can plausibly claim for

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themselves might help explain why they are so widely suspect among the American populace. Americans seem to have little faith in mental health treatments.

[16]Methadone Maintenance Treatment (MMT) is a partial, and often troubling, exception. See note 17.

[17]There are a few so-called treatment programs in the U.S. that are not strictly abstinence-based. Methadone maintenance treatment (MMT) programs are among the most popular and successful. However, the main criticism of them, both within and outside of the treatment industry, is that they are a drug *substitution* program, not treatment. I agree with that analysis, but not with the implied evaluation. Methadone maintenance is drug substitution, no matter how hard some of the MMT people try to paper over the fact. That's why it's so successful. It's very success threatens the traditional "abstinence only" paradigm and its constituencies, including therapeutic communities. MMT's troubled acceptance and institutionalization was occasioned by political and correctional interests rather than medical or humane interests, although the latter surely attend its discoverers and many of its current operators. See Epstein, 1977 and Massing, 1998.

[18]If you read this sentence carefully it says, "just say no fictions." Interesting slogan. [The acronyms: Drug Enforcement Agency, National Institute of Drug Abuse, Office of National Drug Control Policy, (NY) Office of Alcohol and Substance Abuse Services, Center for Addiction and Substance Abuse.]

[19]Murphy and Rosenbaum (1999: 175) cite Denzin (1994) on thick description:

> An event or process can be neither interpreted nor understood until it has been well described. . . . A thin description simply reports the facts, independent of intentions or circumstances. A thick description, in contrast, gives the context of an experience, states the intentions and meanings that organized the experience, and reveals the experience as a process. Out of this process arises a text's claim for truth, or its verisimilitude.

On the phenomenological epoche, Morris (1977:11) writes: "We must bracket our own present attitudes and presuppositions. . . hold them in abeyance - and, as the first step, try to grasp the meaning of a phenomenon as it is lived through by the people involved."

[20]See Bourgois, 1996. For Berger, like Weber, all methods are possible, as long as they promote interpretation of meaning. Geertz, as a field anthropologist as well as theorist of cross cultural study, is wedded to ethnography as the method *par excellence* of the interpretive sciences. He is not above the occasional statistic, however, if it will promote thick description, or penetration of "systems of signification."

[21]See the Introduction for a more complete description of both Redemption House and Teen Challenge.

[22]A more complete description of Recovery House can also be found in the Introduction to this volume.

[23]I do not mean to imply there is only one perspective on therapeutic communities, even from the inside. Obviously a staff member's view will vary from that of a resident, which will vary from that of an administrator, even if all have resident experience. And newer residents will differ from "older" residents, women from men, and so forth. Although Louie has what appears to be an uncanny ability to project himself back into his resident experiences, I always tried to be skeptical of his observations. I regularly asked him if what he told me was a common view or only one possible view of things. If I thought I had reason to doubt something, I would regularly approach other counselors and residents about the issue in question. Louie's observations, more often than not, were verified by most others I queried. His assistance was invaluable in my effort to comprehend the "intersubjectivity" of therapeutic community members and I am exceedingly grateful for his invaluable contribution to this work. Large portions of it are at least as much his as mine. Louie clarified for me many aspects of the of therapeutic community discourse and operation. When I got stuck, it was often Louie who pointed out many of the "ellipses,

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incoherencies, [and] suspicious emendations" of the cultural "texts" from which I was attempting to construct my reading. He was able, more than any other of my informants, to help me sort the "winks from twitches and real winks from mimicked ones."

This was not so important with respect to the work at Redemption House, because I was able, to a much greater degree, to be my own informant with regard to the evangelical culture of the discipleship program. I was raised in an evangelical community and earned a BA from a Mennonite college. As a result I am more familiar with the evangelical culture than that which prevails at a therapeutic community. However, it was obviously the familiarity stemming from my childhood and early university training that prompted me to recognize the parallels between the two cognitive universes, hidden beneath the veil of legitimating symbolic systems (religion and science) when I encountered the world of the therapeutic community in the course of my graduate studies. Obviously, this is also a potential source of bias in my evaluations of the two settings. As a guard against this possibility, I have made my observations and descriptions in these pages available to various colleagues, as well as my committee members, in earliest draft form throughout the process. Their observations and criticisms, which have kept me on the ethnographic "straight and narrow," are likewise greatly appreciated.

[24]I am only sorry that I cannot name this staff psychologist with a recent Ph.D., which like mine had been earned in mid-life. Although we had no previous acquaintance, she took up my cause and successfully convinced other officials that they should put up with my intrusions. Without her collegial attitude and her mediation with the administration on my behalf, my research at Recovery House would not have been possible. Once again, I am grateful for the kindness of strangers.

[25]By pure chance, I met Roberto, a Recovery House resident whom I had previously interviewed, while I was marching in the AIDS Walkathon with my son and his elementary school class. We had a brief chat about "how things were going" as we walked the next several blocks together. The tenor of our conversation was noticably more relaxed than our "public" conversations on treatment grounds.

[26]Needless to say, I created many more "compcodes" than "contracodes."

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Appendix 2

Drug Use Terminology[1]

Any consideration of illicit drug use will entail terminological difficulties. There is no single, well-established, cross-disciplinary agreement on what the terms used to designate various forms of drug use mean or refer to empirically. The term "abuse" is clearly a value-laden and pejorative term that holds different meanings for different social groups and organizations as well as for different academic disciplines. As such, it is a meaningless term unless the context of its usage is clearly specified. However, the term is widely used in the treatment and training vernaculars. Moreover, it is often used there and elsewhere as a synonym for "addiction."

Addiction is a term that also creates semantic problems for empirically-oriented researchers who what to be precise. Addiction has fallen out of favor with many medically-oriented researchers and clinicians. It continues, however, to be popular with the press and public, where it means something like "enslavement" or "loss of control," but still is not substantively precise. What most people mean when they use either addiction or abuse is something akin to what Goode (1993: 33) calls "behavioral dependence." This term refers to an observable pattern of behavior in which "an actual person sabotag[es] or giv[es] up concrete values and possessions previously held in esteem to [continue to] take a . . . drug." This is more precise, but unwieldy, and it has not found widespread acceptance. Other authors use it as a synonym for psychological dependence (see Ray and Ksir, 1990: 28).

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Medically and psychologically oriented investigators seem to prefer the term "dependence." They talk and write about both "physical" and "psychological" dependence. The first refers to a withdrawal syndrome, which is very real, i.e., empirically, clinically verifiable. However, it is only applicable to opiates, alcohol, and barbiturates, and implies nothing about behavior of the user. Johnson et al., (1989) have shown that some members of the most problematic categories of street heroin users, those who regularly engage in serious criminal activity, are not physically addicted. Winick (1964) has shown that many of the physicians who are addicted to opiate use are among the most successful in their fields.

Cocaine, which became a problem drug in the 1970s, and its more volatile form, crack, do not create withdrawal; they do not create physical dependence. Psychological dependence is an abstraction -- an hypothesis -- used to account for behavioral dependence on the part of cocaine and other users. It has no empirical foundation beyond the observed behavior. However, coke and crack use are consistent with various use patterns (including *occasional* heavy use, often called bingeing) and various consequent behavior patterns (including street crime and legitimate career success). Most of the men I interviewed at length preferred cocaine. Some were crack smokers. I discuss typical patterns of use they reported in Chapter 2.

Although medical and other researchers try to appear objective in their terminology and approach to drug use and users, especially when illegal substances are involved, their terminology is almost always (or it eventually becomes) pejorative, deviantizing, stigmatizing, and demeaning. (There are important individual exceptions to this rule, but not many.) Drug use, from this perspective, is always something to be "fixed," (no pun intended), something to be corrected or, in medical jargon, treated. It is not something the medical profession or government-supported drug researchers as a whole can label good, healthy, normal, acceptable or neutral, even where they find it common. Even the simple term "drug use" (as distinct from use of prescription medicines) in the

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context of the health care professions, takes on the connotation of "wrong" or "forbidden" or "dangerous." The AMA's official definition of drug abuse is: use of any controlled substance without benefit of medical advice.

Harry G. Levine has suggested that we take a "sociology of knowledge approach" to the whole question of the meaning of such terms as addiction.[2] Since they have no concrete referent other than behavior that some people find odious and label deviant, that is the meaning of the term. That definition seems eminently reasonable and is consonant with on of the major theoretical perspectives in the sociology of deviance, viz., labeling theory.

This whole terminological issue is a quagmire, and I see no other reasonable way out under the current policy regime. Therefore, I have not tried to find a term that fits the nature of the drug use practices and activities of the men and women I write about here. In most cases, when I use drug use terminology in the context of speaking for or about the treatment or training programs or their representatives, I use terms that they typically use. When speaking for myself, I most often simply use the phrase "drug use" and try to avoid any judgmental associations with that term. On occasion, I use the term "misuse." It usually refers to the known or stated fact that someone has or had a problem with their own drug use. That problem is either specified or clearly implied in the context.

Above all, I do not intend my use of terminology here to imply any "moral" judgement, especially with reference to the men and women who populate this ethnographic description of users and former users. We have no terminology that adequately distinguishes among various "types" and or "meanings" of use. We have too much terminology that only casts aspersions and confuses issues by projecting all use of certain statutory categories of substances as evil without consideration of pharmacological distinctions among substances or social and cultural distinctions

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among users or patterns and consequences of use. I refuse to participate in the "discrimination" game. To radically paraphrase a well know militarist slogan, I call it all drug use and let a higher power (perhaps the reader) sort it out.

Endnotes

[1]These comments are grounded in the similar discussion found in Bakalar and Grinspoon, 1984.

[2]Personal communication.

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Appendix 3

Spirituality in Treatment and Training

Spirituality is a term that has become quite attractive in treatment circles. Evidence the recent issue of the *Addictions Newsletter* (1998) devoted to the subject of spirituality and drug treatment. Spirituality has also been taken up by the conservative forces in the "culture wars" as an alternative form for dealing with -- or treating -- all manner of social ills, including drug misuse. Evidence recent proposed (Republican) legislation to support religious and "spiritual" treatments with public funds cited in an article in *Policy Review*, the house organ of the Heritage Foundation (Laconte, 1998).

In most cases, spirituality is treated as a characteristic inherent in human existence, or rather in the being of the individual, akin to her or his physical and mental functioning or aspects. That is, spirituality is yet another reification. Just what that means is rarely specified much beyond the private, inner quest for personal meaning or transcendence. Spirituality is almost always treated as an individual quality, largely ineffable, and thereby mystical in nature. The Higher Power spirituality that is part of the Alcoholics Anonymous ideology fits this decidely twentieth century American version of an age-old form of religon. (I discuss this at more length in Chapter 6.) As such, this form of spirituality has an organizational aspect. Although, as it is treated by Bellah and associates in *Habits of the Heart* (1985) or Harold Blum in *The American Religion* (1992), neither organization nor organizations are a necessary part of this modern form of mystical religion.

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For both functional and contingent reasons, which I discuss in Chapter 6, Higher Power spirituality has become a fixture in the treatment process of therapeutic communities like the one I call Recovery House that is at the center of this study. For the most part, when I use the word spirituality, I am refering to this more or less organized and relatively specified practice of personal, inner religious sense. I am not, unless indicated in the context, referring to the more amorphous individual, personal "quality" that it is increasingly chic to claim for oneself, to appeal to as a means, source, or result of some personal reclamation from discovered deviance (a popular pose among celebrities, especially repeat offenders like Darryl Strawberry, Johnny Cash, or Sean Penn). This term, and whatever its referent, has also become chic in the treatment industry and in its associated research communities.

My study is not an attempt to evaluate the place or effectiveness of "spirituality" in treatment, if this refers to a vague, nondescript, essential quality inherent in all persons. Whether such a quality exists, is not open to scientific investigation. Religion and spirituality, whatever they may be onto;ogically, are socially constructed experiences, and not simply individual qualities. The direction, force, content, and value of personal religious experience varies among social groups and across historical time. My interest in spirituality is ethnographic and phenomenological. I am interested in how it is defined and experienced *by the groups* I am looking at and participating with, and how their definitions and ascribed meanings influence their conduct in the world. That varies between the two groups I focus on here in ways that I hope I make clear in the descriptions thoughout the work.

As an example, spirituality is used rather differently by the men of Redemption House than the men and women of Recovery House. At the former program, spirituality refers to the quality of a relationship with the object of belief, with God or Jesus Christ. If one is seen to have a close, intense relation with God, one is said to be spiritual. One of the stated goals of the training

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program at Redemption House is to "grow spiritually." Another way of expressing this is "to mature in Christ." From my sociological perspective, this involves gaining experience and confidence in the patterns of behavior and belief normative for evangelical Christians. It is similar to what psychologists refer to as personal development, especially in reference to previous offenders who become more conventional over time.

Other social scientists might refer to "spiritual growth" as successful socialization (or resocialization) into a cultural milieu. Although, spirituality at Redemption House often involves the development of an inner reflective or meditative aspect -- especially regular prayer and Bible study -- it is not believed to be a quality inherent in all individuals, not even all born-again Christians. In some ways it is seen as a gift. In other ways it is viewed more like a skill, it can be polished, honed, and developed, or it can be lost for lack of practice -- like musical or athletic skills. But there is a very definite normative order of conduct and affirmation (or profession) that describes those who are spiritual and separates them from those who are not. The residents of Redemption House, those in discipleship training in order to escape what they see as the evil grip of drug addiction, often refer to themselves as "babes in Christ" who need to grow in the "grace and knowledge" of Christ. Such growth is necessary in order to become disciples, or "truly spiritual men," who can do "the Lord's bidding" and escape the "wiles of Satan." The kind of spirituality proposed at Recovery House and reflective of a currently popular from of inner, personal religiosity in U.S. society is considered a trick of the Devil and no spirituality at all.

At Recovery House spirituality is not so much a matter of "relationship" with a presumed supernatural other as it is an inner quality or attitude of the individual. As Saul explained it, "spiritually [is] another agency of dealing with recovery." Rather than an organizing principle in one's life or the center of meaning, spirituality is much more instrumental at Recovery House.

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Saul demonstrated this use of spirituality in Recovery House and its meaning in that context in the following description of his conversation with one of his counselees, a young woman.

> Saul: She was asking me how she could get better with [handling her anger]. I told her that had to come with becoming at peace within yourself. In order to do that, if you believe in a Higher Power, then you have to go to the spiritual aspect. You have to take your recovery to another level [voice softens here, implying intimacy or reverence]. You have to ask [your Higher Power] to give you the peace to help you deal with the things you need to deal with that make you angry, that make you resistant to better getting along with people. You now have to ask for inner peace. And once you begin to understand what inner peace is, acceptance of whatever the things are that make you angry -- accepting them, working on consciously changing them -- then your viciousness and negative reactions to people will begin to change. But you have to take it to a different level. And that has to come from *your spirituality*.
>
> Q: What do I do Saul?
>
> Saul: *You go to meetings*. You find a sponsor who is familiar with the spirituality of recovery and you talk to him about how you can get more consciously in contact with your Higher Power, how you can incorporate your Higher Power into your recovery. (She has medical issues that are of a life-threatening nature.) And how you can accept these medical isues so that you don't become angry and want the world to be [he fishes for the right word] hurt the way you are.

There are many similarities here between this advice and what would be offered at Redemption House, e.g., pray and go to church. Inner peace is not an unacceptable goal at Redemption House. Inner peace, however, is not synonymous with spirituality at Redemption House. It is much closer to being synonymous at Recovery House. The difference is sometimes subtle, because both forms of religion have common roots, very recent historically shared roots in nineteenth century revivalism and evangelicalism. Saul, at times, confuses or identifies the two senses of spirituality because of his family's strong grounding in evangelical Christianity.

At other points Saul has identified spirituality with "good orderly direction," an equivalent of DeLeon's notion of "right living," which I have described as a direct parallel to the Redemption House notion of "Christian living" (see Chapter 1). However, DeLeon does not ground the therapeutic demand for right living in spirituality, but rather in psychological notions of normality

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or mental health. For DeLeon, as for most theoretically grounded treatment ideologists, spirituality is an adjunct to mental -- or characterological -- health, not synonymous with it. At Redemption House, ideal mental health -- that mentality which is truly in tune with God's order -- proceeds from adequate spirituality.

The difference between the two meanings of spirituality are perhaps best glimpsed in the ideal consequences of spirituality at the two programs. For Redemption House proper spirituality results in ascetic commitment to duty and responsibility as prescribed by God, or the community. And it promises paradise in the next life. For Recovery House, spirituality results in inner peace that enables the individual to submit to "things she cannot change." Higher Power spirituality is more "gnostic" than is the religion of Redemption House. It places much more emphasis on "inner resources" than on the resources of an "Other." Recovery House residents are taught to seek these inner resources for the purpose of *self*-improvement, to make the *self* whole. (This improvement or wholeness is generally equated with conformity to midle class standards.)

At Redemption House the emphasis is on "Other" resources for the purpose of fulfilling "outer" responsibilities to God, family, and community. Duty remains a paramount goal of redemption. The Recovery House regime does not ignore the matter of ethical responsibility, but it does not stem from spirituality. Although spirituality may assist the individual to live up to the demands of the community, spirituality is neither prerequisite nor ultimate source of "right living." It is *another* resource or tool in the search for recovery. Higher Power spirituality is also relatively new at Recovery House. Its integration remains incomplete, and its functions as yet somewhat ambiguous.

These two types of spirituality, although seriously divergent at the level of ideas, contribute to very similar forms of conduct and thinking at the two programs. The difference is real,

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nevertheless. That is, it has social consequences in the way men and women view and lead their lives, at least while part of the programs. Much of this document looks at the similarities. But it is important also to see the differences between the meanings and practice of spirituality among the two groups.

Again, it is a central assumption of this study that spirituality -- however inherent it may or may not be -- is a socially shaped and constructed experience that varies from society to society and, even within a society, from group to group even when those groups have much else in common.

Bloom (1992) would argue that the spiritualities of Redemption and Recovery House are at root similar post-Christian American forms of personal religion, distinct from historic Christianity. Bellah et al. (1985) have a different perspective that is critical of modern spiritualties because of their individualist emphasis. I see Redemption House religion as more of a holdout for and holdover from nineteenth century forms of faith and practice, especially asceticism, duty, responsibility. Recovery House spirituality is more "modernist," mystical or gnostic, and "nonchurchly" -- a variant on Bloom's model to a much greater extent than Redemption House religion. It also fits the Kaminer (1992) analysis of the place of the self-help movement in modern, individualist yet conformist, forms of popular spirituality.

I would not, however, entirely disagree with James Hunter's (1983) analysis that modern forms of advertising and psychologism have influenced evangelicalism, including Redemption House, more than its practioners are aware. And, as I argue at various points, even the Recovery House moral economy retains a definite flavor of asceticism as part of the legacy of its nineteenth century antecedents. Nevertheless, the normative and ideological differences between the meanings and practices of spirituality at the two programs are real and undeniable.

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