
Recovery of an Addictive Person and Problematics of Social Inclusion

Atkarīgas personas atveseļošanās un sociālās iekļaušanas problemātika

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Article, being based on empirical studies, analyses quality of rehabilitation process of drug addict young people who are in remission period, as well as the most topical problems of social inclusion to be solved and anthropological causes of addiction that give strategic solutions for treatment and rehabilitation of drug addictive people. Anthropological analysis of addictions is based in Patristic-synergic teaching on pathological types of structures of human consciousness that is potential basis for addictions in the development of human personality.

Subsequently, the basic thesis of this approach and practice of overcoming the addiction is directed primarily on healing the personality, and only secondary – on therapy of the very sickness of addiction. This innovatively directed rehabilitation, – where main attention is focused to stabilizing the divine potential of love and freedom in human thus helping to overcome the influence of mental pathologies, – has been realized in ecclesial or Church communities.

Article analyses rehabilitation concept and practice of two communities (“The Mountain Blessings rehabilitation community of addicts” in Brukna, and Orthodox Church Community of Clarity of Consciousness).

Key words: rehabilitation of addictions, anthropological factors of addictions, human mental pathologies, social inclusion, ecclesial communities of rehabilitation.

INTRODUCTION

Today one of the most serious problems of society is increase of number of addictive persons. Drug addiction, alcoholism and any other addiction of psychoactive substances, as well as in modern days progressing gambling and computer addiction is widely spread in all levels of society, but mostly – in the social environment among the most poor and most rich, as well as among adolescents¹.

Observing overcoming of addiction as a process, it is possible to determine several specific stages, which a person who has decided to get rid of addiction goes through:

1. detoxification stage when from human organism is carried out toxic (narcotic or alcoholic) substances,
2. motivation stage when an addictive person is being motivated to start living a healthy lifestyle without the excitement that causes addiction. Treatment period: 4-12 days,
3. rehabilitation stage – set of measures that helps a person to regain lost social functioning and full value of his/ her personality. In order to achieve successful impact of motivation, most often an addictive person is advised to spend some time in different rehabilitation centers and communities. Estimated rehabilitation period in these usually is one year. Therapeutic methods of psychosocial rehabilitation – psychotherapy, conversations both individual and in group, therapy of work. Chairwoman of Social rehabilitation program of hospital “Ģintermuiža” in Jelgava city explains: “People come to us being nervous, stressed. They don’t know how to speak and express their emotions, therefore great part of treatment take place with the help of conversations and sharing experience one to another.”² Big problem is that this kind of rehabilitation services are too less than needed, considering spread of drug addiction in Latvia, for example, the estimated number of clients in Social rehabilitation program in Hospital “Ģintermuiža” is only 5 persons,
4. remission stage when substances that cause addiction are no more used (or activities that have caused addiction – aborted), but one can speak of stable remission only after rehabilitation.

In the given research, the main attention is focused exactly to the **efficacy problematic of motivation and rehabilitation as well to the importance of socially inclusive support structures in the stage of remission** that is precondition to the desirable stable remission and recovery.

In Latvia the programs of overcoming drug, alcohol and other addictions integrate medicinal and psychotherapeutic approach to a patient, as the narcomania, alcoholism and any other addiction from psychoactive or toxic substances is being recognized as bio-psycho-social disease that destroys not only the individual’s physical health but also psyche and social relationships. However, the efficacy of assistance provided in these programs among the very addictive persons often is questioned – when a person returns in everyday life, the addiction returns as well. Provisionary, there can be mentioned several causes:

1. little amount of cases of stable recovery (remission) can be explained by profound devastating influence of addiction on personality³,

2. in public space, especially among the very addictive persons, in last decade an opinion about the helplessness of these programs is prevailing⁴, and that preventively already weakens motivation of potential patients as well as trust for possibility of recovery,
3. certainly, here it is possible to see also so characteristic for the very addictive persons 'external expectations' that makes treatment difficult because the inner responsibility and potential of a person is not being enough activated – result is being awaited from outside,
4. very small attention is focused on how goes on the life of addictive person after one has get rid of drug addiction – in the so-called remission stage, especially in the beginning of this stage where there is the biggest risk of setback,
5. in the mentioned complex bio-psycho-social approach there exist some deficit – identifying the spiritual causes of addiction and inclusion of this factor in rehabilitation programs, which has been pointed out already by theologian Juris Rubenis: "What would motivate a person who has felt some strong effect caused by narcotics to live differently? Here it is not possible to avoid a reform in one's world view, in system of values, thinking".⁵

Also in discussions in social networks the addictive persons as the main reason why disease comes back quite often mention the necessity of change in values, a lifestyle, adding that for such re-orientation there is a need for longer period than the period of motivation program at Center of Narcology, namely – incomplete two weeks.

Considering the topicalities mentioned in prevention, treatment and rehabilitation of addictions, the article would discuss the following issues:

1. understanding of spiritual factor in the 'mechanism' of addictions and in the efficacy of recovery of a person (in order to establish this, there will be necessity to discuss so-called anthropology of wholeness of Patristic teaching on human being),
2. the necessity of long-term inclusive therapeutic and supporting structures for those in the remission stage and working methods of them.

PROBLEMS OF REHABILITATION AND SOCIAL INCLUSION OF ADDICTS: SOCIOLOGICAL SURVEYS

In order to describe the main problems of recovery from addiction, there are performed two sociological surveys (interview and questionnaire); respondents are drug addicts who have chosen treatment and are motivated to get rid of their addiction.

The common goal of surveys – to clarify the experience of drug addicts in their fighting with addiction and to find out the main problems that this group has come across by trying to achieve enduring state of remission. All respondents (**71 person**) at least once has turned for assistance in some institutions of narcology, rehabilitation centers and communities.

Results of questionnaires⁶

Survey was performed in Cēsis region – in Cēsis male shelter, Narcology cabinet of Cēsis region and Youth rehabilitation center “Saulrīti” by questioning **55 respondents**. Only 4 of them has achieved enduring state of remission (it should be noted that the data of questionnaire showed the following connection – 3 of them has underwent a treatment in Christian community of spiritual and physical rehabilitation *The Mountain Blessings*, but 1 after ceasing using drugs has been involved in Christian church). However, the rest of respondents admit that periods of abstinence alternates with setbacks.

The main **problems that respondents face when trying to get rid of using drugs** (here one can distinguish the circle of problems, which respondents are not capable of solving with their own power and solution for whom eventually is the element of rehabilitation program):

1) **experience of loneliness** (see Table 1) as a typical state during the period of both addiction and remission.

Table 1

Experience of loneliness for addicts in stage of remission

I feel lonely since I dropped using drugs and set myself apart from old environment	I feel lonely since my childhood; loneliness is the reason why I started using drugs	I am not lonely
50 %	44 %	6 %

2) **experience of social isolation; lack of social support** (see Table 2) – among problems in life as the main, most painful one the addicts convincingly mention the lack of supportive relationships un both society and family, as well as separation from other people in remission who try to overcome the addiction.

Table 2

The main problems for drug addicts in stage of remission

There is no understanding and support from society; the sense of isolation, exclusion	There is no contacts with other people in stage of remission	There is no understanding and support from family	It is not possible to find a job	Problems with residence	Other problems*
37 %	23 %	17 %	13 %	6%	4%

*mentioned: health problems, persecution from ‘previous’ friends; sense of guilt.

(Every respondent has marked one, dominating in his experience problem)

3) **lack of religious experience**. A conceptually relevant question was included in questionnaire inquiring about religious experience of respondent in the process of overcoming the addiction. Results (see Table 3) show unambiguous trend: life in addiction is closely connected to destruction of person’s faith or religious consciousness. Besides social isolation it is possible to speak about spiritual isolation as o problem of strategic relevance that should be addressed in rehabilitation.

Table 3

Faith in God and the Church as part of recovery

God and the Church doesn't mean a thing to me/ cannot be of assistance	Faith in God and the Church has a crucial role in my recovery	Speaking of faith, I have mixed feelings
92 %	4 %	4 %

4) **suppressed inclination for social reintegration**: the answers of respondents show a real will to find safety and social support in society of other addicts in remission stage and ignoring to some extent the other resources, namely, family (partly a will to seek shelter in society of other ex-addicts can be explained by negative experience in family, society and in cooperation with specialists, but partly – with the lack of knowledge, social initiative, daring to act and giving love that would allow to form the shapes of new life) (see Table 4).

Table 4

Preferable support for the addicts in remission stage for overcoming loneliness and social isolation

Family/ a close person	Other addicts in remission/ support groups	Social worker/ Caritative social worker	Psychologist	Other specialist (mentioned: narcologist and class teacher)
11 resp.	44 resp.	3 resp.	2 resp.	2 resp.

Table 4 (continued)

Colleagues, work/ class mates, etc.	God, parish, priest/ pastor	New friends in new environment (work, education, travelling, etc.)	Other
–	3 resp.	5 resp.	–

(Every from 55 respondents has marked those variants that seem helpful to them.)

Results of interviews

There were 16 respondents interviewed who have been treated from drug addiction both in motivation programs or rehabilitation centers⁷ and in Christian rehabilitation community for people in addiction *The Mountain Blessings Community* established under the auspices of Roman Catholic Church and is located at Brukna in Bauska region. Thus respondents include in their experience the dialogue (or conflict) of these two spheres, and that allows us 1) to recognize main problems and needs that should be considered when developing strategic rehabilitation programs for addicts; 2) to see unfulfilled niches of former rehabilitation; and 3) to establish the impact of Church (spiritual)-oriented strategy of wholeness on the pace of recovery.

Data are collected in the period until 2014 by visiting *The Mountain Blessings Community* in different periods of time and interviewing then-present inhabitants of community (7 respondents), and interviewing the people who at some point have lived in this community (9 respondents). All interviewed people call themselves drug addicts. Time period since they are not using drugs (are in remission): the shortest – 3,5 months, the longest – 7 years.⁸

Information gathered in interviews was analysed and interpreted in four positions relevant to us, which can be referred to recovery strategy and marks main problems that should be solved when helping a person to renew health of personality:

- 1) characteristics of environment of family relationships – as both causing addiction and healing addiction,
- 2) inner or anthropological causes of forming an addiction,
- 3) evaluation of experience gained during the rehabilitation program(-s),
- 4) evaluation of factors of rehabilitation community for stabilizing the recovery process.

1) Characteristics of environment of family relationships

Family structure and relationships. 88% of respondents have been raised in the so-called structurally transformed families, which are: 1) incomplete families: child is raised by lonely mother; one of the parents had died during the lifetime of child; parents divorced; one or both parents mostly reside abroad; 2) families that have experienced divorce and establishing of a new family, and in the life of child there have entered stepfather or stepmother, frequently stepbrothers and stepsisters. All respondents show that in their families there have been relations full of stress and negations together with the lack of attention from adults. It is possible to see in the stories of respondents experience of loss, loneliness, rejection, misunderstandings, and aggressive behaviour (*“After the death of my mum stepfather stayed at home, as if I was not alone, but it was impossible to speak with him because he so often yells at me”*). There is also an opposite experience – in two cases respondents have been raised in the family surrounded by the love and care (one from them is adopted), but both say care and help has been too much, what was lacking was strictness and demands, there was no need to take pains in order to achieve something, much has been done and settled in their place (*“When coming back from hospital where I was taken to detoxicate, the job was already found and everything, as usual, settled instead of me.”*).

Codependency in family. 94% respondents admit that their addiction to highest extent has negatively influenced their family members, causing constant reproaches, expressions of aggression, hatred, attempts of re-education and saving of “victim”, despair, rejection and exclusion. This attitude has not been a sufficient stimulus for overcoming addiction, – it has caused a strong sense of guilt but at the same time has intensified sense of loneliness, indifference and apathy, which in turn critically has reinforced the addiction.

Mentioned mutual stress gives evidence about a serious, but until now little known in treatment of addictions problem of relational environment – codependency of family members, when behavior of the immediate family in a paradoxical way is not helpful, becomes unconsciously destructive. Here one can observe the necessary direction of rehabilitation – the process of recovery from addiction should include family as a system because recovery and taking upon co-responsibility is needed also for relatives as the codependency is stagnating model of relationships, and it is rooted not only in one-sided guilt of an addict but also in unconscious selfishness (ego-centrism) of codependent relative that may be the stimulator of addiction and even the cause of it, as well as a real obstacle in overcoming addiction and social inclusion. The sense of loneliness of an addict is reinforced by ‘unobjective optics’ existing in the family environment of this kind: all expectations of family members are directed towards improvement of an addict as the main solution of all relationship problems.

The above mentioned extends and highlights the data gathered in questionnaire (see Table 4) about quite resistant attitude of respondents towards family as a potential assistant in overcoming their problem of exclusion when the new life has started, e.g., free from addiction.

Religious belonging of family and religious upbringing in family. 88% of respondents have been raised being not baptized and family has not witnessed 'primary religiosity or primary faith'⁹. One conversation reveals the influence of incorrect, deformed opinion about God of some family member on the thinking of the interviewed addict – God has been depicted as unjust and cruel God because allows much suffering, and there have followed conversations that it is not worth living, better – to die. Such suicidal phrases uses also the respondent herself. One respondent after treatment in Center of Narcology has become acquainted and continues being friends with a young girl who is Christian and has made familiar the addictive person with Christian values, has involved him in the spiritual life of the parish, in sacramental and love friendship. Six respondents, seeking a way out from their problems, has went by themselves for baptism, but that has not been of help and they have left the parish, consequently, their knowledge about spiritual orientators of human life and God's moral laws (until coming to Christian *Community of The Mountain Blessings*) have been marginal; to other respondents – practically none at all.

There is a demonstrative link between the break of Christian traditions in family and falling of children in the captivity of addictions.

This trend points to the strategy of rehabilitation of addicts:

1) The Church-realized spiritual upbringing should become an integral part of rehabilitation, – it compensates not instilled in the family morals of heart that establishes the stability center of personality,

2) Spiritual *metanoia*¹⁰ in fighting for becoming free from addiction is to be attributed to the wholeness of all family (meaning with it the most closest people or so often – one person with whom an addict is inseparably connected). Experience shows the most effective rehabilitation and stable remission is for those people whose closest family, when reacting to misfortunes, returns to spiritual roots – the Church for to grow and be cleansed together with the person suppressed by addiction, thus creating an inclusive and rehabilitating environment.

2) Anthropological factors of emergence of addictions

The causes mentioned by respondents, why they have started using narcotics, in the analysis were separated in two levels: 1) influence of external factors, and 2) internal or so-called anthropological factors that see the formation of personality as a ground, which is specially 'favourable' and prepared for situation, in which a person, faced with psychoactive substances or other objects of addiction, becomes addictive.

External factors that have influenced the respondents to start using narcotics partly have been discussed already above. In general, the following factors are mentioned: negations in family relationships or the lack of accepting love (where among negations there are: divorce of parents; absence of parents; non-caring; adult alcoholism; emotional and physical abuse; lack of moral support, and critical, ridiculing attitude towards a child; aggressive, not-being-interested-in, resistant 'stepfather'); secular lifestyle of family; loss of a close person; impunity and lack of demands in raising child, protective attitude towards child.

The mentioned “unsuccessful love relationships” and “falling apart of other relationships”, loneliness or behavior dominating in ‘partying’ (where compulsory element is using alcohol and/ or psychoactive substances), and influence of crowd – are not only external factors, although young people are inclined to consider themselves as victims of these situations. In what respondents say it is possible to observe one common trend – external factors and inner processes of person’s ‘ego’ are merged in formless mass of different opinions (for example, “*my mum almost never was there at home, I felt myself unwanted, I was failing doing almost anything, everything felt out my hands, therefore I had a strong wish to fall in oblivion from that all*”). This kind of thinking demonstrates underdeveloped, low self-awareness, incomprehension about the potential of one’s freedom and responsibility, about blaming external factors that lead to sense of hopelessness, and other consequences. From the one hand, the mentioned ‘twilight self-awareness’ allows in ‘favouarbale darkness’ for anthropological seeds of addiction to develop undisturbedly, and, from the other hand, not knowing oneself from within is the failing cause of recovery.

Anthropological or hidden factors in a person of emergence of addiction are defined based on the Patristic teaching of human being.

Insight in the Church Fathers’ anthropology of wholeness

In a human personality, the processes taking place in its structure (both the normalizing and pathological ones) serve as an anthropological basis in understanding of addictions and recovery from them.

Expressing succinctly the anthropological views of the Church¹¹, there are two essential aspects of human nature worth mentioning: 1) about powers (power of cognition, power of wishes, power of sensation) being characteristic for a person’s nature; 2) about three structural units or elements that form a person (spirit, soul, and material body). These three powers function in a person on different levels: for one people – primitively, connected with earthly urges; for others – highly, spiritually, altruistically; for others – greedy, gluttonous, insatiable; yet for others – inertly; for anothers – passionately and at the same time self-controlled, restrained; for anothers – mutually disharmonic and controversial (conflict of mind, feelings and will), yet for anothers – in harmony and unity (wholeness). Consequently, human intellect, wishes and feelings are capable of both destroying the personality, to enslaving it, and keeping of it in wholeness, freedom, love, also fostering the fulfillment of human nature – deification. The direction toward personality destruction or perfection are not determined by the intensity of the very powers (consequently, a strong will, intelligent mind, or feelings by themselves not at all indicate the health of personality and level of his freedom). The functioning of human powers stems from the order of interaction of person’s inner constituting elements (or disorder, i.e., deviation from anthropological norms that are instituted by Creator in human personality). Human being is created triune, – spirit, soul and body of a person forms unity, which ontologically is connected and empowered with the life of the Spirit of Triune God. Human personality is structured hierarchically in the way it is capable to receive from God and to lead further love. *Functions of human spirit* are immersion in the divine life of Holy Spirit, communication

with God and God's created world. Human spirit, who receives the Holy Spirit of God, possess all three powers mentioned: spiritual mind (or in Greek – *nūs*) as an ability to understand words of God and to believe in Him; spiritual will as a total compliance to God's will; and spiritual feelings as an ability to feel and even see God. *Functions of material body* are connection with material world: at its level, body possess cognition, wishes and sensations, similarly to animals. *Soul (psyche)* serve as a *mediator* here, which correlates in a person the eternal and the secular. If human spirit is 'alive', i.e., ontologically connected to Holy Trinity, then God is able through human spirit to spiritualize and lead processes and powers of person's psyche, and psyche (soul) in its turn leads bodily life of a human in concordance with God's will and blessings.

Ontological centering of all structural elements of a human into the life of Holy Triune God is an anthropological norm, natural condition of a person, which serves as a precondition for full freedom of a person. Because – if a person is subjected to God, then above a person's will, mind, and feelings there cannot rule neither autonomous bodily urges, nor selfish proneness of psyche, as well not the demonic (separated from God) reality. Freedom, in the context of this study, is an antipode or counter-measure to addiction.

Addiction, before we examine it as a sickness, is an anthropological phenomenon that becomes unavoidable when a person sets oneself away from ontological (natural) connection with Holy Trinity – there happens a collapse (or revolution) in all hierarchical constitution of a person: human spirit (spiritual mind) that has moved away from God loses its power and conforms to psyche, which, in its turn, when losing resurrective power of God's Holy Spirit, has subjected to bodily instincts and urges, and has formed a new (unnatural, pathological) image of 'ego' – selfish, alienated from others. The inversed inner hierarchy of a human means that all powers of personality have been centered into the sphere of sensations (feelings). The Church calls it 'falling in sin', however, basically it is an anthropological transformation, pathological changes in human nature, which is precondition of all addictions – a person becomes submissive to his/ her caprices, illusions, passions, dependent from his/ her achievements, opinions from others, sense of glory, physical and psychic conditions, property, sexual energy, other person, etc. Addiction from sensations caused by substances and actions is only one kind of human ontological captivity.

Pathological forms of mind or the so-called anthropological pathologies can be called also as self-destructive forms of expression of selfishness that have originated from selfishness in a human (the Church Fathers say – from self-love), its wishes and inclination toward feeling of comfort, which develop into the action habit of psyche (soul), finally becoming stable in the personality of a person as the new, inherited pathologic nature that with time totally subjects human will, suppress structures of morality and freedom, and forms in their place in soul negative qualities and addictions. Additional complications are caused by the reality that pathological conditions of mind are closely connected with demonic influences on it.

Church theologians has systematized *mental pathologies* by their symptoms in eight basic types – in the sources of the Patristic anthropology there are mentioned eight following basic mental pathologies ('passions' –

in the terminology of the Ancient Church) of a person: *gluttony* (submissiveness to the satisfaction (enjoyment) caused by different substances); *covetousness*, *sexual promiscuity*, *anger*, *sadness*, *melancholy*, *vainglory*, and *pride*.

At the basis of these pathologies, in a blocked way there is pulsating God-created normal-image of a person or the image of God. Church anthropology calls it also a moral or love structure of a human soul that can be characterized by eight basic *anthropological virtues* that serve as normalization of pathological or unnatural structural forms of personality, and those are: *self-restraint*, *selflessness* (altruism), *sexual chastity*, *meekness*, 'blessed tears' or *repentance of sins* (confession), *watchfulness of the mind* ('nūs'), *humility*, and *love*¹².

As show the sociological survey, in which there were interviewed drug addicts in remission, for this group of addicts it is characteristic to have specific set of pathologies (see Table 5).

These mental pathologies is anthropological, scientific term that becomes a central entity in the further research, respectively, the key for rehabilitation. Because approach of the Patristic anthropology explains the addiction not as primary sickness, cause of which is substance abuse and habit that brings along devastations in human personality, but quite reversed – as primary formed moral pathologies (or “nature of heart”) that start formation already during the adolescent years, if a teenager has not received love, acceptance and upbringing. As a result, person seeks for compensation of love in different ways and objects of addiction, being predisposed to it, thus forming the very addiction structure and habit of it in personality. Consequently, here the dominating is not a biological addiction, but exactly the psychological and spiritual one, because this addiction is grounded in the pathology of soul structure. However, the effect of using intoxicating or psychoactive substances in its turn only secondarily consolidates the pathologies dwelling in a person and finally destroys moral structures, gradually degrading human personality.

Therefore, the Patristic anthropological concept used in analyzing interviews sees a person as conscious potential of synergic changes (with precondition that person should take responsibility about his/ her inner world and its processes), consequently giving anthropological set of instruments, which helps:

1) to separate from the common mass of inner and outer impressions the **categories**, which are relating to **human personality, on its inner life** that is being expressed in human language, action;

2) and to typologize these hidden inner states or mental pathological forms, which have formed in a soul as if unnoticed when young person finds himself under the influence of social and spiritual negations.

Table 5

Anthropological (or inner) stimuli for forming addictions

Impressions of respondents (most typical expressions)	Category – general symptoms of mental pathologies after The Patristic system	Typologizing term – anthropological pathology
<ul style="list-style-type: none"> • “Couldn’t reconcile myself with a loss” • “Wanted to get back what was impossible” • “There is chaos in the world, people are like animals, therefore I started using” 	<p>Inconsolable sufferings of soul</p> <p>Non-acceptance of the loss</p> <p>Over-exaggerated experience of evil in the world</p> <p>Rejecting reality</p>	<p>Sadness (inability to assimilate pain-causing external negations; non-acceptance; rejection of reality)</p>
<ul style="list-style-type: none"> • “I felt constantly injured” • “Feeling that you are not needed to anyone” • “Always felt like I am unwanted” • “Feeling that all relationships are doomed for failure” • “I didn’t think I am worthy entering church” 	<p>Embitterment</p> <p>Constant sense of rejection</p> <p>Feeling of offence and sense of a victim</p> <p>Negative fatality</p> <p>Self-pity, self-belittling</p>	
<ul style="list-style-type: none"> • “I didn’t believe there are good people in the world” • “I liked nothing, everything irritated, I thought, when I inject a dose, everything will be OK” • “I thought of God as being unjust and cruel” 	<p>‘Negative optics’</p> <p>Dissatisfaction</p> <p>Grumbling</p>	
<ul style="list-style-type: none"> • “I was unsociable, didn’t speak with anyone” • “Often dreamt of different life” 	<p>Isolation from reality</p> <p>Developing the world of illusions</p>	
<ul style="list-style-type: none"> • “I wished to leave my life/ this world” 	<p>Suicidal state of mind</p>	
<ul style="list-style-type: none"> • “I had depression” 	<p>Depression</p>	
<ul style="list-style-type: none"> • “Never smiled” 	<p>Being sad, melancholy</p>	

Impressions of respondents (most typical expressions)	Category – general symptoms of mental pathologies after The Patristic system	Typologizing term – anthropological pathology
<ul style="list-style-type: none"> • “I had no duties at all” • “No one asked me to do something” • “Parents always settled everything instead of me” • “I didn’t like to study/ work” • “I have never observed any regime” • “I don’t like to force myself for something” • “In the beginning I was keen of religion, but after it became boring to go to church” 	Non-fulfilment of duties Idleness, inactivity Inability to invest efforts Laziness Inability to concentrate Atrophied power of will Boredom Spiritual carelessness, neglect	
<ul style="list-style-type: none"> • “It was boring, much free time” • “I was bored of everything” • “I ceased studying, because there started booz-up; at the end there was nothing to do, and I also wasn’t good at anything” 	Boredom Undeveloping one’s own skills and talents Leaving a place	Melancholy (boredom of heart; dispersed consciousness)
<ul style="list-style-type: none"> • “Started using out of curiosity” 	Curiosity	
<ul style="list-style-type: none"> • “It turned out being a cool amusement, I started to like it” • “I was bored at school, wanted something interesting, and that’s how it started” 	Necessity for entertainment and incitement of consciousness as a sign of dispersed consciousness	
<ul style="list-style-type: none"> • “Sometimes I felt a great hopelessness, sense of complete dead end” • “I had a feeling of senselessness of life” • “Constantly feeling smth like emptiness” 	State of hopelessness Loss of meaning	

Impressions of respondents (most typical expressions)	Category – general symptoms of mental pathologies after The Patristic system	Typologizing term – anthropological pathology
<ul style="list-style-type: none"> • “I enjoyed the very sense of thrill” • “There is no greater kick for the ends of nerves” 	Satisfaction as goal in itself Enjoying growing dizzy, intoxicated, having high spirits	<p>Gluttony (insatiability, sensuality; in Church terminology – ‘indulging one’s belly’; addiction from necessity for satisfaction caused by different substances)</p>
<ul style="list-style-type: none"> • “As much I remember myself, there were companies, in which we had great fun” • “It was cool hanging around with friends” • “I liked having fun” 	Liking to enjoy the atmosphere of celebrating, feast Dependence from ‘company’ Need for merriment and laughing	
<ul style="list-style-type: none"> • “I didn’t want to give up using, because when you are detoxed what one remembers is only the good feelings that wants to be restored. I always have seeked in life for good feelings” • “Couldn’t stand unpleasant feelings, it annoyed me, I wanted to feel good all the time” 	Demand for psychological and physical comfort Dependence from feelings, emotions	
<ul style="list-style-type: none"> • “I always was speaking smth, lied, only to be left alone and let there be no conflicts” 	Lying as avoiding from psychological discomfort	
<ul style="list-style-type: none"> • “I didn’t care how mum was feeling about” • “Friend spoke about God but I saw it as smth unreal” 	Psychic becoming blunt Indifference toward sufferings of others Hardening of heart and heart- lessness toward spirituality	
<ul style="list-style-type: none"> • “Didn’t want others to think of me as fag” • “Tried doing everything to be spotted” • “Wanted to appear cool” • “Felt undervalued therefore so often felt bitterness, was edgy” • “I will never forget that betrayal” 	Necessity for to be liked, being accepted Striving for appreciation Self-pity Keeping of bitterness Keeping embittered thoughts of others for a long time	

Impressions of respondents (most typical expressions)	Category – general symptoms of mental pathologies after The Patristic system	Typologizing term – anthropological pathology
<ul style="list-style-type: none"> • “Considered using drugs not being a problem” • “Didn’t think of consequences/ When heard of consequences, didn’t take it seriously” • “Was sure that I will inject a couple of times and will be able to stop” • “I thought I am strong enough to control all the situation” 	Self-confidence Exaggerated self-reliance Thoughtlessness Non-acceptance of one’s own guilt (addiction)	Pride (sense of superiority, self-elevating)
<ul style="list-style-type: none"> • “Parents never had any authority” • “I have always been sick from anyone trying to lecture me” • “I never subjected to anyone” • “I have always thought of pastors as being..., not worth taking into account” 	Disobedience Lack of respect, contempt of others Denial of authorities	
<ul style="list-style-type: none"> • “I have blasphemed God and once even stole a thing in the church” 	Lack of faith Blaspheming God	
<ul style="list-style-type: none"> • “I was doing everything only for my sake” • “I was irritated by all people” • “I never forgave” • “I blame only others” • “I pinch women and speak rude to them” 	Selfishness (egoism) Arrogance Unforgiveness Judging of others Contempt of others	

Conclusions

1) It should be remembered that the summarizing of data from interviews is in some way a schema that is formed as a result of analysis (splitting the unity); nevertheless, when developing helpful relationships with every particular person, we come closer to his mystery of his personality. Doing so we reveal every person in its wholeness and we see how complicated his or her expectations, hopes, good qualities of his or her character, as well as forms of self-love (respectively, several pathologies together) intertwine together. That all by interacting together has formed a person’s

character long before the substance abuse, and has directed his perception, behavior and lifestyle in such a channel of captivity that has led to the sickness of addiction, and this sickness, in its turn, continues degradation of character and makes more acute inner negations leading to crisis.

2) Analysis of information from interviews show specific mental pathologies of addictive people – **sadness, melancholy, gluttony, vainglory, and pride** – that is characteristic not only for this group of respondents, but to all users of psychoactive substances. For other groups of addictions there will appear also other dominating pathologies, for instance, sexual addiction, covetousness, anger, aggression.

3) These inner complications characteristic for a person or **'pathologic formation of heart'** that takes away for a person his or her anthropologic freedom (e.g. ontological connection with God) **may be defined as the main problem of addiction, based on which stand firm substance abuse and addictive lifestyle. In treatment of addiction the main task is not only ceasing the addiction caused by substances, but overcoming the pathologies of inner structures of personality by renewing anthropological norm – a freedom, which is possible only when a person returns in 'addiction' of spirit from God. That is psychologically spiritual process of recovery.** Given that the cause of anthropological pathologies is of spiritual nature, derived from synergic concept of human wholeness, therefore it is why here appears the **spiritual niche of recovery from addiction**. Thus spirituality is not superficial and un-necessary religious structure above ground (as it is frequently believed in medicine and psychology), but structural principle of a human being, understanding and knowledge of which puts in motion the renewal and stabilizing of personality. It is important to add that "dependence of human spirit from God as precondition of freedom" is category of another anthropological level than the dependence of derived human psyche from religious phenomena. Religion as dependence also can be as a kind of sickness of addiction (similarly to dependence from another person) that is formed on the basis of mental pathologies, basically – on the basis of self-love, substituting the reality of God's Holy Spirit with the phantoms of one's own psyche. Such kind of pseudo-religiosity is widely criticized and analyzed in the Church, because it is very dangerous form of coding of psyche and, in addition, the threat of being demonized.

4) **Pathologies of personality structures are also the cause of problems of social inclusion, – they create personological obstacles that are hard to overcome and that prohibit developing relationships between people.** Social inclusion is two-dimensional process – from the one side, it asks for open, welcoming environment or simply – open heart that accepts and supports the breaker of addiction. However, from the other side, it asks for spiritual work of the very addictive person with oneself in order to become free from the mentioned pathologies that in human psyche have created rigid mechanisms of social self-isolation and self-defense. For instance, sadness as stabilized psychic complex in a paradoxical way is one of the main obstacles to accept and to give love, because the so-called 'negative optics', habit to self-pity, to grumble (being dissatisfied) and others are not disappearing only from positive external attitude. The same can be referred also to pride, melancholy (boredom, laziness, inability and unwillingness to work, fulfil one's tasks) and to any of pathologies because it has become a deeply engraved text in a soul, which can be transformed only with inner collaboration, respectively, synergy.

Process of social inclusion cannot be understood and realized in isolation from understanding of inner anthropological factors and work of both sides (the one trying to include and the one being included) for recovery of personality structures or spiritual inner fight with oneself.

3) Evaluation of experience gained during the rehabilitation program

Rehabilitation process in its essence is a transitional period, phasis of *metanoia*, consolidating of motivation and beginning of changes in a person by adapting to new lifestyle, by developing the seeds inner moral structures. Therefore rehabilitation programs anticipate also some isolation from old environment by giving possibility to reside in the so-called rehabilitation centres at least two weeks and longer.

Half of respondents share that in motivation and rehabilitation programs have come in the following way: first of all, hard intoxication, hospital, detoxication and rehabilitation center as the next piece of chain, however, in this process there has been lacking their own solid decision to start recovery; if there has not been a bodily crisis, they would continue living the old way. Motivational stage has been weak and less convincing; that has more disposed for a passive attitude – “let me be treated.” Biggest part of respondents have went for rehabilitation being persuaded by family or even pressed doing so; their motivation has been based in the will of others. Only three from the interviewed ones admit they had wanted to change something in their life and have put great expectations in recovery programs.

Experience and ideas that have been gained while being treated in these programs, have been summarized in the following positions: 1) characteristics of rehabilitation process; 2) aspect of communication; and 3) efficacy evaluation of rehabilitation.

Describing rehabilitation process, narratives of respondents are possible to summarize in three dominating categories: **idleness, comfort, boredom**. Six of respondents express their expectations saying that “*there will be done something about us all the time; there will be need doing something; there will be different events; we will pass tests; a psychotherapist will treat,*” but in reality they had lots of free time (eleven respondents confirm that) that they have spent by TV, listening CDs, “hanging” together with others, and basically spending time being bored. Three respondents have read a lot. Half of respondents were not involved in any housekeeping duties – no duties for cleaning premises, making food, washing dishes (“*Everything was served, we were pampered – a total comfort.*” “*I was sleeping in bed and of boredom was longing for drugs.*” “*All the time was thinking – hey, now I will go out and have injection.*”) As the most negative factor, mentioned by thirteen people, was the possibility during the motivation and rehabilitation programs to have and use drugs.

Analyzing situation from the perspective of anthropological pathologies, it can be seen that in the given **conditions of rehabilitation, idleness (or time being given for the disposal to young people on their own) and the lack of duties continues cultivating the inner anthropological ‘medium for the culture of addiction’ – boredom of heart or pathology of melancholy** (see Table 5). It is exactly the factor of boredom, waste of time, laziness that give witness on the dispersed consciousness and inability to concentrate for the work as well as for spiritual activities. This kind of morally unstable, relaxed, dispersed consciousness in the result quickly leads to despair, sense of hopelessness and melancholy. In order to reject it, a person seeks for incitement in entertainment, among them in psychoactive substances.

In the spiritual practice of the Church Fathers, counter-measure for this mental pathology is the so-called watchfulness of spiritual mind (Gr. *nūs*), which practically means cultivating such intensity, concentrating and patience of psyche that forces to overcome inertness and postponing of what should be done, and to engage in duty by completing it until it is finished. Most effectively it can be cultivated in the so-called “therapy of work” by developing patience.

The mentioned idleness and comfort develops one more typical pathology for addicts – **insatiability or sensuality** (in the Church terminology known as gluttony or ‘indulging one’s belly’). This mental pathology is an addiction from necessity for satisfaction caused by different substances. It starts early in childhood when a child, whether in a result of negative experience or spoiling (pampering), subjects to his/ her whims and get used to delicacies, or becomes without a physical reason insatiable (greedy). Such an indulgence to senses and pleasures of food (substances) develops in a person’s soul a line of enduring qualities, which grow out from using sensual products: an imperative demand for bodily and psychological comfort, seeking for meeting one’s own comfort, cult of pleasant pleasures and sense, willingness to be pampered, unconcern and indifference towards needs of others, concentrating on one’s own needs, stagnative thinking and lifestyle, fear from changes, spiritual heartlessness or ‘obesity of soul.’ Pathology of insatiability (gluttony), as it can be seen in Table 5, is one of the cause that forces young person to try **tasting** substance effects caused by alcohol and drug abuse. Following, by cultivating a comfort, a pathology is being cultivated, which, in its turn, naturally leads again to substance abuse. Fight with this pathology starts with fasting – abstinence or restraint, which teaches to overcome unpleasant physical and psychological feelings that are caused by discomfort, and sets free the power of human spirit. Parallel to it, there should take place the overcoming of egocentrism and indifference by being engaged in practical care about others, while soul again learns to feel compassion to others.

Relationships of communication during rehabilitation are being characterized as of minor importance, with the exception of two positive comments about conversation with psychologist that, in one case, have been interesting ones, in other – useful. The provided psychological assistance during rehabilitation respondents have perceived reservedly – they have only listened to what they have been told or ‘try to persuade’. (“*Shrink was trying to do smth about me.*” “*I listened but didn’t want to drop.*” “*I was only thinking to myself: yeah, speak, speak, I don’t care.*”) Many respondents expressed their opinions even more rude and rejecting.

Generally speaking, in communication with rehabilitation specialists (psychologists) there appears double-faced problem: from the one side, one can see characteristic for the addicts **pathology of pride**, being mentioned already before, that expresses itself as the lack of respect and obedience, ignoring of any authority, prohibitions, and moralizing; from the other side, in the approach of specialists this peculiarity was not taken into consideration, and work with drug addicts mainly has stayed on the level of monological approach, – a dialogue has not been developed. Respondents (except one) admit that among rehabilitators they have not found a person of trust and assistance in their way to changes.

In rehabilitation centers the relationships of existing drug addicts have been developing quite superficially, unconcerned; at the basis of existing contacts there has been mainly the experience of drug abuse (“*I was hanging around only with other guys, was sharing impressions how to fool people*”). In this environment there has not been

found mutually understanding communication that may help to fight with addiction; rather on the contrary, there is an opinion – if a person would really desire to recover, he or she would have to fight against the impact of this environment.

Eleven respondents directly point to the reason why communication, to their mind, has stayed superficial, – it has been also their avoidance to speak truth; their lies, hamming, distrust. Inner isolation of a person, a mask as external image, hiding of one's own true "ego", – these are both the lasting expression of **sadness** (protection against pain, closing away from the real world) as well the symptom of **pathology of sensuality** – a habit to lie in order to avoid unpleasant feelings, which would be caused, for instance, by reproach, or also – in order to hide activities that are unwilling to drop. Falseness in communication is sustained by **pathologies of vainglory and pride**. These are fears to admit in front of others one's own weakness and deficiencies, a need for self-realization whatever it takes, and other.

The Church Fathers see this overcoming of pathologies as spiritually complex activity where one of the principles is **personal inclusion** of the sick person into the environment of intimacy, community and reciprocity, where the sick person from the side of specialist **experiences** acceptance and sacrificial love oriented towards him or her. The only thing this **experience** has 'anthropological effect' – there happens movement and opening in the structures of human soul. In the practice of the Church, the work of inner transformation takes place under the guidance of spiritual leader being spiritually experienced monk (nun) or priest. However, the determinant here is not the personal influence of a leader on disciple, but the **power of God's Holy Spirit**, which in communication is represented or personified by spiritual leader (teacher). Thus the Person of Triune God is the main power of therapy who directs and strengthens human efforts in overcoming the inner disaster of personality – captivity caused by pathology of self-love. The Church Fathers show that until a person has not become aware of the renewal of his or her obligatory connections (unity) with Triune God – Creator, Savior and giver of powers of life in the Church, human task of a person is to get to know in his or her conscience and mind the pathologies that destroys his or her freedom, and with the power of will to try limit brutal external expressions of them. Although it is not practically possible only with the means of one's own psychic power to overcome these pathologies, nevertheless that is the first therapeutic step, which is capable of bringing a person out of the 'darkness' of his consciousness when a young person finds himself in unconscious hold of spontaneous powers of his egoism, and characterizes his destructive behavior with the words: "I don't know what is happening with me", "I don't understand why am I doing it", "This is not my fault", and the like.

Efficacy evaluation of rehabilitation in the perspective of respondents is negative. One person admitted that "*he has started more seriously to think of life*", however, **all interviewed ones after rehabilitation have resumed using drugs**. The reasons mentioned:

- there have not taken place a serious transformation in personality ("*With medicine my organism was cleared as well for the need of having a new dose, however, it didn't give anything instead.*" "*I was left with vacuum inside, which I filled the same way as before.*");
- moral unpreparedness and inability to stand against using substances ("*I wished somebody would tell me **some wisdom** what to do in order to stand against.*" "*I would have liked somebody teach me some inner knowing how to beware so that I don't fall again.*");

- unprotectedness, vulnerability (“*Didn’t know where to hide*”);
- unbearable sense of guilt no possibility to get rid of;
- feeling of not-belonging, exclusion (“*You come out and see – no one needs you there!*”);
- the lack of support, allies and counselors (“*It should not be that way – I was let out and left alone – “cope with your problems yourself!” “There was nowhere to go, nothing to do at all!”*);
- inability to work and live, idleness;
- the lack of motivation to change something in life (pride)

Conclusions

1) If during the rehabilitation process the factor of person’s mental pathologies is not taken into consideration, a **program at the same time accidentally becomes a stimulator for addiction** when fighting against addiction.

2) Medically psychotherapeutical approach in recovery, motivation and rehabilitation of addicts **does not work with the causes of addiction, – this approach is lacking methodological key**, with what to open the mechanism of addiction – as there is necessity for the approach of wholeness of the Patristic anthropology, which studies a) functions and impact on psyche of human spirit, b) the origins of human mental pathologies and the forms of their expressions (for instance, of substance abuse), and c) the methods of overcoming these pathologies.

3) In the cases discussed, models of motivation and rehabilitation do not prepare a person for life after stopping using drugs and **are not stimulating social inclusion and support of the person in remission stage**.

PRINCIPLES OF REHABILITATION AND SOCIAL INCLUSION OF ECCLESIAL¹³ COMMUNITIES

Before characterizing the specific communities, there is a need for specification of the term ‘**ecclesial community**’. It is the very Church or environment of relationships based on ecclesial foundations, in which with the specific holy means – sacraments¹⁴ – takes place the renewal of divine hierarchy of human personality – coming back of a person to its ontological normal condition – in unity with God.

Entering or inclusion of a person in the organism of the Church takes place through **sacrament of baptism**. In theology for designation of the Church it is consciously the term ‘organism’ used, not ‘organization’ or ‘institution’ in order to stress unique and metaphysical specifics of the Church: members of the Church are penetrated and united by the person of Christ, respectively, by His life, with which every person is being united with who becomes a member of the Church. In the sacrament of baptism there takes place a person’s reunion with God who by himself in a sacramental (e.g., mysteriously) way in a human person gives birth anew (“from above”) to the life of spirit by renewing anthropological norm – person’s primary, natural ‘dependence’ from God’s existence. This renewal of spirit is not possible to regain by any psycho-techniques at the possession of human power or ‘spiritual’ practices, which anticipate only the efforts of the person itself and self-spiritualization. The sacrament of baptism is connected also with the following anthropological shifts:

1) with confession of sins (that anticipates repentance as an essential means for overcoming mental pathologies); 2) renewal of conscience ; 3) setting free of demonization, – there are formulas of exorcism in the Church ritual of baptism that foresee refusal to the evil spirit and handing over a person to God’s protection. Because of this reason the ecclesial communities, which help addicts, principally are directing them to the sacrament of baptism, because the biggest part of these people are to a such great extent in the captivity of pathology and, consequently, demonic influence that without the assistance of Holy Spirit they are extremely under jeopardy. Typical expressions of demonic influence are attempts of suicide, aggression, blasphemy, as well when entering in church – sudden sleep, faint, madness, as well as unmistakable obstacles, even accidents and challenges, which happen when a person has decided to be baptized.

Further, two methodological, a little differing from each other, models of recovery and rehabilitation of addicts will be discussed, which are based in the anthropological spiritual practice of traditional Christian Churches (Catholic and Orthodox).

1) “The Mountain Blessings community”

is community of spiritual and physical rehabilitation for people in addictions. Community itself defines the **objective** of its activity as follows: “The objective of community is to give possibility to a person finding his or her own way in life by using only therapy of spiritual life and work.”¹⁶

The establisher of community (in 1999) and its spiritual leader is Catholic priest Andrejs Mediņš. Structure of community is shaped after type of ecclesial communities existing in Europe, in this case – based on the experience of drug addict community *Senacolo* (in Medjugorje, Bosnia-Herzegovina). Spiritual patroness of community is Mother Teresa of Calcutta.

Methods of rehabilitation:

- Healthy lifestyle,
- Work,
- Silence,
- ‘Therapy of Christ’ that penetrates all processes.

At the basis of rehabilitation al methods there is a concept of man as being created by God who even in illness keeps in oneself a spiritual potential of the image of God (*Imago Dei*), therefore the starting point of every therapy and personality development is to cultivate and cure with the sacred means of the Church the center of personality – a spirit. Since the spiritual and physical aspect of a person is inseparably united both in health and sickness, therapy includes also physical and social practice, which can be called also the principle of ascetism (ascetism in spiritual practice of Western and Eastern Churches is understood as ‘practicing’ to subject life of psyche and body to the demands of spirit).

Our task is not to describe explicitly the functioning of community, but to characterize those aspects, which are solving the concluded problems in sociologic survey – how this model of rehabilitation helps normalizing inner pathologies of an addict, how it puts in action human potential of freedom and facilitates social inclusion. The same way also opinions of respondents will be taken into account.

Relative social isolation with further perspective of social adapting. Community is located in rural region, because the goal of establishers of the community is to separate cardinally an addict for a longer period from precious environment, until the inner structure of personality is transformed, which will determine also possibility of another lifestyle. In the beginning it is not advised to make encounters with relatives being evaluated negatively from several respondents.

Conditions of life in community are very simple; in the very beginning of community they were quite rough, because residents by themselves were renovating premises meant for living. Almost all respondents share that in the beginning they were unpleasantly surprised, furious, were grumbling about the lack of comfort, but after a month got used to it. Such a lifestyle where great importance is attributed to enduring discomfort and taking care of self, diminishes pathologic dependence from feelings of comfort and helps to limit pathology of sensuality. The same is achieved also by healthy food, self-cultivated products, meals before which young people were taught thanksgiving to God for daily bread in the form of prayer, as well as refusal of whole community from industrial delicacies, tonic (restorative) chemical drinks, etc. One of the rules of the community is also giving up the incitement aroused by screens and monitors, and undying zing of 'headphones' in the ears, – it is compliance to the silence, which from the beginning is simply a physical practice that cures the dispersity of consciousness, but going deeper it is learning to rule over different negative speeches and thoughts as well listening into the sacred.

Virtue of working and divine basis of work. All members of community are involved in garden and field, construction, forest and housekeeping works. Effects of work therapy:

1) from the perspective of anthropological pathologies the formation of virtue of working heals the passion of boredom of heart by teaching to overcome laziness, avoidance to performe duties by improving patience and diligence;

2) the community's setting to comply with the regime and its requirements normalizes involuntariness and disobedience caused by pathology of pride. Greatest part of respondents admit that the specific regime, requirements and rules of father Mediņš regarding work and life in community have aroused in them great opposition, resistance and anger, which have settled down with a time, because in daily course of life (especially in the result of spiritual lessons) their perception of things has changed. Whereas five respondents have seen work therapy quite differently – as the obtaining of missing refuge, supervision and safety in their life;

3) virtue of working includes also formation of other virtues (responsibility, altruism, trust, love) – several ex-members of community point that for the first time in their life they have done something good for others. In that way the sensual, selfish standpoint in life is being suppressed as well as painful isolation (triggered by sadness and pride), instead of it developing a social capacity of a human, awareness of community with others. (*"Before I felt like – I don't give a damn of others. But there [in community] I understood that I am capable of doing smth worthy for others, that I am needed; I learned to reckon with others, to press myself doing things even if I don't want doing." "By working together, people feel closer to one another."*);

4) work is a way how to develop one's own potential of spirit, to feel divine task and reason in life (*"Learning to do a job because of love towards God and people, – that became my ideal and objective." "For example, now I am willing to help to that old lady, before it was not so. After baptism I felt most of all that I am changing."*).

Spiritual life of 'therapy of Christ'. Specifics of spiritual life in community is defined by the situation that most members of community (drug, alcohol, gambling and other addicts) arrive here mostly as unbelievers. (Also from the interviewed ones only four have attended the church "*now and then on some holidays, but that has been all from relations to God*"). The community is not a narrow religious organization, which accepts only church people. 'Therapy of Christ' is not oriented towards original religious conviction of a person, but to an anthropological concept of *Imago Dei* in a person that anticipates the awakening of a spiritual element – a spiritual mind (Gr. *nūs*) – in a person in order, while establishing and strengthening the bond of spirit with one's Creator, a human person may experience a real anthropological transformation and setting free, disengagement from the power of pathologies.

Overcoming of anthropological pathologies (and with it also of addictions) is not possible only by the way of psychic activity or psychological self-adjustment, – there is a need for synergy between the activity of a human and that of God's Holy Spirit. Only then therapy goes deep into the center of personality, about what many addicts give witness saying that it feels like "tormenting emptiness inside". This is anthropological judgement that shows the destruction of hierarchal structure (spirit-soul-body relation) of a person¹⁷.

That way oriented 'therapy of Christ' is being characterized by the following elements:

1) **practice of prayers** – as constant spiritual 'backing' of the entire rehabilitation process, as the basis, on which all other processes are built on. Practice of prayers is realized both three times a day gathering for a prayer in a chapel for Psalm prayers and attending the church, as well the individual prayers (including prayers for others – for parents, etc.). Practicing so, people learn to understand prayer as the bond of human spirit with the Person of God. By these bonds developing, human personality is stabilizing, because when speaking to God one is forced to overcome selfishness or self-love. All respondents share that from the beginning they have encountered different difficulties when overcoming obstacles set by their originally secular minds. The break in the process has appeared when following fruits have started to appear: healing tears that alleviates a heart, peace, "*I felt that as the result of those prayers I started to see people different, I could feel a joy that I never have felt before*"; "*When praying about them [previous friends], anger ceased*"; "*In the beginning the prayers in chapel irritated me, I hardly was standing them, was longing they end soon. Later smth changed in me; I have experienced also some unique events regarding prayers.*"

Prayer thus regenerates a human ability to stand against influences, desires of addiction and gives birth to the power of love; prayer (a contact with God) turns human consciousness towards the Other person, there happens process of social healing ("*In the beginning I prayed because there was a regime for that, because other prayed and you were praying along with others. Later I prayed to God that I long to understand why I am praying and why do I need this. Now I pray for others, so they may return from that hell, start seeking for assistance and find truth.*");

2) **spiritual education** – getting to know the Bible, methodic of recollections, which allow understanding oneself and life in a new perspective;

3) **confession of sins** – bringing of problems of soul into the light of consciousness, not muffling them with the condition of drunkenness. Confession is integral spiritual means in fight with mental pathologies – it develops the virtue of humility, recognizing one's fault, includes both asking for forgiveness and ability to forgive others. In confession, recognizing one's fault in front of God and priest, in a spiritually paradoxical way a person is set free from destructive complex of fault and from the syndrome of being a victim, which is typical for the pathology of sadness;

4) **Church sacraments** that forms the renewal of person's ontological bond with Creator and is a unique, practically, the main resource, which inwardly sets free a person from the impact of object of addiction, and develops in a person stability of unity with God and self-determination of personality – not the psychological one, but spiritual (these are strictly separable anthropological levels in a person). (*"In the beginning it was hard to accustom oneself with the baptism, because conscience started to speak loudly. But now it is easier to stand against temptations."*);

5) **authority of spiritual father (leader of community)**, which stems from the strongness of relationships with God of the very deliverer of assistance, and from the power of devotion of the very leader, because he, first of all, is a person of trust, embodying by himself all possible safety that for the sick and rejected from life person can provide embracing, inclusive, safety-giving attitude, which an addict has lacked in the life and which they are not capable of giving to anyone in the beginning. Spiritual father in some way represents accepting love of Christ, because here starts a genuine social inclusion (*"My greatest experience was when I understood that Christ is real and loves me as I am. That I understood through Mediņš."*). Secondly, authority is expressed by certainty, firmness and wisdom, because strategy of rehabilitation is not oriented so that it may please human self-love (passions) of the sick person, but in order to address the hidden awareness of God or spiritual mind (*nūs*) in a person. Actually, this rehabilitation is an intense spiritual fight about person's awakening for life and asks from the leader also great spiritual work with oneself, as well as incessant prayers for those he takes care of (*"I have five times escaped from Brukna, but then I understood again that I myself am not capable of managing it all, and I came back. It was good that Mediņš forgave me all those five escapes, – after serious conversations he allowed me to come back. I appreciate it very highly. That was like a lesson of love, forgiveness."*).

Rehabilitation community of ecclesial type cannot function adequately if it has no authoritative leader who carries responsibility in front of God for the people of community. In many things leader of community defines strictly, what is to be allowed in the community and what not. It is a strategy, goal of which is the concern for the addicts and their recovery. In the process of recovery of an addict an essential role plays exactly the obedience, because it makes the egocentric clichés of consciousness to break;

6) **coinoic¹⁸ relationships of friendship**. It was described already before that this kind of relationships among members of community are slowly blossoming out of practice of prayer and confession as the result of 'opening of heart'. During the course of life of community its members slowly cultivate ability to accept the other, to reckon with the other and to sacrifice oneself for the other. When problem situations arouse, relationships are to be solved by re-orienting to Christ's mind in oneself. Thus, the foundations are laid for genuine social integration.

During process of rehabilitation a spiritual work penetrates and leaves impact on any other human aspect – physical action, self-adjusting of psyche, the relationships.

In the evaluation of respondents – what they have gained in Brukna community of rehabilitation, the answers were following:

Faith (14 people); the Church (11); willingness to recover completely (7); skills for working (8); friends (13); recovery from depression (2); forgiveness (6); hope for the future (10); wish to establish a family (5) and raise children better (2); power to live (3); setting free of inner evil (4); talent for painting being uncovered while in community (1); ability to overcome unwillingness (2); conviction that I may finish a school (1); joy (5).

Possible factors of risk in community: 1) in the process of rehabilitation the family members are not involved; they, when have received the ‘return of the prodigal son’, have not changed themselves; 2) positive effect of long isolation from surrounding social life may go hand-in-hand with additional difficulties to adapt to a new environment.

2) “Community of Clarity of Consciousness”¹⁹

“Community of Clarity of Consciousness” established by the initiative of the Orthodox Church performs care of spiritual wholeness of the addicts by using different model of ecclesial methodology. This model is known in Orthodox countries of Europe (including Estonia) and Russia. Model is developed from the example known in narcology being **family-type club of clarity of consciousness**²⁰, however, here it is modified into **family-type ecclesial community**, which exists under the auspices of parish, under the guidance of priest, and help the addicts of drug, alcohol, nicotine, and gambling, as well as to their co-addictives and other family members.²¹

Concept of addiction therapy of ecclesial family-type community stems from anthropological view that structural pathologies of a human being are the causes of all addictions.

“Irresistible inclination for psychoactive substances is an integral anthropologically-spiritual ecosystemic problem” (see: «Вразуми меня, и буду жить». Беседы в общине трезвости [“Enlighten my mind, and I shall live”. Conversations in the Community of Clarity of Consciousness], 2008, 209).

Consequently – addiction is falling in spiritual sickness of the entire personality, pathologic collapse of wholeness of personality, therefore **primary** there is a need not for the treatment of sickness of addiction, but recovery of personality (structural recovery of wholeness of consciousness) by fighting against mental pathologies and by renewing the capacity of sacred and social relations, and only **secondary** one may be treated narcologically.

The strategical line of distinguished work of *Community of Clarity*: “in therapy of ecclesial community there takes place problem-oriented psycho-correction” (Ibid., 209). This is a basic work in consciousness of personality – establishing a bond with sacramental life of Christ, without which there is no possibility to break the addiction. If therapy and rehabilitation is strictly rooted in this basic foundation, then the addicts in community are recommended in case of necessity go for using also a medical treatment.

Methodology of community:

Recovery of people and families subjected by addictions **takes place following the method of family-type coinonic formation of friendship relationships**, which is not a simple meeting and having conversations in group where one can alleviate his or her heart, or psychological support group, but relationships of friendship,

goal of which is to lead people, every person separately and family as a whole, in a new paradigm of relationships – of love, charity, where in a person can take place healing transformations. In addition, the root or center of community is formed not by the power of human relationships, but by spiritual uniting vertical of community – the person of Christ who also forms in members of community authentic the so-called ‘spirituality’. With human spirituality it is not understood some psychological inner resources of personality, but the contact with a metaphysical reality – with the Person of Triune God in the way the God’s Holy Spirit enters and by cooperating with human free will (synergy) get centered in personality as its wholeness-forming entity.

This methodology includes the following methods:

1) **method of triadic dialogue** that is based in the pastoral tradition of the Church and is inherited in approaches of Orthodox psychology.²² This spiritual dialogue in its structure is triune – both partners of dialogue in it prepare the space of consciousness for the presence of the person of God (the Holy Spirit), communication with Him. In the beginning the addict one (or person in remission stage) who together with some of the family members has started attending community activities (conversations) is being directed through the so-called phase of “Socratic dialogue” in a way that starts to activate abilities of a human spirit – ability of reasoning about good and evil, opening of the voice of conscience, disciplining of mind (because mind of an addict is in chaotic and ‘sleeping’ state), control over rough expressions of mental pathologies. This dialogic method thus directs members of community in conversation to learn, overcome the dictation of one’s own ego: intolerance, using of rude words, domineering, condemning, imposing one’s opinion, inattentiveness and not listening to what is said by the other, interruption of the other speaker, raising of voice until level of yelling, aggressiveness, falseness, fear, distrust, and other qualities. The fullness (i.e., a shift from Socratic to triadic conversation) this method may achieve because **at the same time** the ecosystemic approach is realized;

2) **ecosystemic**²³ **method** anticipates that a person during process of rehabilitation at the same time strike roots in inclusive systems or ‘**returns home**’ (Gr. *oikos*), primary – in the Church (that theologically correct should be understood as sacramental God-humane organism of Christ), and through it – in family, and only afterwards in the other social structures, to which a person wants belonging to. Inclusion in Church Slavonic is described with hard to translate term ‘*воцерковление*’ that literally can be uttered with neologism ‘striking roots in church’, however, by design there is meant re-orientation of all the aspects of human life (the inner processes of soul, that of physical, everyday, matrimonial, working life, raising of children, etc.) in accordance with the sacred determinations. There is happening the sacralization of life, and thus in society there are renewed an authentic ‘spiritual culture’ and embodied a lot mentioned ‘spiritual values’, which are in essence the terms that acquire their content only being based in the sacraments of the Church. Therefore the term ‘*воцерковление*’ can be used as reintegration of human individual and social life in the Church. Given that, do not allow developing a dualism between human religious and sacred life.

Ecosystemic reintegration is being realized not only within the inner communication of community by once a week attending meetings where people talk through and jointly seek for solution to problems of people, but parallel also through the following processes:

- cathartic (cleansing, purifying)²⁴ impact of confession (sacrament of confession anticipates also that a human being in the person of priest inherits a spiritual father for oneself and counselor),
- entering in the time-space of the Liturgy,
- observing of fasting in accordance to a liturgical year and, of course, a constant fight about withdrawal from substances causing addiction,
- practicing of individual prayer order established by the Church,
- the Church sacraments,
- community pilgrimages,
- mutual practical assistance of families in community and other deeds of mercy,
- “the promise of abstinence” (this order of promise is developed by the Orthodox Church in the 19th century when in Russia the movement of abstinence had been quite developed);

3) **diagnosing of mental pathologies and fight with mental pathologies is the basic method of personality recovery and rehabilitation** that is being implemented in integrative unity with the methods mentioned above;

4) **pastoral²⁵ method or method of spiritual leadership**, which is executed by a clergyman, the leader of family community. Pastoral activity (both in individual approach and in community conversations) is being practiced by following the method of *triadic dialogue* – priest is a partner of conversation and dialogically refers to the human problems and questions, but at the same time by subjecting to the guidance of the Holy Spirit he directs therapeutic process by the way of ecclesial methodology, does not allowing it to become secularized.

The statistics on these processes are also available – the summarized data²⁶ of *Community of Clarity* under the auspices of St. Nicholas Orthodox Church (in outskirts of Moscow) about the period of 1999-2006 are following: in total 184 people have participated in the program, from which 80 have been family members of the addicts. Consultations and first meeting of acquaintance have been attended by more 204 people who had no more attending repeatedly. From 104 addicts being in community 55 have been people, which have participated in community activities regularly (at least once a week) and longer than year and a half, at the same time becoming the members of the Church. From this group of regular members – in total 42 people (77 %) have recovered and been set free from their addictions (alcohol and drug abuse).

Conclusions

Methodological success of ecclesial type of rehabilitation communities:

1) **addiction is being treated in its anthropological or spiritual cause** – by normalizing mental pathologies and renewing in the mental structure of a person virtues and ontological basic norm – a freedom of spirit;

2) people who have recovered the clarity of consciousness and being in remission are practically **included in long-term inclusive and supportive structures: in the community, the Church and, as being shown by the experience of the second community, also in family**, which together with the addict has went through the healing program for overcoming co-addiction and secular lifestyle.

These support structures is the foundation where a person has possibility to start overcoming social isolation, fully socialize, and integrate in society (to work, learn, establish a family, etc.). Sociologic surveys showed that drug addicts in remission stage in overcoming their loneliness put great hopes in support group of drug addicts (see Table 4), looking for the people of 'their kind' among their fellows of destiny. However, rehabilitation of ecclesial communities 1) renews the lost dependence from God, which in a paradoxical way, incomprehensible for a secular person, is the guarantee of freedom of every person, and 2) stabilizes the very thirst of a person for freedom and infinity, as well as willingness to leave addictions by **oneself**, in order to establish the new world of relationships and living.

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- 3 The perennial experience of specialists in narcology show that "from ten addicts professionals are capable returning to normal life only two, maximum three people" (Narcologist and psychotherapist of State Narcology Agency Mrs. Rimma Kurača. [online]. [cited 13.04.2015.] Available: http://www.tvnet.lv/zinas/latvija/212011-savada_atkaribu_dziedinasana
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- 7 It should be noted that none of them has undergone a treatment in Minnesota addiction recovery program.
- 8 It should be added that in the fourth year of existing of community, the leader of *The Mountain Blessings Community* priest Andrejs Mediņš summarized that "97 % of addicts who have lived in the community now are living a full life" (see Puķe E. (2004) Kristus terapija [Therapy of Christ]. In: *Tikšanās* [Encounter], No. 5).
- 9 Term 'primary faith' expresses turning of person to God and life of faith as an intrinsic process (leaded by inner conviction, uninfluenced by external conditions), whereas 'secondary faith' is relatively extrinsic process because the turning to God and the Church may be caused by response to crisis situation, some hopeless experience

- and despair in some specific conditions. The survey organized by the international organization of spiritual rehabilitation of the Orthodox Church *St. John of Kronstadt Orthodox Counselling Center* shows that from 3 200 drug addicts who have asked for assistance in the period from 2001 to 2003 only 5 have come from families of 'primary faith'. – see: Анатолий (Берестов), иеромонах [Anatoly (Berestov), priest-monk]. (2010) *Возвращение в жизнь. Духовные основы наркомании* [Coming back to life. Spiritual roots of narcomania]. Москва: Издательство Душепопечительского Православного Центра св. Иоанна Кронштадтского [Publishing house of St. John of Kronstadt Orthodox Counselling Center], p. 32.
- 10 In Greek *metanoia* – literally 'change of mind'. In theological anthropology the term 'mind' (Gr. *nū̄s*) designates the highest, spiritual part of human consciousness. This is spiritual mind that should not be equaled with human logical mind. Therefore the great 'change of mind' is not only an intellectual, cognitive act, – it is a radical turn in a human personality, which is expressed as conscious shifting away from previously committed sins and change of attitude towards God, oneself and people around, respectively, transformation of all personality, act or renewal of a person that starts with repentance of sins.
 - 11 Феофан Затворник, святитель [Theophan the Recluse, holy hierarch]. (2008) *Воплощенное домостроительство. Опыт христианской психологии в письмах* [Embodied [divine] oeconomy. Experience of Christian psychology in letters]. Москва: Правило веры [Rule of faith], pp. 196-202.
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 - 13 In Greek *ekklēsia* – 'church, congregation'.
 - 14 Sacraments of the Church are specific, preserved only in the traditional Church holy actions, in which with the mediation of external material signs (water, bread, vine, a. o.) invisibly, mysteriously (resp., sacramentally) in a person takes place the transforming action of the very triune God. In sacraments there realizes real-presence of God in a person.
 - 15 Apostle Peter characterizes sacrament as the renewal of conscience: "And this water symbolizes baptism that now saves you also – not the removal of dirt from the body but the pledge of a clear conscience toward God." (1 Peter 3:21).
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 - 18 In Greek *koinonia* – 'community, unity', where people are conducting mutual relationships not on the basis of kinship or social psychological basis but on the basis of sacrality.

- 19 In Rus. *Община трезвости*.
- 20 In 1964 Yugoslav psychiatrist V. Udolin established the first family club of clarity of consciousness. This is unity, community organized voluntarily from families in order to discuss painful issues that have occurred regarding addiction problems in families. Today such clubs are functioning in 33 countries, in Italy alone – more than 2 300.
- 21 See: «Вразуми меня, и буду жить». *Беседы в общине трезвости* [“Enlighten my mind, and I shall live”. Conversations in the Community of Clarity of Consciousness] (2008). Москва: Дом Милосердия [House of Mercy].
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- 23 еко – from Greek *oikos* – ‘home, roof’.
- 24 In Greek *kataros* – ‘pure’; *katarsis* – ‘purification’.
- 25 In Latin *pastor* – ‘shepherd’. In the Church it is ‘shepherd of souls’ – a priest who at the basis of his ministry has the archetype of the divine Shepherd Christ – the Good Shepherd.
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Atkarīgas personas atveseļošanās un sociālās iekļaušanas problemātika

Kopsavilkums

Raksts, balstoties empīriskos pētījumos, analizē narkotiku atkarīgo jauniešu, kas atrodas remisijas periodā, rehabilitācijas procesa kvalitāti, sociālās iekļaušanas aktuālākās risināmās problēmas un atkarības antropoloģiskos cēloņus, kas dod stratēģiskus risinājumus atkarīgu cilvēku ārstēšanā un rehabilitācijā. Atkarību antropoloģiskā analīze balstīta patristiskajā sinerģiskajā mācībā par cilvēka apziņas struktūru patoloģiskajiem tipiem, kas ir potenciālā atkarību bāze cilvēka personības attīstībā.

Patristikā apziņas patoloģiskās formas jeb t.s. antropoloģiskās patoloģijas dēvē arī par pašdestruktīvām egoisma (Baznīcas Tēvu terminoloģijā – pašmīlas) izpausmes formām, kas lēnām jauniešu vecumā attīstās par psihe darbības ieradumu, līdz beidzot nostabilizējas personībā kā cilvēka jaunā, iemantotā patoloģiskā daba, kas ar laiku pilnīgi pakļauj cilvēka gribu, slāpē tikumiskās un brīvības struktūras un to vietā cilvēka psihē veido negatīvas īpašības un atkarības. Baznīcas teologi apziņas patoloģijas pēc to simptomiem ir sistematizējuši astoņos pamattipos – patristiskās antropoloģijas avotos tiek uzrādītas sekojošas astoņas personības apziņas pamatpatoloģijas: nesātība (pakļāvība vielu izraisītajai baudai); mantkārība, seksuālā nešķīstība, dusmas, skumjas, grūtsirdība, godkāre, lepnība. Šo patoloģiju pamatā, bloķētā veidā pulsē Dieva radītais cilvēka normāltēls jeb Dieva tēls. Baznīcas antropoloģija to dēvē arī par cilvēka dvēseles tikumisko jeb mīlestības struktūru, ko raksturo astoņi antropoloģiskie pamattikumi: atturība, nesavtība, seksuālā šķīstība, lēnprātība, svētīgas asaras jeb grēknožēla, prāta nomods (modrība), pazemība, mīlestība.

Cilvēka apziņas patoloģijas ir antropoloģisks, zinātnisks jēdziens, kas kļūst par atkarību slimnieku rehabilitācijas atslēgu. Jo patristiskā antropoloģija atkarību skaidro nevis kā primāru slimību, kuras cēlonis ir vielu lietošana un pieradums, kas nes līdzīgi postījumus cilvēka personībā, bet apvērsti – kā primāri izveidojušās apziņas patoloģijas, kas sāk formēties jau pusaudža vecumā, ja pusaudzis nav saņēmis mīlestību, pieņemšanu un audzināšanu. Rezultātā jaunais cilvēks meklē mīlestības kompensāciju dažādos atkarības objektos, un tā sāk veidoties pieradums un atkarība. Tātad te noteicošā ir nevis bioloģiskā atkarība, bet tieši psiholoģiskā un garīgā, jo šī atkarība bāzējas dvēseles struktūras patoloģijā. Apreibinošo vielu radītais efekts savukārt sekundāri nostiprina cilvēkā esošās patoloģijas un galēji iznīcina tikumiskās struktūras, pakāpeniski degradējot cilvēka personību.

Sekojoši šīs pieejas pamattēze un prakse atkarību pārvarēšanā vērsta primāri uz personības dziedināšanu un tikai sekundāri uz pašas atkarības slimības terapiju. Šāda inovatīvi ievirzīta rehabilitācija, kurā galvenā uzmanība tiek pievērsta cilvēka dievišķā brīvības un mīlestības potenciāla stabilizācijai, palīdzot pārvarēt apziņas patoloģiju ietekmi, tiek īstenota ekleziālajās kopienās. Rakstā analizēta divu kopienu (“Kalna svētību” atkarīgo rehabilitācijas kopienas Bruknā un Pareizticīgās Baznīcas “Apziņas skaidrības” kopienas) rehabilitācijas koncepcija un prakse. Abās kopienās metodoloģiska nozīme tiek pievērsta sekojošiem rehabilitācijas elementiem: 1) kopības apziņas veidošana (dažādās formās un līmeņos: gan darbā, gan sarunu terapijā, gan lūgšanās un dievkalpojumā) – atkarīga cilvēka iveršana karitatīvā kopībā ir personības dziedināšanas un tapšanas neatņemams elements; 2) darba tikuma attīstīšana;

3) atšķirībā no bio-psihoģiskās rehabilitācijas, kurā noteiktu vietu ieņem psihologs, ekleziālās kopienas izvirza garīgā vadītāja nepieciešamību – garīgā autoritāte, garīgais tēvs (māte) ir kvalitatīvi cits padomdošanas un attiecību modelis, kas balstās pieņemošā mīlestībā, uzticībā, kas dod iespēju cilvēkam apgūt arī paklausības un personiskās atbildības spēju, kas ir tieša patoloģiju terapija; 4) rehabilitējamā pakāpeniska ieviešana Baznīcas sakramentālajā vidē, ceļš uz *metanoia* stāvokli, kas ir iekšējās brīvības un personības tālākas dziedināšanas nosacījums.

Abas minētās rehabilitācijas kopienas nav identas – “Kalna svētību” kopiena veidota nošķirtā vidē, ļaujot cilvēkiem ilgstošākā periodā atbrīvoties no destruktīvās vides ietekmes, bet “Apziņas skaidrības kopiena” rehabilitācijas procesā ietver arī atkarīgā cilvēka ģimenes rehabilitāciju.

Atslēgas vārdi: atkarību rehabilitācija, atkarību antropoloģiskie faktori, cilvēka apziņas patoloģijas, sociālā iekļaušana, ekleziālās rehabilitācijas kopienas.

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