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Integrity House: The Addict as a Total Institution

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AMERICAN WAY OF DRUGGING

An Integrity House resident is awakened in the middle of the night. The staff of New Jersey's largest drug rehabilitation program claims that this ex-drug addict needs to be shaken out of his passivity. The night guard, known as the expeditor, or "eyes and ears of the community," orders the man to dress fully and report immediately to the treatment director, an ex-addict himself who lives at Integrity. The director probes and antagonizes the inmate in order to "create feelings" in him; the inmate stands at attention and, when the session is finished, thanks the director. Without saying another word, he returns to his room, undresses and goes back to sleep, not knowing if he will be called again that night. He has just undergone the "night probe."

INTEGRITY HOUSE: THE ADDICT AS A TOTAL INSTITUTION

Deborah Colburn and Kenneth Colburn

Integrity House is a nonprofit, tax-exempt corporation founded in May 1968 by its present executive director, David H. Kerr. It is part of a larger drug rehabilitation program in Newark, supervised, funded (through a five-year, \$2.2 million grant from the National Institute of Mental Health) and evaluated by the Division of Drug Abuse at the Newark College of Medicine and Dentistry.

Statistics show that only a small percentage of ex-addicts are ever fully rehabilitated at Integrity House.

The Integrity House approach to rehabilitation is an apolitical, myth-oriented method reinforcing the pseudopsychological notion that addiction is exclusively the problem of the addict. Blame is placed solely on the addict; neither social ills nor any other factors share the responsibility for drug abuse. That all addicts are "emotionally immature" and must be forced to undergo rehabilitation are sacred, universal and unfounded assumptions of the Integrity House method.

"We feel that drug use is only a symptom of an un-

derlying character disorder,” maintains Kerr, a former parole officer. If the addict were not suffering from a character disorder, “Why . . . would he be on drugs?” Long hair, voluptuous breasts, passivity and political consciousness are treated as symptoms of this character disorder. Haircuts, men’s clothing for women and other image-breaking changes are used to redefine, punish or arbitrarily impose “injustices” on inmates.

The pre-interview of a prospective inmate begins the image-breaking process, first by stripping away any sense of identity the applicant may have, and second, by providing him with a new identity as a “sick” person. The staff stresses that the applicant will be required to demonstrate his need for help: if he is admitted to the program, the relationship will be that of the server and the served. The successful applicant must begin to demonstrate his willingness to believe that he not only has a problem but that he *is* the problem at the very first interview. He must begin to think of himself as an “emotional infant,” the definition given him by Integrity, whether or not such a description has any empirical truth.

Punishment Techniques

Every applicant submits to this degradation ceremony if he wishes to enter the program. Once an applicant is accepted, the staff’s first task is to erase any outward manifestations of his sense of personal identity. Men are often given crew-cuts; if the staff feels that hair is “too important” to the new resident, they may shave his head entirely. A woman’s hair might be trimmed, or if the staff feels that her breasts are too obvious, she is forced to wear baggy clothing or even men’s apparel.

Such things are done as punishment, but also arbitrarily or, as the staff likes to say, to “teach the resident that injustice exists in the world and that he must learn to deal with it.” Integrity’s staff feels that inmates should accept injustice without complaint or even feeling that any injustice has been committed. As for those persons who think that an alternative response to injustice is to try to change it—such persons are only demonstrating to the staff that they are still sick with a “character disorder” and are yet “emotionally immature.”

The staff’s favorite tactic is the “haircut,” which is used for various reasons: to punish either passivity or infractions of the rules, or to teach injustice.

“Haircuts,” formally defined as verbal reprimands, are extremely effective punishments and social controls. A staff member calls in several inmates for help in administering one; since no one is told in advance who is to get the “haircut,” much less what it is for, an inmate reports to the director’s office without knowing whether he will be on the giving or receiving end. The staff might even have one of the inmates lead the procedure. In one

case, the staff felt that a resident had not carried out his job with proper responsibility. The night-shift expeditor had been ordered by a staff member to wake another inmate for a scheduled trip to the hospital. The expeditor did wake his charge, but somehow the inmate thought he was to go to the hospital on his own, which he did. The staff blamed this misunderstanding on the expeditor, and a “haircut” was ordered for him.

Learning about Injustice

The expeditor was brought to the director’s office, the others having already been gathered inside. The expeditor did not know what he was accused of, nor would he have the opportunity to defend himself:

Leader: [Screaming out] “Is that mother-fuck X outside the door?”

X: [Obediently answering] “Yes, Sir!”

Leader: [Still yelling] “Open the fucking door and get your ass in here!”

X comes in, standing at attention, military style.

Leader: “You motherfucking idiot, what the hell’s wrong with you?”

A, B and C: [Simultaneously] “You goddam asshole!” “You so damn stupid and fucking ugly, hey what’s the matter with you?” “You fat and silly motherfucker!”

Leader: “How the hell come you woke A without telling him to wait for an escort? You dirty fuck!”

A: “Yeah, how come you’re so stupid? You want me to shoot dope again, don’t you? How come you’re such a fucking dope?”

Everyone in the room was there to contribute in some manner to the verbal reprimand. It was “positive behavior” for the inmates to yell whatever came to their mind, although none of them knew what lay behind the degradation they were administering. The major purpose for this group assault was to make all punishment look like it was coming from the community, and to make it difficult for the individual to resist or defend himself.

As it turned out, the night-shift man was innocent, for the day-shift expeditor had misinformed the inmate. Later questioned about how he felt for being blamed and punished for something he had not done, the night-shift expeditor obediently replied, “It teaches me about injustice.”

The problem of drug addiction touches many fields of inquiry: there are medical, legal, psychological and sociopolitical perspectives. Differing perspectives will produce different sets of questions and answers. Whatever the merits and validity of these other approaches, they all tend to pass over our primary interest: the sociopolitical considerations of class and conflict. The psychological model deals with drug addiction as a personal

problem, but is not necessarily insensitive to sociopolitical questions; on the contrary, at times the psychologist does recognize that certain kinds of persons result from certain environments. We separate psychology proper (with its potential for sociopolitical insight) from what we refer to as *pseudopsychology*: *pseudo*, because it identifies all problems as individual problems, and acts accordingly—on the individual. Pseudopsychology is an ideology that places all responsibility for any state of affairs solely on the individual and dictates that he not only must change himself but also that he is the only one who requires changing. The result is that the social status quo goes unquestioned.

Integrity's methods and presumptions about drug addiction all run counter to the view of deviance as a social phenomenon. Irving Louis Horowitz and Martin Liebowitz note: "Deviance is a conflict between at least two parties: superordinates who make and enforce rules, and subordinates whose behavior violates those rules." To see deviance as a conflict between two parties, the ruler and the ruled, is to see deviance not as a property of any individual, but as a property imputed to the ruled by the ruler. Deviance is fundamentally of a social nature, and both ruler and ruled share responsibility for their interaction. At any given time, then, deviance is the result of a conflict between the ruler and the ruled seen through the looking-glass of official reality. Deviance is treated apolitically when the official view of reality does not permit identifying the true causes of a social inequity.

While the banner of psychology is waved by Integrity, not one bona fide psychologist was involved in the Integrity program during our research period. Ex-drug users, themselves "graduates" of other treatment programs, formed the core of treatment personnel and were hired as staff; the closest to a psychologist was Kerr, with his A.B. in psychology, but his practical work experience was as a parole officer.

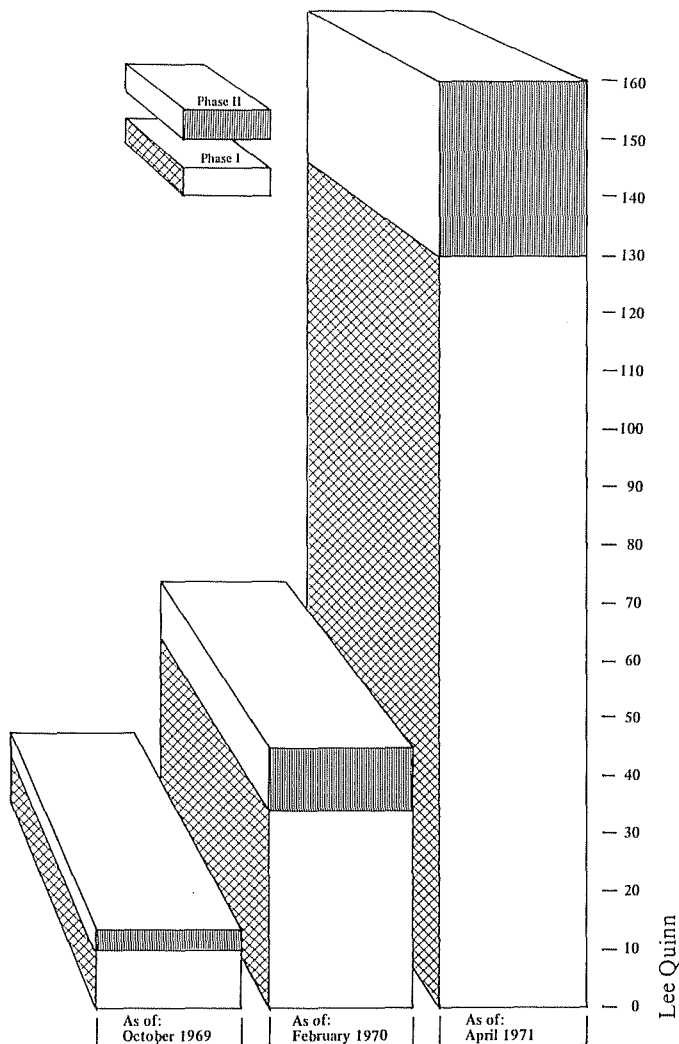
Reaching Phase II

Integrity has taken an active role in the public relations area of propagating the official myth of the apolitical, pseudopsychological account of drug deviance. According to the first *Newsletter*: "It is our intention to publish monthly and send [this publication] free of charge to all those interested in the work done at Integrity House (judiciary, legislators, probation departments, residents' families and supporters)." A group of Integrity staff members and inmates are readily available for speaking engagements for any social or civic organizations who request speakers. At these occasions it is typical for one of the inmates to tell the audience what a terrible person he was before he came to Integrity, how irresponsible he was, and the rest of the self-blaming tale.

Integrity is distinguished not only for being the largest residential drug rehabilitation program in the state of New Jersey, but also for the originality it claims for the second phase of its therapeutic program, the "re-entry phase." The resident theoretically advances to the second step after completing the first, or "pre-re-entry" phase, which is the now-popular, strictly supervised 24-hour "therapeutic community." The second phase differs from the first and from programs such as Synanon in that the resident holds an outside job while living at the institution. Most of the ex-addicts are in the first phase of the program.

In the three years of its existence, while Integrity has grown from 14 to 160 residents, and from one to two houses, no more than 38 percent of the total residents have been in phase II of the program at any one time; in 1971, of 160 total residents, only 30 (18 percent) were in phase II. The high dropout rate accounts for those ex-addicts who never reach phase II: in February 1970 there

A COMPARISON OF THE NUMBER OF RESIDENTS AT INTEGRITY IN PHASE I AND PHASE II FROM 1969-71



was at least a 33 to 50 percent dropout rate of new residents within the first two or three weeks of their stay; and in April 1971, the public relations staff was reporting a dropout rate of 40 to 50 percent during the first three weeks of an ex-addict's stay.

The April 1971 *Newsletter* reported that 30 residents were "in the community on outside jobs," but *11 of these jobs were actually on the staff at Integrity!* At the same time, the total number of residents in the program had increased to 160.

An applicant's decision to go to Integrity House is often a forced choice between "rehabilitative therapy" or a correctional or penal institution. Kerr writes:

How can an individual labeled an "emotional infant" by many, possess the maturity to have true motivation? A motivated person has a fair degree of emotional growth by definition. The confusion is that the majority of heroin addicts would like to stop using drugs but don't want to at the present. The courts, probation and parole *can play a very important role in forcing the active drug abuser to do "what he would like" but what he doesn't want to do; that is stop using drugs. . . .* What seems to work is the *imposition of heavy court pressure on an addict at the beginning of treatment.* The reason for this is that *the "raw" addict, for the most part, only understands fear of jail as an immediate alternative to rehabilitation.* "If I leave here I'll go to jail. I'll stay here to beat my sentence." *This is the best motivation that anyone can expect from a person with this degree of emotional immaturity. . . .*

Since Kerr is in the business of remodeling the way a person thinks about himself and his world, and since such remodeling obviously meets with resistance and conflict, his job can be made a good deal easier when those who are to be remolded have little real choice in the matter.

Integrity can exist only in a situation where prisons also exist, for Integrity is a viable choice only when jail is the only alternative. Almost half of those who are admitted might choose to return to jail; one wonders if anyone would remain at Integrity without the threat of jail, and for reasons other than "emotional immaturity."

Applicants, accustomed to the more custodial concept of "doing your own time," or "playing it cool," are unprepared for the reception given them at Integrity. The staff often has the problem of a resident being too passive to elicit much of anything that can be used as "signs" of psychological problems; in this case, the passivity itself becomes the object and "symptom" of "sickness," in true pseudopsychological fashion.

"Haircuts," night probes and other tactics are used to provoke the inmate who, once angry, is over his "passivity" and will raise his new-found "feelings" in the

weekly encounter group for the entire community. The staff members then have "data" from which they can work on the inmate. Even though they have elicited this data artificially, they never consider their role in generating the conflict but always focus back on the inmate. This is largely possible because of the structure of the encounter group itself: often, more than one staff member is present and any inmate can say anything he desires about the inmate who is the center of attention. In this manner, any encounter session has the appearance of pitting the entire community against the individual; those who "contribute in this positive manner" are in reality contributing to their own release and advancement and privilege.

Encounter sessions are held twice a week. At these times residents are supposed to confront and be confronted with the "real" reasons for their behavior, as defined to them by the staff. During the sessions inmates can demonstrate to staff that they are "learning" the causes of their "irresponsibility." (That one is irresponsible is never open to question.) This was, as one resident put it, the "name of the game." One either plays it (and this was consciously verbalized by some) and gets the rewards of eventual release and privilege, or one leaves.

The privilege system is connected with the work system, and both build credit toward release. Advancement in the work system is advancement toward release. At the bottom of the list are the members of crews, which change bi-weekly. There are several crews: acquisition, service, kitchen, maintenance, etc. First advancement is to the head of a crew; over heads of crews are the expeditors; and from here one enters the second phase of the program.

The evaluation performed by staff on inmates is crucial. The following is taken from an evaluation sheet used to make weekly evaluations.

How does the resident approach and perform his work?

Shows (too much, proper amount of, too little) initiative
Work output is (low, average, high)
Organization of task is (good, average, poor)

How does the resident react toward his work?

Seems alert, interested, and enthusiastic
Appears indifferent
Displays a negative attitude
Daydreams; gives impression he would rather be doing something else
Indicates little or no interest in areas not related to his specific job
Shows evidence he is exploring total job situation

How does the resident accept suggestions and criticisms?

Resents being shown his mistakes
Makes effort to improve
Has no visible reaction
Welcomes criticism, but shows little or no improvement
Actively seeks suggestions for improvement

How does the resident fit into your organization?

Feels at home and natural in setting
Seems somewhat reserved, shy or passive
Is unduly aggressive and presumptuous
Demands too much attention
Makes little effort to get along with others
Works tactfully and cooperatively with others

Attendance: Regular

Irregular

Dress: Appropriate

Inappropriate

Punctuality: Regular

Irregular

Grooming: Neat

Careless

How does this industrial-sounding form square with Integrity's "psychological" treatment of ex-addicts? Integrity's main concern is to employ ex-addicts, but the form shows clearly that emphasis on the individual which is so antithetical to a socially aware psychology.

Yelling and Screaming

An Integrity House inmate's first conflict with the new system involves the contention that drug use is a symptom of an *unobserved* character disorder or, more simply, that drug use equals sickness. It is important to stress "unobserved" because the inmate uses this hole in the equation as the basis and means of his resistance. He may refuse to believe in this rule's general truth, or in its truth for him personally (empirical matters for a genuine psychology; merely a programmatic principle for pseudopsychology), refusing to "see" or "observe" the imputed illness in himself. The staff continuously points this "illness" out, and the inmate evades this imputation of illness by attributing such a description to the staff itself.

A new female inmate was eating breakfast as I sat down to have some coffee.

Her "image" had recently been redone; she wore short hair and baggy clothes.

I asked her how she was getting on in her new home.

"Don't ask me."

"Why, what's wrong?"

[Looking across the table to a seasoned resident] "Is it negative to talk about why?"

"No."

"Well, they've taken away my clothes, you know, wanting me to think they're wrong. And I'm supposed to be wrong, too, because I wore them. But I'm not. They're the ones who are crazy, thinking that *any* [kind of] clothes are wrong!"

The words of a female inmate who had been in the program just one week confirm this sentiment.

"What do you think of the program?"

"Well, you know, it's kind of scary with all these people running around yelling and screaming—just like they were crazy."

"Have you found it difficult getting on?"

"It's difficult for some—the pressure just gets too great."

"What do you mean?"

"Well, at the workathon four or five left."

"Why was that?"

"Well you've got to clean the house for 12 to 14 hours straight, everyone [i.e., the staff] on your back, telling you you've got to learn to take that sort of thing. But it's not too bad if you just remember that cleaning a house that's already clean is kinda crazy—if they want to be crazy, OK."

A recent arrival from Skillman (another drug addiction treatment center) talked about his first impressions of Integrity House:

"How do you like the place so far?"

"I've been in other places like this—most concepts [i.e., programs] are the same."

"How was your initiation yesterday?"

"I was shown to my bed and read a long list of rules. I don't see how they expect you to remember them all. Maybe they don't. This way you're bound to mess up, and when you do, they let you know it's because you're the kind of person who messes up. But you know it's not true—they would be just the same if it was done to them."

Those inmates who decide not to believe in the pseudopsychological definition of themselves as mentally ill have two available options: first, an inmate may leave the program altogether (as already noted, nearly half choose this alternative), or second, he may decide to leave the program in a special way, that is, by trying to evade its definition of him.

The second option presents many difficulties. The therapeutic activity makes it more and more difficult to avoid one's "sickness." The staff constantly refers to incidents from an inmate's life history as evidence of his disorder, and all segments of the community pressure him to accept this "evidence" and to confess his past misdeeds to others. The inmate must engage in self-degradation yet remain distant enough to keep his conception of self as one who is sane. It is difficult to dodge activity in any therapeutic community and, hence, dif-

difficult to dodge an identity at Integrity. We believe that the high dropout rate reflects the intensity of the redefining of the self as being "sick." The only effective way to avoid conflict is to talk as little as possible since the staff uses all behavior to indicate one's character disorder. Even silence is interpreted as an indication of passivity, and ultimately, one's "disorder." Integrity's task is to get the inmate to participate sooner or later, through creating "feelings." The following illustrates the response of a black female inmate who had been in the program three months:

X's approach to conflict was a passive one; she avoided participating in anything as much as she could. The staff was eventually able to provoke her into anger, which she displayed at an encounter meeting. Y, a female staff member, had forced X, among other things, to wear men's clothing.

X: [to Y] "You are a no-good motherfucking sonofabitch. . . ."

Y: [smiling] "OK, OK you little bitch; now you're mad, aren't you? How come? Got feelings to act out, don't you? OK, now what's wrong with you? Tell us all."

X: [strangely calm, all anger subsided] "I feel rejected—inadequate about myself."

Y: "I know—we all know that. Now let it all out."

X: "Oh—my hair's too short, I'm not tall enough, I'm black, I'd maybe like bigger breasts—longer fingernails."

Y: "You have to learn to live with yourself as you are. . . ."

X decided to leave the program three weeks later. She said that since that night at the encounter she couldn't go on any longer at the place. She couldn't understand what she was doing there, since she didn't think she was "crazy." The staff reported to the community that X left the program because she was discovered to be on drugs; however, the authors were able to look at her file and found no indication of this on record, but only that X had requested permission to leave the program and was released. The authors were unable to determine the reason for this discrepancy, or the number of similar disparities.

Psychology becomes ideology as it serves as a means of control and subversion of class and political consciousness among ex-drug users. How does or how could one know about an ex-addict's personality "disorder" independent of the fact that he uses or has used drugs? And who asserts this definition? Troy Duster says:

If one has observed that addicts are psychologically inadequate . . . under what conditions might the observer be forced to conclude that this observation was wrong? In other words, what would the observer have to see in order to conclude that addicts are not psychologically inadequate? Once this question is posed

realistically to those who hold this position, it is likely that the one piece of evidence they require is that the addict give up narcotics usage. . . . The simple fact that he is "using" is regarded as sufficient evidence of inadequacy. The reasoning is circular, tautological, or simply "true" by definition. . . . Once such a definition is made, it can never be proven wrong.

The fact that such a definition cannot be refuted violates the major canon of scientific inquiry: proof and disproof. Those who assert this definition become important; a definition which conveniently can be used to rationalize certain practices under the banner of psychology and science is obtained by fiat. Such a definition becomes a political license to treat ex-addicts in a particular manner.

In pseudopsychology questions of social structure and social class, the recognition of drug deviance as a political issue, or other policy alternatives which question the wisdom of making drugs illegal or legally unavailable (which, after all, accounts for the addict's criminality) become impossible because unnecessary. In this view, there simply *are* no sociological questions.

C. Wright Mills made a distinction between private "troubles" and public "issues": where a few persons become addicted to drugs, it could make sense to look at those individuals and their personal history for clues to account for their addiction. However, considering that since 1968 the population of addicts has doubled to an estimated 300,000, questions of the intersection of life history and social structure must be asked. The greatest danger of a pseudopsychology is that it will continue to ask the same tired question, and give the same old answer: drug addiction is a problem because of the drug addict. Such a view overlooks the interesting fact that, during our research period, the vast majority of inmates at Integrity were from either a lower- or working-class background; most were high school or elementary school dropouts; and a few could not read and/or write. Lack of money forced many into criminal careers to finance their habit. Would the so-called "cost to society" of the addict exist in the economic sense if the addict were able to obtain his supply from legitimate sources, rather than from the underworld? A vicious circle exists here which could be partially eliminated by a long and serious look at the genesis of drug addiction and crime.

The pseudopsychological point of view does not stand up to either historical or comparative data. Thousands of Americans and Englishmen used opium and heroin legally in the early decades of this century, and the question of emotional immaturity was never raised. The middle and upper classes bought more than the lower and working classes and, in proportion to population, addiction was eight times that of 1970. The English today do not treat addiction as a moral problem; rather they make it possible for the addict to obtain drugs legally.

Drug addiction is a way of life for an individual in certain social conditions, and what Integrity seeks in practice, although unmentioned in theory, is to provide an alternative community. Such a community, which Integrity recognizes to be essential, does not exist for the individual in the real world of society, the ghetto of slums and poverty and drunken fathers and broken homes. But since belief is the prime prerequisite of Integrity's community, it should be sociologically classified as a *religious* community. Once this is clear, it becomes possible to ask whether a secular society such as ours either should or must legislate the living of a religious life for certain of its members.

If the key lies in a community, a theory which Integrity acknowledges only implicitly, then this alternative must be questioned and thought about more thoroughly and openly, and from other than a religious conception.

The main social science issue is whether making such an ad hoc community—separated and segregated from society-at-large—is likely to solve the problem. Such a community would be stigmatized, and as Duster has argued, the drug problem in the United States stems largely from the moral interpretation given to drug users. Can drug users be rehabilitated independent of a change in their moral evaluation by society? "If we speak in terms of the typical case, *any rehabilitation program of social deviants is doomed to failure in its own*

terms by its own criteria ["rehabilitation"] *so long as the larger society treats rehabilitation as a passage between two moral categories.*" Integrity House and programs like it throughout America engaged in the search for money and grants, contribute to and have a vested interest in maintaining that moral and sociopolitical order.

The ideological thrust of the pseudopsychological account of deviance should be seen in terms of its rising popularity among government personnel who will be charged with formulating future drug treatment programs. Consider the words of Dr. Roger Egeberg, the President's advisor for public health:

I'm not saying that you shouldn't keep working at cutting off your opium sources If heroin were cut off from the thousands of addicts in the United States, most of them would get hooked on something else. *We've got to start focusing on the addict* rather than the agent who addicts him. . . . I think more and more we will be focusing on the individual while continuing the law-enforcement aspects.

The same focus on individual rather than societal responsibility extends to forthcoming legislation. Nelson Rockefeller, the governor of New York, has requested a new law which calls for life terms in prison for those who commit crimes while under the influence of drugs.

And so the end is once again a beginning. □

AMERICAN WAY OF DRUGGING

THE NEEDLE AND THE BOOT*

HEROIN MAINTENANCE

Walter R. Cuskey and William Krasner

Marvin the Unwelcome is an American heroin addict now living, and fixing, in London. He is one of perhaps a hundred drug-refugees who fled the United States and Canada to the seemingly more permissive medically controlled drug systems in England. Though he and his fellows could hardly be objective on the subject, their experiences and observations are uniquely relevant to the great current debate on what to do about the raging drug and crime rates in America because they are the only persons who know what it's like to be an addict on both sides of the Atlantic.

Marvin is not typical of present U.S. addicts, who are predominately young, dark-skinned, poor, in and out of jail and hospital, and slum bred and haunted. Marvin is white, close to 40; in his latter years in the United States

he was a successful and accomplished thief, "living off the wealth" in a hotel suite. Yet he came to Britain, twice, and has never been sorry.

Drug Refugees

As it happens, he is not typical of the drug-refugees either: he is more prosperous and resourceful than most, his activities were more criminal and gaudy, and he was deported once. Still, he fits the general picture: his childhood and adolescence were miserable ("I can remember . . . eating cornflakes out of a box dry . . . because I had to steal it because I was hungry"), he took to crime and drugs easily, turned on by friends and the customs of the neighborhood, and he supported his growing habit

*The hypodermic needle and the police effects of discovery.