Recovery is Possible: Making and Unmaking Futures after Addiction in Sarajevo

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Abstract

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Recovery occurs in a complex, emergent manner. It is a worldly process, shot through with the nuances and imperatives of an equally complex, emergent and imperfect world. Encountering recovery, therefore, entails thinking through the complex, mutually informed relationship between recovery-oriented organisations and the contexts in which they arise. This thesis presents and compares different attempts to address the social problem of addiction in Sarajevo. At its heart, it is a study of the ways in which members of two primary fieldsites—a therapeutic community and an NGO— try to achieve recovery from addiction, which gives equal weight and attention to the roles and voices of the addicts whose recovery is at stake, and to the roles and voices of the professionals involved in recovery processes. Positioning my study within both the city of Sarajevo, and within historical and contemporary manifestations of addiction problems in the city, I pursue a comparative explication of the ways in which addicts and professionals come together to 'make' recovery. I trace and compare the manifestations of a productive tension in these contexts between idealised and programmatic recovery on the one hand, and the imperatives of sociality on the other. If recovery is 'made' through such tension, it can also be 'unmade' in this way. As such, I ground my observations of the 'unmaking' of recovery processes in a discussion of the factors inherent to, and externally acting upon these institutions which undermine both the recovered state and the recovery process. In so doing I seek to generate insight into the complex, emergent nature of change in these contexts, which will be discussed in terms of *(ab)normality*, *capricious simultaneity* and *possibility*.

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They say it takes a village to raise a child. I discovered the great wisdom of this on becoming a mother whilst writing this thesis. In the same spirit, and for many of the same reasons, I have come to reflect that a village is required to bring into being and to nurture a PhD—or, I suspect, any significant product of intellectual labour. I would like to take this opportunity to thank the members of my *Recovery is Possible* village.

While of course the research presented in this thesis is my own, and any inaccuracies therefore are my responsibility too, I acknowledge a great debt to the great minds that have influenced and encouraged me. Firstly to my supervisors Iain Edgar and Steve Lyon; I am indebted to you for your knowledge, experience and guidance, and I thank you sincerely for your kindness, patience and feminism. Under your enthusiastic care and with your unfailing encouragement I have been able to try my hand at being an ethnographer, a teacher, a lecturer, a writer, and a curator. None of these things would have been possible without your backing: it has truly been a pleasure. Thanks to Stef Jansen, whose work motivates and stimulates me, and who I was thrilled to finally meet in person during my fieldwork. To Ger Duijzings, for teaching me to think properly about the region, and to Titus Hjelm for friendship, support, and an unforgettable grounding in methods and 'interdisciplinarity'. To Maja Petrović-Šteger, one of the keenest minds and brightest lights I have encountered; I always write imagining that you are reading. To David Henig for advice at the outset, and for being exactly the ethnographer I want to be. To Sari Wastell for thinking and caring so deeply about the place that I, too, fell in love with, and for digs when the going got tough. To Karla Koutkova and Laura McLeod for fertile conversations in the field, to the Durham postgraduate community for support and stimulation outside of it, and to fellow

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Dedication

For Órla, who grew with it

May you know, appreciate, and effect change for the better

1. Introduction

1.1 Highs and Lows

If you were in Sarajevo and it was a dull, drizzly day, you might be walking the streets in anticipation of an afternoon coffee, or after the fact. If it was November 2013, over twenty years since the siege of the city began, and you decided to walk along Titova, a street that retains both its Austro-Hungarian architecture and socialist nomenclature, you might turn your back on the ever-charming reconstructed Ottoman Baščaršija and the almost-eternal commemorative flame.[1] Your brisk pace might mark you out as foreign as you shoulder your way through the slow-footed *Saralije* (Sarajevans), past the new McDonalds and centuries-old Veliki Park. You might decide to turn at the bakery down a narrow, unremarkable side-street. You could ring the doorbell of a narrow, unremarkable nineteenth century building—slate grey like the sky, shabby, a hair's breadth from derelict. Say your name, and you would be buzzed in. Once inside, you would see Anita sitting on the corner sofa, painting something decorative on a glass vase, drinking something fizzy, sugary and orange from a plastic cup, and chatting. You find yourself, like Anita, in the offices of a recovery NGO on a working weekday, in the closing hours of a women's craft workshop. Your eye may be drawn to the roses in another vase—Anita's manager bought them as an apology for shouting at her yesterday. Today the chat is not idle, and the topic of conversation is Kata. She was at the workshop today, and spent most of her time ranting to each attendee in turn, wide-eyed and pacing, gesticulating and playing with people's hair and clothing as she peered into their faces: "I-will-make-an-NGO-by-women-for-women-everything-up-

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[1] The *Vječna vatra* (Eternal Flame) was intended as an eternal commemoration to causalities of the Second World War, but since the most recent war it has gone out a handful of times due to city-wide gas supply problems.

front-and-honest-I-am-so-euphoric-what-drugs-who-needs-drugs-I-have-inspiration-and-God-God-will-show-me-the-way-I-write-everything-down-I-know-many-people-it-will-be-based-on-honesty-and-openness-fair-distribution-of-income-everything-is-according-to-God's-will-not-mine-I-will-lead-if-he-allows-me-to-the-emblem-will-be-a-tree-like-the-tree-of-life..."

You may wonder, as Anita now does, if Kata was high today, or whether she is manic depressive. Anita suspects party drugs—probably ecstasy, which takes an hour to work, she says. This would explain why she seemed composed when she arrived today, and why she seemed so full of love and excitement about the future. She's known Kata a long time; they were addicts together, are both involved in the NGO and the Evangelical church, and Anita's husband, though in prison, is still tied up in some dodgy business with Kata's. Kata has had relapses before, and Irina points out that a manic depressive would be like that for an hour or so; Kata was high for three. Someone else says that her eyes were strange. Looking around this room, you could see sadness and disappointment, and feel the subduing and disorienting effect of this incident on these women. On a whiteboard in the adjoining room, *ISKRENOST* (HONESTY) is written in marker, the theme of discussion at this weeks 'Club Oporavak' meeting. You may notice that Anita is looking at the roses now, and is telling the story of how she bumped into someone from her primary school; they lost touch in the war, and Anita brought her friend up to date with her work for this NGO. At this her ex-classmate declared that NGOs "*love u mutnom*"—they are on a wild goose chase. No, said Anita. We are different.

On another afternoon, in the same month, year and city, if you boarded the right bus from Ilidža—siege-time black markets, thermal spas, the never-quite-thriving extreme

westerly counterpoint to the always-somehow-bustling extreme easterly Ottoman old town—you could alight onto the rough rubble verges of a busy route to and from the city. On a wet day, your shoes would get soaked and your socks damp on the uphill hike through a village replete with a fast-flowing stream on which corn is milled. On a dry and hot one they would be caked in dust by the time you arrive at the rehab centre, nestled in these breathtakingly beautiful hills. Today, your wet feet would lead you to Elvir, who has recently completed the rehabilitation program, and is sitting in a red hoody and blue trousers on a still-wet bench, back turned on the 'houses' of this therapeutic community, looking out instead into the glorious green distance. Elvir is in a bad mood right now, he's angry. If you were to ask how he's doing, he'd say "Good. Working, thank God." Ask if he is building that structure you can see down on the road below, and the answer is "no that's a state thing, I work for a private company. It's going well, not a lot of money but enough for coffee, cigarettes and so on. I'm in a bad mood. The new guys are no good. Look at them [they're milling about below] like wolves. They'll be talking about us. I try and talk to them and they're like "Hey we're busy, working!" They are like pit bulls on the leash. They will stay here for a year but as soon as they are let off the leash...They are like I was last time. You work with Dino, I didn't know that. He's a good guy, but I can't go to his [Club Oporavak] meetings because I work. I don't do anything but work but that is good. I'm not looking for a girlfriend or a life yet though, you have to be ready, there's no rush. I would like to live on my own in an apartment, if people are worried [about my abstinence] they can buy a test and I'll do the test, no problem." In the silence that follows this outburst, staring off into the distance too, you might decide that if the new guys are dogs straining at the leash, then Elvir carries himself today like a dog tied up outside, regarding the world morosely from the confines of its kennel.

In these contexts, NGO and rehab centre respectively, relapse was underway, or was an imminent possibility. And yet, Anita believed her NGO was purposeful. And yet, Elvir believed in the power of work; in the slow approach; in his own abstinence this time around. If you were to walk into these scenes, to watch them unfolding before you as I did, would you be seeing recovery in action? Could it be? Is it possible? This thesis is built upon the premise that, above all else, it was the possibility of recovery that was at stake in these contexts and at this time. In this introductory chapter I present, define and critically explore the areas of study and key terms which underpin my thesis, and which shape my ability to examine the possibility of recovery from addiction in Sarajevo. I then go on to outline the argument and plan of my thesis, with reference to Kata's high and Elvir's low.

1.2 Anthropology, Drugs and Addiction

Just as anthropologists were historically concerned with observing and conserving organismic social harmony long before discord became de riguer (e.g. Tylor 1871), so drugs and intoxication entered the general anthropological lexicon much in advance of the problematic categories of addiction and the addict. The 'exotic' appeal of drug-taking is obvious; try to imagine an 'other' more thrillingly 'other' for early anthropologists than the people who, according to an as-yet-unfamiliar cultural logic, have achieved a state of intoxication through a substance that you, in all of your inevitably white, male, and European wisdom, have neither seen nor heard of before. Excavations and ethnographic investigation into the cross-cultural and historical prevalence of drug-induced intoxication, in the manner of the incest taboo (e.g. Lévi-Strauss 1969), moved many anthropologists and archaeologists to expound theories of

the universal and unique human predilection for drugs (see Heath 1987; Knipe 1995; Hunt and Barker 2001; Strunin 2001; Dietler 2006), even in the period before the post-1960s 'boom' in drug and alcohol studies, when drugs became the object—rather than a 'felicitous by-product' (Heath 1975: 4)—of ethnographic study.

As positivism and modernism gave way to post-modern critique and social constructivist approaches, the concern with drug use naturally altered. Hunt and Barker characterise anthropological discussion of alcohol use (and, by extension, drug use) in this period as being of a decidedly cultural relativist bent, as it 'centered in understanding drunkenness as a socially appropriate, culturally comprehensible event that was not necessarily pathological and did not always constitute a social problem' (2001: 167; for example MacAndrew and Edgerton's landmark study *Drunken Comportment* 1970; Mandelbaum 1965, Kunitz and Levy on drinking careers 1994; Knipe 1995: 68). At their heart, ethnographic accounts that universalised or culturally situated drug use share an unfortunate tendency to de-problematise the practices under consideration (Page and Singer 2010: 49). Whilst providing an important corrective to the anti-drug moralising and discriminatory discourse found in many contexts—arguably another tool for subjugating always-already marginalised groups such as women, minorities and the poor (MacDonald 1994; Dietler 2006: 230; cf. Hunt and Baker 2001: 171 for a discussion of 'the demise of holism and the rise of demons' in the War on Drugs; Glasser[2] 2012: 13)—they also demonstrate a conservative bias, identified by Room in everything from the relative ethnographic underestimation of abstention from drinking and drug use, to the liberal attitudes towards intoxicants personally held by 'wet generation' Euro-American[3] anthropologists, and in

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[2] Glasser cautions that anthropological accounts of addiction may fall in to one of two 'traps', *romanticizing* and *demonizing* respectively (2012: 13).

[3] Though not un-problematic, I use the term Euro-American to refer to the shared European and American geopolitical configuration (Strathern 2011), whilst I use the term 'Western' to draw

ethnographic methods which are prone to 'underestimate the problems related to drinking because they are better attuned to measuring the pleasures than the problems of drinking' (1984: 172). Room called instead for a corrective that would take the problems attendant on alcohol use seriously, and in so doing sparked a debate on problem inflation or deflation in anthropological drug studies which raged for several years.

Contra Room, Page and Singer (2010) argue that ethnographies of drug use were problem-oriented from the outset. In their recent review of the literature, Page and Singer pose a complication when they characterise the development of this sub-discipline not in terms of theoretical movements from positivism to constructivism as such, but in relation to contextual factors which shaped research populations and research agendas alike. Accordingly Page and Singer delineate four main periods: 1. 'prehistory of the field' in which ethnographers and proto-ethnographers sought, without 'prior prejudice' to understand drug use in the context from which it arises (2010: 49); 2. the 'systematic modernist ethnography and ethnopharmacology' period in which the 'drug use as subculture' (2010: 50) paradigm arose, and through which sociologists and anthropologists sought to systematically and objectively make comprehensible behavior heretofore labelled 'deviant'; 3. AIDs epidemic drug ethnography, in which drug ethnographers' methods and ability to work in interdisciplinary and applied ways 'would prove to be crucial to understanding the behaviors that powered transmission of HIV' (2010: 84); and 4. the current globalisation period, in which the transnationalisation of commodity exchange, markets, law, communication and transport shapes anthropological approaches to 'the local' in general, and drug ethnographies specifically (2010: 89; e.g. Raikhel and Garriott 2013).

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attention to the rhetorical construct that is related to, but not the same as, this Euro-American geopolitical space.

Not all drug use is problematic, but much of it is, and all addiction is de facto problematic; it follows, then, that unlike an anthropology of drugs which may or may not be problem-oriented, an anthropology of addiction is de facto concerned with dysfunction and the pathological. Many anthropologists have sought to highlight the problem of addiction when studying drugs, with Lindesmith's pre-WWII contribution being a formative one in this respect. His definitions of addiction were arguably the first derived from ethnographic methods and sources (Page and Singer 2010: 43), and his social theory of addiction was grounded in the observation that addiction was a social and not an exclusively pharmacological phenomena. Lindesmith argued that:

> '[T]he addict's craving for opiates is born in his experience of relief of withdrawal distress which follows with a matter of five to ten minutes after injection....the craving develops in this situation only when the individual understands the withdrawal symptoms and attributes them to the proper cause. A person who remains ignorant of the source of withdrawal symptoms and interprets them in some other way will not become addicted '(1936: 100).

Lindesmith's social theory of addiction highlighted the role of social environment in addiction's inherent recidivism:

> 'The failure of addicts to "kick the habit" permanently is doubtless tied up with their reluctance to abandon old associates and a familiar environment. The use of drugs is thus much more than a biological matter or a mere question of pharmacology' (1975: 571).

Furthermore, Lindesmith was adamant that a definition of addiction 'must come from those 'addicted' rather than those who have never used opiates' (Knipe 1995: 91).

In their recent edited volume *Addiction Trajectories*, Raikhel and Garriott note that addiction and 'the addict' are very new and yet extremely pervasive ways of thinking about people and the human condition, taking shape in the nineteenth century as a 'disease of the will' (2013: 12) and evolving at great pace ever since. Precisely defining

addiction as a personal and social phenomenon, however, proves difficult: With addiction, is it, as Ruth Bader-Ginsburg said of another related 'vice', a case of knowing it when you see it? Following Lindesmith, we may encounter drugs and addiction as a social fact in the Durkheimian sense. Further, we may eschew a positivist definition of drugs and addiction that relies on essentialist characterisation of their pharmacological properties and clinical manifestations. If there is a difference between cake and crack, a sweet tooth and an addiction, then this difference is both created and reified by the way society draws up its own frameworks of knowledge and action: 'as with any other cultural definitions, this definition is "real" if there are social consequences' (Knipe 1995: 22).

Constructivist approaches to drugs and addiction encounter both as real in the socially constructed sense (see McDonald 1994; Spicer 1997). Subsequently, and unsurprisingly, the post-Foucauldian obsession with discourse left its mark on much of the recent addiction ethnography literature (see Garrity 2000; Brady 1992; Carroll 2011; Campbell 2008; Bourgois 2000; Keane 2013). Addiction in these accounts is encountered as a historical or social concept that exerts biopolitical power or 'biopower' when it conjures into existence a subject population—the addicted—and when it frames ideo-technological interventions that 'discipline' their lives (Rose 1989). Gomart critiques positivist and constructivist approaches to drugs in particular, and in so doing, elegantly frames a 'thing'-centred Latourian critique of discourse approaches generally:

> They [positivists and constructivists] force a choice between two kinds of explanation, which focus either on objects themselves or on human actors. Essentialists root for a substance with discoverable attributes always already there, invariable, irreversible [...] In contrast, social constructivists assume that the world of objects is fashioned by humans who project on to it representations which have no necessary correspondence with the object itself (2002: 95).

Writing on medicines, Van Der Geest et al champion a renewed materialism in drug
studies when they observe that:

> 'The secret of their attributed power lies primarily in their concreteness. Their
> "thinginess" provides patients and healers with a means to deal with the problem at
> hand. Medicines are tangible, usable in a concrete way: They can be swallowed,
> smeared on the skin, or inserted into orifices—activities that hold the promise of a
> physical effect' (1996: 154).

For the purpose of this thesis, addiction will be defined as the personally, socially and
materially mediated experience of compulsive dependence; drugs as actants in the
Latourian sense (Latour 1991) which are personally and socially agreed to potently
alter the consumer in an irresistibly intoxicating manner; and, by extension, drug
addiction as the personally, socially and materially mediated experience of compulsive
dependence on drugs, achieved in part through the potent, irresistibly intoxicating
agency of drugs as actants.

The ethnographic literature on drugs and addiction is rich and compelling, not least
because it can be considered the crucible of the eye-wateringly experience-near 'street
ethnography' style, which renders local drug use practice with a fine detail and
intimacy that other methods cannot hope to achieve (e.g. Agar 1973; Singer 2007;
Bourgois 2009). Furthermore, this literature has both reflected and been shaped by the
key historical imperatives and theoretical initiatives that are linked to the development
of anthropology more generally. Bourgois contends that postmodern debates are
'theoretically rich and intellectually fascinating, but they have little relevance to the
blood, sweat and tears of substance abusers' (2002: 266). Taken in combination, I
argue instead that postmodern debates and experience-near ethnography are the best
means through which to do this blood, sweat and tears justice.

1.3 Encountering Recovery

Ethnographic investigations of addiction treatment are scant in the anthropology of drug use and addiction literature (Glasser 2012: 75-6; Zigon 2011: 4-5; Page and Singer 2010: 109-110; Hunt and Barker 1999). In a review work on addiction treatment, Hunt and Barker argue that 'the concept of 'treatment' within sociological or anthropological accounts is usually discussed as if its definition were unproblematic and its modes of operation well known, yet many questions remain unanswered' (1999: 126). For the authors, these include questions such as 'What varieties of treatment are there? What distinguishes formal from informal treatment?' (ibid.), and so forth. These insufficiencies do a disservice to the aforementioned rise of the addict and addiction as important material and discursive entities in the contemporary, to the need for a non-moralising yet problem-oriented anthropology of addiction, and as I will go on to show, to the growing importance of recovery as a mode of making and understanding sociality, particularly in the Euro-American context.

Where Glasser describes the anthropological literature on addiction treatment and recovery as 'modest' (2012: 75-6); I would call it 'insufficient'. As Glasser notes (2012: 75-6), the literature that exists may be divided into that which concerns treatment, including ethnographies of therapeutic communities, and that which concerns the narrative process of recovery, particularly within self-help contexts. The latter category is exemplified by Summerson Carr's *Scripting Addiction* (2011), wherein the author reflects on semiotic entanglements through which therapists endeavoured to 'script' the lives and problems of their clients at the Fresh Beginnings outpatient treatment programme (see also Kohrman 2004; Howard 2006). To take the former category,

certain ethnographic works such as Skoll's *Walk the Walk and Talk the Talk* (1992) and
Hood's *Recovery and Redemption* (2012) have provided excellent fine grained detail
accounts of life in, and the internal logics of, therapeutic communities. Ethnographic
forays into addiction treatment contexts have also included investigations of the ways
in which rehabilitants' cultural backgrounds greatly determine the rehabilitative
process (e.g. Spicer 2001 on American Indian culture and AA; Osborne 1969 on the
Yoruba village as a therapeutic community; see also Chenhall 2002). Furthermore,
accounts have been given of the inseparability of therapeutic practices in therapeutic
communities and the logics of the culture in which they are formulated (e.g. Ozawa-de
Silva 2007 on Naikan in Japan and Vienna). Taken together, these have provided the
basis for an ethnographically-informed discussion of the workings of residential
addiction treatment, and how macro social processes affect the therapeutic
community's micro social domain.

Then there are accounts that, to my mind, improve on this work by introducing an
argument for the co-constitutive nature of the macro society and the micro treatment
community. According to this approach, therapeutic communities are formed and
operate within the broader social world and so are only intelligible through research
that recognises this co-constitution. But importantly, the therapeutic community
pushes back on the wider social world through its dealings with this world's 'deviants';
through therapeutic interventions which are more often than not highly critical of this
world; and eventually, by releasing re-socialized 'deviant' selves back into this world.
In so doing, they 'foreground the *inseparability* of addictive [and, rehabilitative]
experience from history and the broader world' (Garcia 2010: 10-11). Within this
category, Garcia, Zigon and Erzen's ethnographies are preeminent. In *The Pastoral
Clinic* (2010) Garcia renders the dynamic and co-constitutive relationships between the
experiences of heroin addicts at the Nuevo Dia clinic and the wider social and historical

context of Hispanic life in northern New Mexico's Espanola Valley. Equally despairing of their past and future, Garcia (2008, 2010) describes how for her informants the chronicity models that underpin both treatment and relapse recast historical Hispano experiences of suffering into a new personal melancholic subjectivity. Zigon's *HIV is God's Blessing* (2011) documents the author's time spent in a rehabilitation centre for drug addicts provided by the Russian Orthodox Church. Zigon presents the surprising congruence between the work on the self undertaken along Orthodox religious lines in such centres, and the ideal self that is the prerequisite of social success in contemporary neoliberal Russia. Finally, in *Straight to Jesus* (2006) Erzen describes the tensions between ex-gay rehabilitants at the New Hope residential centre, and the wider Christian Right world from which this centre emerged. Specifically, Erzen encounters the ex-gay identity as a fluid one, and the process of change experienced by ex-gay people as fluid and uncertain—in direct contrast to the beliefs and public activism of the Christian Right. Erzen follows ex-gays and tracks this identity inside and outside of the therapeutic community, and in so doing engages with the—at times problematically—co-constitutive nature of the inside and outside world.

The research and analysis presented in this thesis is greatly indebted to these new and indeed, exceptionally bright leading lights in the burgeoning field. However, written in the spirit of both studying and supporting the recovery movement, this thesis is also informed by the extensive professional literature of the addiction recovery field, which throws into relief the relative paucity of ethnographic data on the subject. White and Kurtz (2006) usefully delineate three organising paradigms in the development of applied research responses to addiction, or what they term AOD (alcohol and drug) problems. These comprise the pathology paradigm, which emerged in the late eighteenth century, and which identified addiction as a sickness, whose pathogens could be isolated and treated (White and Kurtz 2006: 7); the intervention model, which

'assumes the scientific evaluation of AOD-related social policies, and biopsychosocial interventions will reveal the most effective prevention, intervention and control strategies and those strategies that can be best matched to particular communities, demographic/clinical subpopulations and to particular individuals' (ibid.); and the recovery paradigm, which is identified as the newest of the three paradigms. White and Kurtz describe the recovery paradigm in terms of a new focus 'on at-risk individuals, families and communities who have avoided the development of severe AOD problems and the lives of individuals, families and communities with severe AOD problems who have successfully resolved or are resolving these problems' (ibid.). At its foundation, the recovery paradigm advocates an approach to addiction that is grounded in the 'lived solutions to AOD problems' (White and Kurtz 2006: 8) that are evident in the lives of people who self-identify as 'in recovery' or as 'recovered'.

The word recovery itself means to regain something that has been lost, and as such Laudet identifies a recovery spirit amongst the early AA members and its founders, in the sense that these were 'typically professional men who had "had a life" (job, family, and reputation) and lost most of it to alcohol. Once "on the wagon," they had something to get back (regain/reclaim)' (2007: 252). In a recent qualitative study with an applied bent, Neale, Nettleton and Pickering offer something approaching a definition of recovery when they state that 'although the term 'recovery' is sometimes used interchangeably with the term 'abstinence', it is generally accepted that recovery is not simply a matter of taking or not taking drugs' (2012: 15) and elaborate that, '[i]t is rather about drug users achieving benefits in a wide range of life areas, including their relationships, housing, health, employment, and offending' (2012: 15-16). In the same instructive and yet open-ended vein, the UK Drug Policy Commission Recovery Consensus Group commissioned a report intended to better define recovery. Wary of

overstating their ability to provide an "ultimate answer'' to the question of defining recovery, the Consensus Group instead offered the resulting definition as 'a starting point for discussion' (2008: 8): 'The process of recovery from problematic substance use is characterised by voluntarily-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society' (2008: 6). White and Kurtz reflect on the importance of this positive contribution to the emergence and development of the recovery movement by noting that over time 'the definition of recovery has shifted from a focus on what is deleted from one's life (alcohol and other drugs, arrests for criminal acts, hospitalizations) to what is added to one's life (the achievement of health and happiness)' (2006: 12). Taken together, these definitions convey recovery from addiction as a process of voluntarily abstaining from drug use, which has the attendant consequence of providing a number of benefits to many or all aspects of the former drug user's life; an understanding that I will endorse in this thesis. The anthropological contribution to be made, both to recovery's definition and its study, lies in highlighting and exploring the socially situated nature of recovery, or, the extent to which 'Although recovery from alcohol, tobacco, or drug addiction is an individual struggle [...] recovery, like use and misuse, is an expression of culture' (Glasser 2012: 75).

This task becomes ever more pressing as recovery features increasingly in the zeitgeist. Within the addiction treatment world, the recovery paradigm continues to grow in prominence. In the United Kingdom in particular, the strength of the recovery movement can be detected in the recent proliferation of ''recovery capital', 'recovery communities', 'recovery champions', 'recovery cafés', 'recovery walks', 'recovery activities', 'recovery months', 'recovery care plans', and 'recovery-focused training, education and employment opportunities'' (Neale, Nettleton and Pickering 2012: 14).

Logically, recovery proliferates in tandem with both the expansion of the addiction

concept to include a huge litany of substances and behaviours—from speed to sex,

sugar to sunbeds (Raikhel and Garriott 2013: 14)—and with the discursive rise of

trauma and the post-traumatic (Pupavac 2001). Hailed as a modern classic, Herman's

Trauma and Recovery (1992) is a stand-out example that lends itself to being cherry-

picked from the huge array of professional and lay literature on the subject of trauma

and healing. Herman writes:

> 'The core experiences of psychological trauma are disempowerment and disconnection
>
> from others. Recovery, therefore, is based upon the empowerment of the survivor and
>
> the creation of new connections. Recovery can take place only within the context of
>
> relationship; it cannot occur in isolation. In her renewed connection with other people,
>
> the survivor re-creates the psychological faculties that were damaged or deformed by
>
> the traumatic experience. These faculties include the basic capacities for trust,
>
> autonomy, initiative, competence, identity, and intimacy. Just as these capabilities are
>
> originally formed in relationships with other people, they must be reformed in such
>
> relationships' (1992: 133).

Recovery plays an important part in emergent social configurations of the 'post-'—

post-traumatic, post-conflict, post-rape, post-cancer and so on—life; its discursive

construction, the way it is experienced, its study and its global dissemination and

politicisation (see Das 2003; Fischer 2003: 39). Furthermore, in the wake of the global

economic crisis of 2007-2008, recovery emerged as the watchword and rationale for a

new global politico-economic configuration.[4] This recovery era has witnessed the

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[4] Agamben stresses the word 'crisis' as a new watch-word instead: "The concept 'crisis' has
indeed become a motto of modern politics, and for a long time it has been part of normality in
any segment of social life". It has "become an instrument of rule. It serves to legitimize political
and economic decisions that in fact dispossess citizens and deprive them of any possibility of
decision. In Italy this is very clear. Here a government was formed in the name of the crisis and
Berlusconi brought back to power despite this being basically against the will of the electorate.
This government is just as illegitimate as the so-called European constitution. The citizens of

unprecedented advance of neoliberalism—despite the origins of the crisis being precisely the cowboy capitalism that this ideology encourages, rationalises and justifies—which has crystallised in a vast array of national and international austerity-oriented policies.[5] A cursory review of the major international news outlets reveals the ongoing centrality of recovery as both raison d'etre and modus operandi in contemporary politico-economic configurations across the world.[6]

As such, I ground this thesis in the observation that recovery is a particularly significant topic of anthropological interest as it emerges at the intersection of three of the dominant concerns of our (and perhaps any) age: health, wealth and power. Furthermore, it serves as an optic for some of the most pressing issues of our time, namely the role of crisis or crises in shaping social worlds and the complex intersection of political-economic and personal crisis/crises; the opportunities for reinvention of the self and reworking of identity, selfhood and subjectivity presented by psychological, biomedical and technological innovations; and the effects of trauma on the narrativisation and phenomenological experience of self, time and the life course. Like addiction (Raikhel and Garriott 2013), recovery has 'escaped from the academy' (Banks 1996: 199) and is running riot, with fascinating and important implications.

1.4 Time and Anthropology

Europe must make clear to themselves that this unending crisis – just like a state of emergency – is incompatible with democracy".
http://www.versobooks.com/blogs/1318-the-endless-crisis-as-an-instrument-of-power-in-conversation-with-giorgio-agamben [accessed April 16, 2014]
[5] Depressingly, Merriam-Webster's Dictionary named the word "austerity" as its "Word of the Year" for 2010 because of the number of web searches this word generated that year.
[6] See, for example, dedicated web pages on economic recovery for the major international news outlets: http://www.huffingtonpost.com/news/economic-recovery/ [accessed April 16, 2014]
http://www.theguardian.com/business/economic-recovery [accessed April 16, 2014]
http://www.ft.com/topics/themes/US_economic_recovery [accessed April 16, 2014]

Time has an awkward yet altogether essential bearing on anthropology and ethnography. In his seminal work *Time and the Other* (1983), Fabian critiques anthropologists for their 'denial of coevalness' and 'schizogenic' use of the ethnographic present, which renders their 'other' alchronic. Time, then, poses methodological and representational issues in anthropology and yet, if anthropology's purpose is to 'make explicitly familiar populations appear implicitly exotic and explicitly familiar populations appear implicitly exotic' (Boon 1982: 9), then familiar-exotic time presents itself as a prime locus of anthropological interest, and ethnography a prime method for studying it. The in-no-way-small challenge, then, is to overcome the problems of ethnographic time as outlined by Fabian, whilst scrutinising time's sociality using ethnographic methods—all the while negotiating both the Augustinian problem of finding a theoretical meta-language that can grasp one of the most mundane aspects of human experience (Confessions: Book 11, Chapter XIV), and the paradox, as Munn elucidates, (1992) that we cannot talk about time without recourse to media encoded with its own inherent temporality and producing its own form of time: 'We and our productions are in some sense always "in" time (the socioculturally/historically informed time of our activity and our wider world) and yet we make, through our acts, the time we are in' (Munn 1992).

Munn observes that the complexity of time and of this task is 'both a cause and a product of insufficient theoretical attention to the nature of time as a unitary, focal problem' (1992: 93), and that time is often subsumed within other themes instead. And yet, when reviewing the key foundational texts of our discipline, we may notice that time features frequently. Durkheim and Mauss, for example, developed a theory of social time, whereby time is generated by the salient categories and rhythms of social life in a given context (Durkheim and Mauss 1963; see also their antecedent Bergson 1889, 1896). In *Elementary Forms of Religious Life* (1912) Durkheim discusses how

these socially derived and differentiated units of time impress themselves upon an individual's private experience of time. Whereas according to Durkheimian thinking, time is steeped in and indeed derived from matters of mythological and ritual significance, for Malinowski, another 'founding father', 'time puts on mundane, empiricist clothing' (Munn 1992: 96): it is reckoned according to mundane exigencies, such as the gardening routines of the Trobrianders (Malinowski 1927). Evans-Pritchard offers up oecological time and structural time in his study of the Nuer (1939, 1940), whilst time and history were key concerns in both Lévi-Strauss' critique of functionalism and structural-functionalism, and in his discussion of structure, event and mythological and scientific thought (see *The Savage Mind* 1962). Geertz (1973), for his part, contributed a discussion of the Balinese motionless present, or climax-less time—in addition to his somewhat famous primer for thick description—through his studies of Balinese life and Balinese personhood.

Time, then, featured but arguably did not star in many of the important early anthropological texts. Time was, in short, taken up as a mode of explicating sociality. In their wake, two separate but almost simultaneous attempts to grasp the nettle were made by Gell (1992) and Munn (1992) respectively, with both providing an overview of the literature and advancing their own theories of time. These theories are united in their attempt to execute a reversal: to explicate time through sociality. Gell (1992) attempts this reversal through his theory of A- and B-series time. Gell advances the idea that A-series time is the time of the tenses—past, present and future. A-series time is thus dynamic and subjectively felt, in contrast to B-series time, which amounts to objectively evident time as demonstrated in the order of dates, for example, which have specific and unchanging relationships to one another. Gell meticulously charts a way out of both relativism and functionalism for anthropologists concerned with time, and yet I find myself in broad agreement with Hodges criticism that despite Gell's best

efforts, B-series 'incorporates a spatialized conception of linear time that is too western in character of be of value to the cross-cultural anthropological project' (2008: 405). Munn (1992), on the other hand, implicitly ignores B-series or any objective or materialist aspect of time when she explicitly highlights the social constitution of time. She writes that human temporality is:

> '[A] symbolic process continually being produced in everyday practices. People are 'in' a sociocultural time of multiple dimensions (sequencing, timing, past-present-future relations, etc.) that they are forming in their 'projects'. In any given instance, particular temporal dimensions may be foci of attention or only tacitly known. Either way, these dimensions are lived or apprehended concretely via the various meaningful connectivities among persons, objects, and space continually being made in and through the everyday world' (1992: 116).

Wittingly or otherwise, most contemporary anthropologists follow Munn's lead if and when they encounter time in their work. And yet, globalisation and the anthropological theorisation thereof have wrought huge change in anthropological understandings of time, with vocabulary such as 'flow', 'flux', 'fluidity' and 'emergence' entering—at times uncritically and even unthinkingly—into the practitioner's basic lexicon. Hodges articulates one such understanding, when he criticises Munn's repudiation of material, objective time in favour of social, phenomenological time, which has 'severed [her theory] from a model of historical time or globalized processes' (2008: 407). Hodges advances his own theory of the relationship between A- and B-series time, for which he is indebted to Deleuze's notion of la durée—'an integrative, emergent pluralism' (2008: 415) which 'underpins human existence and the physical conditions which shape it' (2008: 414). Whether or not he quite manages to hit the nail on the head in his dense and highly philosophical treatise, Hodges is to be commended for his attempt to collapse A- and B-series time together through the conceit of la durée in a way that is geared towards embracing the complexity of contemporary sociality. For the purposes

of this thesis, the tensed aspects of time—the past, present and future—which have been associated with A-series time will be my focus.

Within A-series time, the past, present and future have garnered varying levels of anthropological attention. As Fabian (1983) discusses, experiencing and representing the present is the primary methodological, analytical and representational challenge in anthropology. Memory, remembrance and the past have enjoyed several 'moments' in the historical development of anthropology. Certainly, the past was explicitly a matter of concern when, in the early days, anthropologists and proto-anthropologists attempted to study other cultures as insights into the Western past, as lower rungs on an evolutionary scale, or as bastions of the traditional that resisted modernity (Appadurai 2013: 285). Furthermore, Appadurai argues that though anthropologists have wandered into the sociological terrain of the 'present'—in their studies of science and technology, global financial markets and so on—the 'infrastructure' of anthropology still predisposes an orientation to pastness (ibid.). Finally, the explosion of memory studies precipitated by what Nora terms the 'acceleration of history' (1989), and the rise of collective memory as a credible and pervasive conceit inside and outside the academy (Halbwach 1925), have affected both social science in general, and anthropology specifically. As Todorova observes, '[m]emory is fashionable. In fact, it has become so fashionable in the past couple of decades as to be 'depreciated by surplus use' (2004: 1).

Stewart defines memory as 'the animation of the past necessary to our orientation in the future' (1999: 36). This emphasis on the linked nature of past and future, or indeed of all tensed time, is echoed by Munn who seeks, in her theory of temporalization, to 'release the past-present-future relation from its restrictive lodging in "myth" and "history"' (1992: 114). For Munn, 'people operate in a present that is always infused,

and which they are further infusing, with pasts and futures' (1992: 115). She furnishes
her remarks with the example of prophecy, which 'may focus on the future, but futures
are projected out of construals made of or in relation to the present; and these
construals in turn, as I have pointed out, cannot be detached from the ways pasts are
felt to be in or excluded from the present' (ibid.). In a recent provocation Shaw (2013;
see also Huyssen 2012; Meyer 1998) invites us to 'futurize' memory studies in a
polemic that merits quoting at length:

> 'Just as the ethnographic present in colonial ethnographies rendered "other" societies
> ahistorical, might equating time primarily with pastness and memory—however
> thoroughly reconfigured by the present—render places and people futureless? Of
> course, anthropologists exploring pastness and memory have sought to counter
> timeless ethnographic representations by historicizing their subjects and
> deconstructing tradition [...] But in deconstructing tradition, there is still a focus on
> tradition. Instead of a denial of coevalness (Fabian 1983), could a pervasive focus on
> the past facilitate an unintended denial of co-futurity?' (2013)

Munn, for her part, also argues that anthropologists have encountered the future only
in '"shreds and patches" in contrast to the close attention given to "the past in the
present"' (1992: 115-6). For Munn, more often than not anthropologists have
encountered the past-present-future relation in 'long-term historical-mythic time
where, for anthropologists [...] the problem of the future has typically been displaced
by the past-present relation' (1992: 115). For Appadurai, anthropologists 'maintain the
voices of reproduction, durability, and resilience in human life, while the culture
concept maintains an epistemology for the discovery of the variety of ways in which
human beings absorb newness into frames that they always carry with them before the
fact' (2013: 285). Anthropologists have not ignored the future 'as a cultural horizon',
and yet ethnographic insights into the future, 'have not been aggregated into a general
point of view about humans as future-makers and of futures as cultural facts' (ibid.).

Certainly, the future features sporadically in the literature as another 'felicitous by-product' (Heath 1975: 4) of ethnography, found in 'fragments' or arising 'by ethnographic accident' (Appadurai 2013: 285). Recent comprehensive attempts to take the future seriously include Appadurai's collected work *The Future as a Cultural Fact* (2013), as well as ethnographies which, with varying levels of explicit intent, foreground the future as a matter of empirical and analytical concern (Cole 2010; West 2000; Guyer 2007; Ferguson and Gupta 2002; Shaw 2007). As Appadurai elucidates, the struggle to comprehend the future is an ethical and political one. Within the context of this thesis, my preoccupation with the future emerges not as a means of writing against the tyranny of the past in social science—although this is arguably a welcome corollary. No, I write about the future because understanding recovery requires close attention to the personal and social processes of imagining and of achieving change. The possibility of change for the better and the capacity to aspire are faculties which Appadurai links to the subjugated global majority when he writes that 'as the process of globalization continues to generate complex new crises of circulation, we need to commit ourselves to a partisan position, at least in one regards, and that is to be mediator, facilitators, and promoters of the ethics of possibility' (2013: 299). To Appadurai's and to my own way of thinking, anthropologists are ethically and politically compelled to explicate and promote aspiration, possibility and change when they find it in their ethnographic investigations of time and the future.

1.5 Bosnia: against Ancient Hatreds, beyond New Mosaics

The 'marginality' of the Balkans, and Bosnia-Herzegovina (hereafter, Bosnia) within this geopolitical imaginary, has done interesting things to the nature of anthropological

knowledge production within and about the region. Proto-ethnographic wisdom about Bosnia in the Ottoman period is received in the guise of various travelogues and folklore-oriented writings of natives and visitors (Hadžiselimović 2001). These accounts, unsurprisingly, stress the exotic and particularistic, and we might now decry them either as Orientalism, or in Todorova's terms, as Balkanism (Todorova 1997, Kurtović 2013). Hann says that to understand knowledge production in the field of anthropology, 'we must start elsewhere: with socio-political conditions as they emerged in the course of the decline of the great agrarian empires and the rise of nations and nationalism' (2013: 5). In south-east Europe, argues Hann, this affected knowledge production in two ways at the turn of the twentieth century: 1. native south-east European ethnographers sought to squirrel away knowledge about their people, who they regarded as being 'on the cusp of dramatic social changes due to the spread of bureaucracies, schools and railways' (2013: 7), and 2. these same ethnographers were expected to showcase the rich culture of south-east Europe—the 'unique Hederian *Volksgeist*' (ibid.)—to compensate or indeed atone for the perceived technological and industrial insufficiencies of the region (ibid.). Yet in Bosnia, neither of these patterns convincingly emerged in the work of ethnologists in the post-Ottoman period of Austro-Hungarian rule, or indeed at any time since.

The marginal position of ethnology 'both from and about Bosnia' (Kurtović 2013: 334) and of the region's early ethnologists and anthropologists has recently been comprehensively addressed by Kurtović, in a review work informed by interviews with former *Zemaljski muzej*[7] employees (literally 'Land Museum', but currently translated as the 'National Museum of Bosnia-Herzegovina') (see also Bougarel et al 2007; Filipović-Fabijanić 1970; Halpern and Hammel 1969; Halpern and Kideckel 1983;

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[7] The Museum was closed on October 4, 2012, due to funding cuts. The staff, by that point, had already gone a year without pay. The Museum's closure has received international publicity, and is deeply regretted by many of my informants, but also shrugged off as a sign of the times.

Hammel 1982). As Kurtović describes, 'Bosnia-Herzegovina did not possess a distinct national ethnological tradition in the vein of those that developed elsewhere in central and eastern Europe as a Romantic counter-response to Enlightenment and in concert with flowering nationalist aspirations' (2013: 305). The *Zemaljski muzej* was founded in 1888, and the *etnološka sekcija* (Ethnological department) in 1913—and yet, neither a university department to rival those in Belgrade and Zagreb, nor luminaries to rival Serbia's Vuk Stefanović Karadzić and Jovan Cvijić, or Croatia's Antun Radić emerged (ibid.). Kurtović finds that the Austro-Hungarian administration, acting in fear of nationalism in the region 'sought to produce an ethnically and nationally bland image of Bosnia,' and as such, 'ethnology of this era worked to reduce national heritage to material artefacts that could excite the imperial imagination but not lend support to the rising nationalist (particularly irredentist Serb and Croat) movements that wished to challenge Austro-Hungarian hegemony in the region' (2013: 310; see also Filipović 1955 and Beljkacić-Hadžidedić 1984).

Ethnological work did take place, if on a relatively modest scale, during the Austro-Hungarian period, before interruption by the World Wars, and stagnation in the inter-war Kingdom of Yugoslavia period (Kurtović 2013: 310-311). Of the socialist period in south-east Europe, Hann writes that, 'There is a tendency among some Westerners, in looking back at the polarisation of Europe between the 1940s and the 1990s, to imagine that scholars in the socialist states of the East were necessarily in thrall to the major centre of political power, namely Moscow' (2013: 5). Indeed it is tempting to suppose that, in the Socialist Federation of Yugoslavia (hereafter SFRY) period, ethnology kowtowed to the ideological whims of a totalitarian regime which in this case could have produced a discipline oriented towards Tito's 'brotherhood and unity' brand of communism, which included the suppression of nationalist aspirations of the different *narodi* (constituent people—for example, Croats) . And yet, as Hann points

out, 'Outside the German Democratic Republic, Marxist-Leninist ideology had rather little impact on conventional science in the anthropological domain' (ibid.). In agreement, Kurtović submits that ethnology in the SFRY remained for a long time 'an insular, traditional, 'atheoretical', and largely conservative discipline of little interest to the state' (2013: 318). Thus, the neglect and marginalisation of ethnology in Bosnia in this period which 'has sometimes been explained by recourse to the contentious nature of the national question in this ethnically diverse Yugoslav republic' (2013: 332), should instead be a understood as part of a 'more general tendency to side-line Sarajevo, and Bosnia at large, as a site for state investment and scientific research,' and indeed ethnology's 'overall lack of popularity during the socialist era' (ibid.). Furthermore, Kurtović disabuses her readers of the notion that ethnologists in this period suffered from 'doubleinsider syndrome' (Naumović 1999)—that is, the tendency for east European ethnologists to study their 'own' ethnic groups and become affectively and often politically attached to 'their' people (Kurtović 2013: 329-330). Kurtović convincingly argues that in Bosnia, ethnologists often did not study their 'own' group; and when they did, they often felt keenly the class, gender, socio-economic and other differences that distanced them from their interlocutors, rather than the ethnicity that united them (Kurtović 2013: 330; see Beljkašić-Hadžidedić 1984, 2007). In so doing, she writes in disagreement with Bougarel et al who suggest that in the SFRY period 'the political climate in Bosnia was one of the most repressive in all of Yugoslavia, which meant that ethnographic research on ethnicity, religion, or interethnic relations was especially controlled' (2008: 15).

The tide was on the turn from the 1970s onwards, when ethnologists in Bosnia began to more conscientiously engage with both the processes of modernisation and new related social forms in Bosnia, and with the wider world of anthropological theory (Kurtović 2013: 326-7; Hadžidedić 1970: 29). The ideological tide was also on the turn,

with nationalist politics gaining ground from the 1980s, resulting in Yugoslavia's

disintegration and the war of the 1990s. In this same period there was an increase in

the anthropological study of Bosnia by non-Bosnian anthropologists, which previously

had been minimal or non-existent. Again in disagreement, Bougarel et al highlight the

difficulties that 'Western' anthropologists faced in 'accessing' and carrying out research

in Bosnia (2008: 15-16), whilst according to Kurtović, anthropologists had heretofore

found Bosnian insufficiently exotic, the anthropology of Europe was underdeveloped,

and linguistic boundaries meant that scholars outside of Bosnia were not reading the

publications of Bosnian scholars (though the reverse was not at all true) (2013: 363).

Notable 'outsider' contributions to the anthropological study of Bosnia in this period of

late socialism include Lockwood (1975); Sorabji (1989); Denich (1994); Bax (1997);[8]

and Hayden (1996).[9] Tone Bringa's virtuoso ethnography *Being Muslim the Bosnian

Way* (1995) marked a watershed for the anthropology of Bosnia, for local and foreign

academics alike, and made an important contribution to the study of nationalism,

ethnicity and everyday Islam in Europe. Bringa rendered in intimate ethnographic

detail the exact workings of inter-ethnic co-habitation in a mixed Muslim and Croat

village, in an account that is retrospectively poignant in light of the devastating attacks

on communal inter-ethnic life during the war.

If the pre-1990s history of ethnology and anthropology may be characterised by

marginality or neglect, then the conflict and 'post-conflict' era represents something

else entirely—an explosion of interest; a cacophony of voices; over-determination

(Bošković 2005: 8). In the years leading up to the war and during the war itself, local

academics came under intense pressure to support nationalist ideologies with their

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[8] Bax has recently been discredited, with the authenticity of his data challenged.
[9] Hayden is also a controversial figure within the field, known for scathing reviews and waging war on other academics.

work[10] (Bougarel et al 2007: 16), yet many local ethnologists resisted and wrote against this pressure (see Čolović 2002; Dragićević-Šešić 1994; Senjković 2002; Žanić 1998). For obvious reasons, fieldwork was minimal during the war, although Maček made an outstanding contribution to the literature in her books *War within* (2000) and *Sarajevo under Siege* (2008), which are based on wartime experiences (see also Bougarel 1995; Bringa 1995). An academic circus of sorts accompanied and outlived the media circus surrounding the wars and atrocities of the early 1990s. The clowns in this circus comprised local and foreign academics and pseudo-academics, and their escapades have been incredibly damaging in a discursive and material sense, particularly when they cast the wars as the inevitable outcome of immutable 'ancient hatreds' between ethnic factions in the region (see for example Kaplan 1993; Huntington 1997). To proffer an infuriating but typical example of the 'ancient hatreds' characterisation: 'Bosnia has a sickness of the memory. That is what makes any serene analysis of its past so difficult, and hampers efforts at reconciliation between its three communities' (Vaulerin and Wesselingh 2005: 33).

This explosion of interest has had little impact in terms of local ethnology and anthropology in Bosnia, where these disciplines continue to have a marginal position, represented above all by the closure of the *Zemaljski muzej* and its Ethnology Department after withdrawal of state funding (Kurtović 2013: 333). Furthermore, Kurtović explains that in 'the absence of a community of experts who adhere to agreed-upon professional and epistemological standards, ethnology is in danger of becoming co-opted by ethno-national elites, neo-traditionalists, and various pseudoscientists' (ibid.). At the same time, however, Kurtović criticises the many 'Western' social scientists working in Bosnia after the war for having 'had little or no contact with local ethnological practitioners; in the best scenario, they have sought out 'native' political

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[10] e.g. Karadzić's 'academia' (see chapter 3).

scientists and sociologists based at local universities' (ibid.). Certain themes have been subject to over-determination in anthropological and general social scientific literature on Bosnia since the war. Time and again, Bosnians are accused of having damaging or excessive collective memory (e.g. Fleming 2000; Kaplan 1993; Moll 2013; Denich 1994); are slaves to ethno-national allegiances; or passively mourn pre-war inter-ethnic harmony (Sells 1996; Markowitz 2010). We may note that even the most well-meaning and thorough scholarship has, in this period, the capacity to reduce Bosnia and Bosnians to these few hackneyed themes at the expense of a balanced, nuanced perspective.

Whilst generally positive about the fact that Bosnia has become 'the object of a very rich and diverse literature, through which an impressive amount of data has been collected' (2007: 12), Bougarel et al, writing on the work of mainly foreign analysts on mainly political or peacebuilding topics, reflect that they, 'share some common flaws, starting with the perception of post-war Bosnia through the lens of Dayton [the peace treaty that ended the war]' (ibid.)—that is, whether its aims have been achieved, and other long-term political issues. Further, they find a domination of distant and non-empirical accounts of Bosnia rendered 'from above' and an overwhelming stress on ethnicity which are mutually reinforcing and equally toxic (2007: 2). The authors take issue above all with the presentation of Bosnia as 'an 'ethnic mosaic' that has been undone by ethnic cleansing' (ibid.). A vital corrective to this scholarship was suggested by Bougarel, Duijzings and Helms in their edited volume *The New Bosnian Mosaic.* They call for a renewed commitment to the idea that 'the Bosnian 'mosaic' has always been and continues to be multilayered' (2007: 2):

> '[W]hile there are still some forms of interethnic coexistence in Bosnia, the war has not only affected ethno-national identifications, but also a large array of other categories such as urbanity and rurality, gender, generation, class and occupation' (ibid.).

In editing this volume, they aimed at fostering a 'disengagement of scholarly analysis from various agendas (whether 'local' or 'Western'),' and an attempt at a 'deconstruction of the essentialist bias through which Bosnia has often been represented and understood' (2007: 14). In so doing they threw down the gauntlet, and the chapters they collected taken together provide a vital complication to this essentialist bias through the range of themes pursued; from the black market (Jasarević 2007) to commemorative practices (Duijzings 2007; Bougarel 2007), from decency and resistance (Kolind 2007) to justice and the ICTY (Delpla 2007).

I argue that we may characterise the history of ethnology and anthropology in Bosnia in stages which chronologically follow and thematically build upon one another, but not in any straightforwardly linear or indeed evolutionist sense. In the first, ethnology was established as a (marginal) presence in Bosnia in the work and writings of locals and foreigners; I term this the 'Establishing stage'. In the second, anthropological and ethnological scholarship intensified in the pre- and immediate post-war years. If nationalism and ethnicity had a heretofore complicated and ambivalent relationship to these disciplines, in this stage the effects of nationalism were felt, and ethnicity was at stake. I refer to this as the 'Ancient hatreds stage'. In the third, the 'New Mosaic' stage, an important case was made for the irreducibility of Bosnian sociality to inter-ethnic relations, harmonious or otherwise.

We are now entering a fourth stage in the anthropology of Bosnia, which I will optimistically term the 'Emergent stage'. This stage builds upon and extends the critique offered by Bougarel et al, but also departs from it in important ways. The transformative effect of studying emergent phenomena is discussed by Fischer as follows:

'Composing ethnographically rich texts on emergent forms of life generated under late and post modernities, which can explore connections between changing subjectivities, social organization, modes of production, and symbolic or cultural forms, is a challenge that the anthropological archive is increasingly addressing. This challenge requires being able to work in technoscientific infrastructures and imaginaries; thinking through multiple temporalities, cycles of political economy, and reconstructions of social arrangements across local and global expanses; as well as deploying and critiquing new, lively, metaphor-rich languages and semiotic skeins that arise from and articulate new cultural expressions, understandings, and forms of mediation' (2003: 57).

As could be expected, the 'Emergent stage' takes the post-socialist aspect—Bosnia as a new democracy, Bosnia as a transition economy—seriously to an unprecedented extent. It engages the many emergent processes in Bosnian social life with the discipline's newest and most compelling theory. Above all, it does justice to the complexity of life in this context (see for example Brković 2014; Brković, 2015; Henig 2011; Henig 2012; Jansen 2013; Jansen 2014; Jansen 2015; Jaserević 2011; Jaserević 2015; Kurtović 2011; Kurtović 2012; Biehl and Locke 2010). My research was inspired by and my thesis is written in the spirit of this fourth stage.

1.6 Recovery is Possible: Argument and Plan of Thesis

"What is recovery? The definition is really depressing, they tell you that you have an incurable brain disease, it is hope that is lacking, and it is very worthy to fight against this definition because we are living examples that it is false. The doctors tell you it is a chronic disease, we will give you methadone and if you relapse we will give you more methadone, they truly do believe in this definition, and they won't let you reduce your dosage either. We need to bring people with research to speak to the doctors and prove

this definition is false. I know it felt like a miracle the first time I saw a recovered guy. The first thing I say to people is that it is possible."[11]

In order to ethnographically pursue the possibility of recovery, it was necessary to establish a number of things at the outset, namely the current state of the anthropology of drugs and addiction; recovery; time; and Bosnia. Doing so positions my thesis in a number of ways. Firstly, I write against normative and relativising accounts of drug use, and for a problem-centred and critical approach that takes addiction as, above all else, a social problem. As my definitions of drugs and addiction show from the outset, both my theoretical and methodological approach will be shaped by a commitment to taking 'things' seriously—that is, highlighting the material as well as the social, discursive and affective in the contexts and processes under discussion. Singer has accused fellow drug ethnographers of having 'fitted their analyses to the local setting, the local culture, and local drinking patterns, as if these really were local phenomena' (1986: 114). Acknowledging as a starting point that addiction is a 'global form' (Collier and Ong 2005)—that it is generated in but also generative of 'local' contexts—I will put a political economy approach to drugs and addiction (see Paoli 2002; Brady 1992; Suggs 2001; Stebbins 2001) into conversation with an identity and personhood approach (see Taylor 1999; Dragadze 1994; MacDonald 1994; Suggs 2001).

As discussed, the qualitative nature of recovery definitions found in the applied literature and the prominence that recovery increasingly takes in the global popular and academic zeitgeist begs a sophisticated ethnographic approach to recovery, and a committed anthropological literature on the topic. My approach, secondly, will be informed by insights derived from and indeed the momentum and zeal of the lay and professional literature on recovery, including its applied bias. Nevertheless, if the

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[11] Anita's words, recorded ad hoc at a meeting of RUN- the Recovered Users Network.

anthropology of drugs and addiction often hews closely to the normative and relativistic narrative of 'understanding-drugs-in-their-cultural-context' as previously alluded, the recovery literature can be too programmatic. Inspired by the exciting recent work of drug ethnographers in treatment contexts, I highlight the need for a rejuvenated and critical anthropology of addiction treatment that encompasses recovery, and make an argument for recovery's general importance to social scientific understandings of the contemporary.

Thirdly, I focus on time; less on the socially or phenomenologically experienced passage of time, and more on the purposeful personal and social engagement with temporality, the tensed aspect of time—past, present, and future. In so doing I move away from a disciplinary obsession with memory and the past, and am influenced by Appadurai's formulation of the future as a product of imagination, anticipation, and aspiration (2013), which is formed in productive tension between an ethics of possibility and an ethics of probability (ibid.). Like Cole, I propose that the 'everyday ways people experience time and create a sense of the future are fundamental to a cultural analysis of how change takes place' (2010: 19), and to this end, perhaps unsurprisingly, Appadurai's ethics of possibility presents a compelling optic through which to regard the possibility of recovery from addiction in Sarajevo. Fourthly, finally, I situate my study within the 'Emergent stage' of the anthropology of Bosnia, arguing that recovery in this context is an emergent form of life (Fischer 2003) that precisely demands, 'thinking through multiple temporalities, cycles of political economy, and reconstructions of social arrangements across local and global expanses' (Fischer 2003: 57). Moreover, scholarship on Bosnia could benefit from increased focus on emergent social problems, the genesis of which is explicitly complex, and certainly more complex than 'the war'.

This thesis presents and compares different attempts to address the social problem of addiction in Sarajevo. At its heart, it is a study of the ways in which members of two primary fieldsites—a therapeutic community and an NGO—try to achieve recovery from addiction, which gives equal weight and attention to the roles and voices of the addicts whose recovery is at stake, and to the roles and voices of the professionals involved in recovery processes. The insight I strive to generate in this thesis is rooted in the results of sustained ethnographic study. Positioning my study within both the city of Sarajevo, and within historical and contemporary manifestations of addiction problems in Sarajevo, I pursue a comparative explication of the ways in which addicts and professionals come together to 'make' recovery. In chapter two I outline the methodological underpinnings of my research, taking care to reflexively position myself within this field, to establish and defend my choice of methods, and to address my ethical responsibilities both during and after fieldwork. In chapter three I build upon this approach by introducing Sarajevo, and by positioning—through a material, discursive, historical and affective bricolage—the research within the city, and within the manifestations of drug and alcohol addiction in the city.

I trace and compare the manifestations of a productive tension in these contexts between idealised and programmatic recovery on the one hand, and the situated imperatives of sociality on the other. In chapter four I present and compare the manner in which addicts and professionals attempt to 'make' recovery in both research settings. This is followed, in chapter 5, with an exploration of the ways in which salient features of sociality in these contexts interact with and shape the processes through which recovery is 'made'.

If recovery is 'made' through such tension, it can also be 'unmade' in this way. As such, I ground my observations of the 'unmaking' of recovery processes in a discussion of the

factors inherent to, and externally acting upon these institutions which undermine both the recovered state and the recovery process. In chapter six I consider the 'unmaking' of recovery at a personal level—through the addict's relapse or the professional's burn-out—and at the institutional level, whilst exploring the intersection and co-constitution of personal and institutional failings. In so doing, I situate the recovery processes in my two research contexts within the politico-economic environment in which they must sink or swim.

To return, at the close, to highs and lows: far from an uncomplicated case of relapse, Kata's high was striking for its hopeful and future-oriented tenor. Whilst upsetting to experience first-hand, at the analytical remove this incident, seemingly a straightforward unmaking of recovery, was anything but. In her reverie, drug-induced or otherwise, Kata was making plans for the future, invoking God, and deploying NGO-speak; in essence, Kata was doing many if not all of the things her 'clean' friends did to make recovery happen in this NGO context. At the same time, far from a celebration of recovery, Elvir's gloomy outlook on establishing and living the clean life pointed to the sources of its unmaking at every turn—the struggle to make ends meet; the resumption of difficult interpersonal relationships; the feeling of being 'let off the leash'.

In chapter seven, I make a case for the complex nature of change in these recovery settings, as highlighted by these opening vignettes. I reflect upon the struggle for normality in abnormal circumstances, writ small in the making and unmaking of recovery, writ large in Bosnia itself. I argue that the making and unmaking of recovery should be discussed in terms of capricious simultaneity in this context: the pervasive ability displayed by my informants, born of necessity, to hold (or seem to hold) logically incompatible things equally true. Capricious simultaneity underpins the

(ab)normal life, whilst also allowing for the paradox of a healing change that addresses addictions that are symptomatic of stasis and stagnation, and which occurs in contexts and through processes shot through with inescapable manifestations of this stasis and stagnation. Finally, I argue—through an exploration of the possibility in and of recovery—that for my informants, making recovery, at its core, means embracing paradox as a modus operandi by working towards a better future in seemingly futureless circumstances.

This thesis is written in the hopes of providing critical explication, but also an affirmation of the possibility of recovery. It should be read, above all else, as a celebration of the human capacity to change for the better.

2. Methodology

'In the city, he was homesick for those first evenings on the prairie when, long ago, he had been

homesick for the city. He made his way to his professor's office and told him that he knew the

secret, but had resolved not to reveal it.

"Are you bound by your oath?" the professor asked.

"That's not the reason," Murdock replied. "I learned something out there that I can't express."'

Jorge Luis Borges *The Ethnographer*

2.1 Introduction

At midday in the peak summer of 2008 in Mostar, as helicopters slugged across a
parched blue sky, underbellies swollen with water for dousing wilderness fires on a
day when spontaneous combustion seemed as likely in the humming heart of this busy
tourist town as on the mountains, I sat in a courtyard with my host's mother. We spent
most of the day tucked into the shade in companionable silence, our mutual linguistic
pool affording only the chance to complain intermittently, with effusive gesturing,
about the heat. Later in the evening my host, Esad, passed on a compliment from his
mother. She could tell, apparently, that I was a good girl from a good family—a "golden
girl", she had said. Esad explained at great length that, as a consequence of the war,
family life was not as it used to be in Bosnia, and divorce was rife. Though still a young
man himself, he condemned the young people in Bosnia for their increasing amorality
and immorality, attributable in part to this familial degradation, and to the post-war
degradation of society as a whole. Finally, he rounded upon the topic of drug addiction.
Before the war, he asserted, there were no drugs in Bosnia. Now, drugs were
everywhere and addiction was rife.

Methodology is 'the strategy, plan of action, process or design lying behind the choice and use of particular methods and linking the choice and use of methods to the desired outcomes' (Crotty 1998: 3). For Agar, a prerequisite of good research 'is a sense of our goals—just what are we trying to accomplish when we do ethnography? Only then can we properly evaluate specific methodologies' (1996: 127). In this chapter I will make clear the plan of action, informed by specific goals, which framed the research presented in this thesis. Furthermore, I will reflexively convey the journey that this research entailed, from that courtyard in Mostar until the time of writing. I do so in agreement with Jorge Luis Borges' 'Murdock'—undoubtedly, I have learnt some things along the way that I cannot express, or at least would struggle to do so. Nonetheless it is important at this juncture to lay bare, by outlining my methodology, the processes through which I arrived at all the things I can express about recovery from addiction in Sarajevo.

2.2 The Ethnographer's Path

'After a pause he added: "And anyway, the secret is not as important as the paths that led me to it. Each person has to walk those paths himself."'

Jorge Luis Borges *The Ethnographer*

"There were no drugs in Bosnia," Esad had claimed. I wondered for years after about the senses in which that statement could be considered true or false. Certainly, the idea he relayed of my being a "golden girl" from a good family, though intended and taken as a compliment, was not quite on the mark. If many an ethnographic endeavour begins with a 'chance encounter' (Fischer 2014), then this was mine. And yet, this encounter was based on a misapprehension. My family was not whole in the way that Esad and

his mother imagined, and my experience of late childhood, adolescence and early adulthood had been radically shaped by addiction, through the 'addiction and treatment career' (Dennis et al 2005) of my mother, who currently self-identifies as an alcoholic.

Though the genesis of this project was a misapprehension, then, its success was squarely dependent on my non-"golden girl" background. Reflexivity about my personal position in the field was, from the outset, more than a nod to the political and epistemological crisis of representation in anthropology, as outlined in *Writing Culture* (Clifford and Marcus 1986, see also Moore 1996). Though inspired by the need to think deeply and critically about the situated knowledge I was producing (Haraway 1988) and my non-objective and yet not altogether subjective—that is to say, my partial, 'cyborg' (Haraway 1991)—presence as researcher in the field, reflexivity about myself and my access condition was less an intellectual exercise than the lifeblood of my research. In drug and addiction ethnographies, the access condition of the ethnographer has often had this make-or-break quality (for example Garcia 2010; Taylor, Page and Singer 2010). Deciding at different time and with different informants to disclose that "*Majka mi je bila ovisnik*" ("my mother was an addict") ", had radical practical and theoretical implications for my research. On my first preparatory visit to Zajednica, for example, one *klijent* (client) wanted to warn me that he and his ilk were not to be trusted, and I was able to reassure him, and the middle manager showing me around the facility, that "*Imam iskustvo*" ("I have experience"). At various times in my research, informants asked how my mother was doing, offered up prayers for her recovery, and even, I discovered, told each other about my story—establishing my legitimacy on my behalf. Drawing upon this experience as a well of empathy and a means of connection throughout my research also allowed me to navigate other aspects of my personhood that could have been practically problematic in some

situations, and certainly were politically problematic in terms of the crisis of representation—namely my gender, relative youth and level of education, my *čist* (literally clean; figuratively sober) status and above all, my being yet another privileged *stranci* (foreigner) come to poke and prod, add to and profit from the suffering of the Bosnian people (Locke 2008).

Deciding, then, to disclose in this way aided my collection of data, and also my analytical process. For example, "my mother was an addict" provoked one informant, a psychologist who was on leave from work at Zajednica for health reasons, to open up about her own research into and thoughts about the role of the family in relapse as she "diagnosed" me as a "Dandelion child"—one that survives in adverse conditions. In another example, I gained insight into an informant's estimations of the other people in his treatment context, and into his family background, as shown here in an excerpt from our (post-hoc roughly reconstructed) conversation as recorded in my fieldnotes:

> Elvir: [we're talking about why I am interested/mother] My mother is like that too, pills and alcohol, it really awful, her brother died and that is why.
>
> Me: You have to realise you aren't responsible for them, as their child there is nothing you can do.
>
> Elvir: You shouldn't tell people here about your mother, they will say nice things to your face but behind your back they will say she should clean her own house before coming here.

Finally, a significant moment in the development of my analytical understanding was when I consciously switched from "*Majka mi je ovisnik*" ("my mother is an addict")—a phrase that makes sense within the AA/NA philosophy that even when sober, an addict is always an addict—to "*Majka mi je bila ovisnik*" ("my mother was an addict"), a phrase more in line with my informant's belief in the fully recovered state (explored in more detail in chapter 6).

Being reflexive—asking, who are we to research and represent these people?—has a logical corollary, namely, how are we to research and represent these people? This question raises the thorny issue of ethnographic validity. Ethnography 'bears a close resemblance to the routine ways in which people make sense of the world in everyday life. Some commentators regard this as its basic strength; others see it as a fundamental weakness' (Hammersley and Atkinson 1995: 2). Since anthropologists no longer claim to produce scientific knowledge, they must be explicit in outlining the other sources of validity for the knowledge they produce. I agree with Sanjek that ethnography is 'potentially validity-rich' (1990: 395), and this thesis is informed by his tripartite formula for ethnographic validity: (1) the ethnographer is candid about how they made their way through the research; (2) the ethnographer is explicit in charting how they arrived at their theory; (3) the ethnographer scrupulously keeps fieldnotes and makes them available to interested parties (Sanjek 1990: 395-408). In accordance with this principle, I have charted how I made my way through the research—my ethnographic path—as follows:

(1) PhD Progression research
Durham, UK
October 2011-May 2012

- Formulating initial research questions
- Preparing a literature review
- Preparing a plan of research
- Selecting methods
- Passing ethical review

(2) Archival research and ERASMUS work placement in Ljubljana, Slovenia
May 2012-August 2012

- Sending 'cold' research request emails, receiving a response from Dr X

(3) Preliminary visit to Sarajevo, BiH
June 2012

- June 26, 2012 - meeting with Dr X at the Department of Psychiatry, Koševo Hospital, Sarajevo

Figure 1: Preliminary Research

A key task in my preliminary research was formulating my initial research questions, which informed, and were informed by, my reading for literature reviews, my plan, method selection and ethical considerations. These questions were as follows:

1. How are drug and alcohol addiction discursively framed as social problems in Bosnia, and how is the addict constructed as a problematic person?

2. When, how, and why is rehabilitation proposed as a treatment intervention into the life of an addict?

3. What form does rehabilitative work on the self take, and what are the results of this work?

4. How is rehabilitative work on the self influenced by post-socialist and post-conflict social transformations in Bosnia?

With these questions I aimed to shed light on the notions and practices of rehabilitation encountered in the Bosnian context, to arrive at some understanding of what these notions and practices communicate about contemporary Bosnian society, and to understand how rehabilitative work on the self occurs in dynamic and productive interaction with prevailing post-socialist and post-conflict social transformations in Bosnia-Herzegovina. From the offset I wanted to pursue a comparative study including more than one primary fieldsite, so as to come to a fuller picture of the nuances I anticipated in addiction treatment according to religion and ethnicity, amongst other factors. I expected to discover diversity in the notions and practices of rehabilitation and in the discourses these notions and practices are aligned with both across and within the two fieldwork contexts. As such, I emailed 'cold' a number of relevant addresses, which led to a meeting with Dr X at Koševo Hospital in July, 2012. This

meeting did not provide any specific entry into the field, but did confirm and flesh out a number of impressions I had already arrived at regarding addiction in Bosnia.
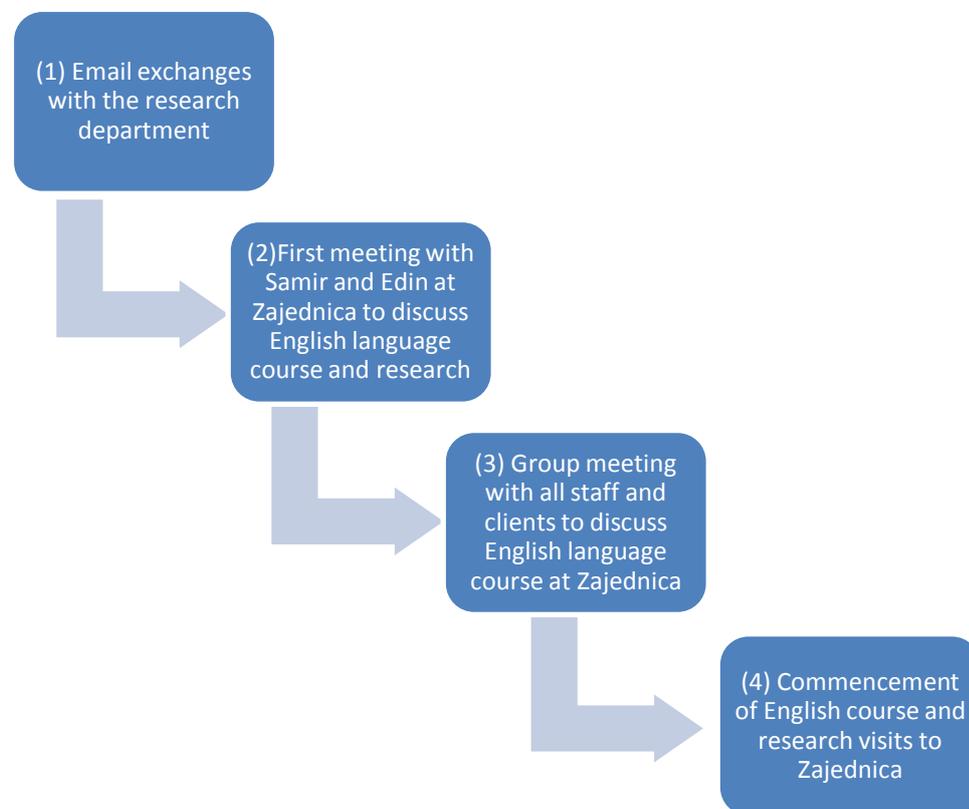
Figure 2: Accessing Zajednica

My research plan from the very beginning had included Zajednica as one of two primary fieldsites. This plan progressed smoothly, as my email requesting a meeting and mentioning a possible volunteer and researcher role at the centre led to a meeting with Samir and Edin, middle managers who agreed in principle to my research and to my teaching English at Zajednica. This was followed by a group meeting with staff and clients in which I explained my interests, background, and plans to teach English at Zajednica, and then the commencement of both the English course, and my research.
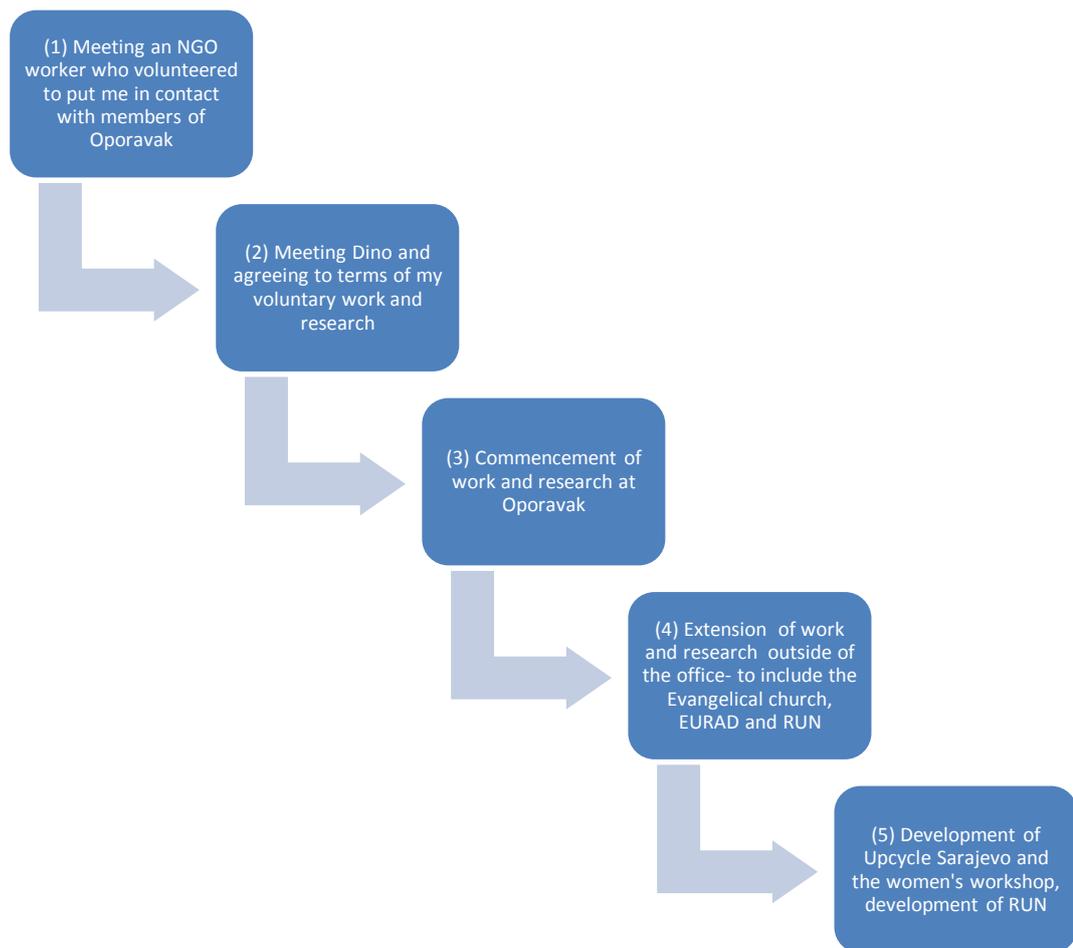
Figure 3: Accessing Oporavak

Whilst it had always been my intention to gain access to Zajednica, I had planned to compare this therapeutic community with another in Mostar, namely Cenacolo. This community was avowedly Catholic, and I had hoped to contrast this against the state-sponsored Zajednica. Fortuitously, when attempts to contact Cenacolo failed, a contact at an NGO in Sarajevo introduced me to Dino, the President of Oporavak. Oporavak, I was to discover, though a recovery NGO and not a therapeutic community, was in fact largely religiously-sponsored, allowing me to set up my contrast once again. What is more, the NGO was aligned to Sarajevo's fledgling Evangelical Christian faith and community. Soon after meeting Dino, I began to work and research at Oporavak. Encouraged at every turn to 'contribute' in any way I saw fit, I went to help develop and secure funding for a recovered/recovering women's craft collective and therapeutic

programme, and to be a founding board member of an international recovery activism
platform, namely RUN- the Recovered Users Network.
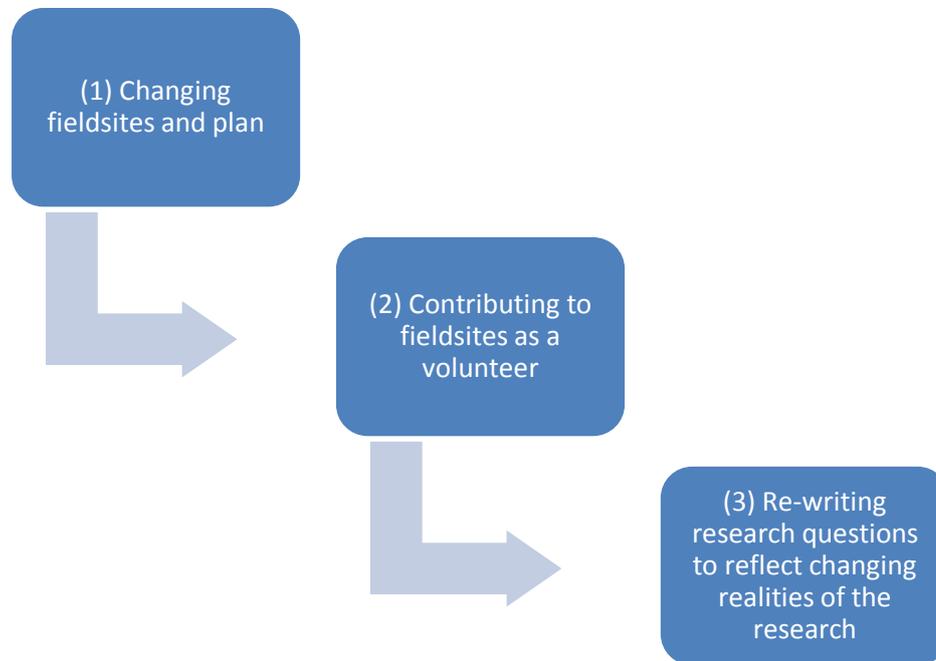
Figure 4: Forks in the Road

My ethnographic path, then, conformed to a fairly typical 'snowball sampling' style of
cumulative trajectory, the most notable feature of which being the 'dead end' of
Cenacolo, and the unanticipated substitution of Oporavak as the second primary
fieldsite. The major fork in the road in an analytical sense came with the switch in my
research questions from a concern with addiction, to a concern with recovery. In the
Preliminary Phase of my research (Figure 1), especially in conversations with my
principle supervisor, I had worried about the extent to which I would be able to
empathise with or even understand my informants, having never been addicted (tea
addiction, on balance, not being considered a sufficiently strong access condition). With
Garcia, I intended to examine the situatedness of addiction in time and space, whilst at
the same time acknowledging the singularity of addictive experiences, experiences—

such as getting high, overdosing, and enduring withdrawal—which, as Garcia put it, 'exclude me, and yet they concern me' (2010: 10-11). I was worried about my ability to, again in Garcia's words, 'write an account of experience that is fundamentally foreclosed to the ethnographer' (2010: 11). Then, on my very first day of official research in Zajednica, one middle manager known for his ability to talk at great length about anything and nothing cornered me to tell me in no uncertain terms that it wasn't the *klijenti* (clients) that were of interest here, it was the staff. Not long after our conversation I found myself in emphatic agreement, especially given that the staff at Oporavak were all former addicts themselves. Furthermore, because of my role as a volunteer, and specifically at Zajednica because the gendering of space and time meant that my requests to stay at the Zajednica outside of 'working hours' were politely declined (see chapter 5), my access mirrored that of staff members more than *klijenti*. Finally, I soon realised that my fieldsites—a resocialisation-oriented NGO and a therapeutic community—were shaped more by recovery than by addiction, and was glad to be able to draw upon my experiences of recovery to connect with the subject and with my informants at a deeper level.

A key step in the ethnographer's path is of course entry to the field. Max Weber is fabled to have spat out the lines 'I'm not a donkey and I do not have a field'. Though almost certainly apocryphal, this tale is worth bearing in mind when assessing both disciplinary background and locus of research. In a disciplinary sense, this thesis sits squarely within socio-cultural anthropology, and yet the research was enabled and inspired by my previous interdisciplinary East European studies research degree, training in Bosnian/Croatian/Serbian (BCS), and work on tourism in Bosnia and the diaspora of Bosnia (see Ryan 2009; Ryan-Saha 2015). In terms of the fieldwork itself, as discussed this occurred at two primary locations. Zajednica is a public institution of Canton Sarajevo, established in 2003 by the Canton Sarajevo Assembly as the first (and

to this day only) state founded and funded *Terapijsku zajednicu* (therapeutic

community) in BiH. After receiving the green light, Zajednica was physically built and

its programme developed over a long period, culminating in its first *klijent* on July 1,

2007. Built to physically host 30 male *klijenti*, the framework of treatment at Zajednica

consists of twelve months residential therapy at the therapeutic community,

sandwiched between a detoxification process that occurs before entry into the

community, and a non-residential twelve months of re-integration into society. My

second primary fieldsite, Oporavak, has re-integration at the heart of its programme of

work. Oporavak is an NGO that was founded in the summer of 2008, and its primary

concern is facilitating the re-socialisation of recovered people—their return to society

after rehabilitation. The NGO engages in project work to this end, including three

permanent projects. 'Project New Beginnings' which aims to encourage addicts into

rehabilitative treatment; 'Club Oporavak' which included a weekly group support

meeting for recovered people, and 'Restore the Broken' which provides material and

psychosocial support for the families of recovered and recovering people.

Though we were engaged in conversations as interlocutors, and though they were

voluntary participants, I choose to refer to my informants throughout so as to

acknowledge my indebtedness to the knowledge and experience they shared with me

and the ways in which the temporary intersection of our lives shaped me; namely, the

way in which I was and am informed by them. As discussed, my informants comprised,

in chief, of both addicts and the staff in my primary fieldsites. At Zajednica, *klijent*—a

somewhat unusual loan-word[12]—had been adopted as the official term for those

undergoing treatment. I engaged with these men, aged between 17 and 53, throughout

their period in Zajednica, and in some cases afterwards too. Most reported multiple

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[12] Catching up with an academic from the region at the AAA meeting in Chicago, 2013, she was shocked at the strange use of the word *klijent/i*, which is what initially made me think deeply about it.

addictions, with heroin being the primary drug (Hasecić et al 2001). The staff at
Zajednica was large, estimated to be 70 people,[13] and officially included occupational
therapists, psychologists, social workers, sociologists, sports therapists and medics. As
well as engaging with all of these categories of staff I numbered everyone else—cooks,
cleaners, volunteers, interns, visitors—among my informants. At Oporavak, the
staff/addict line was a little more blurred since Dino, the President, and his friends
founded the NGO after their successful rehabilitation. At Oporavak, people were
labelled addicts, former addicts, recovered and recovering, or any admixture. My
research engaged with all the people who came and went at Oporavak, only one of
whom was a paid employee, and mirroring my informant's lives, my investigations
stretched out into the recovery community and beyond, from the *Evanđeoska Crkva
Sarajevo* (Sarajevo Evangelical Church) to the EU Parliament.

2.3 Ethnography

Ethnography is a methodological choice, insofar as it entails the combination of a
broadly constructivist ontological and interpretivist epistemological position, and the
concurrent enrolment of a host of qualitative methods in the pursuit of holistic
research. Falzon describes the way in which this methodological choice 'privileges an
engaged, contextually rich and nuanced type of qualitative social research, in which
fine grained daily interactions constitute the lifeblood of the data produced' (2009: 1).
Ethnography is, furthermore, a method of generating data, described by Falzon as
follows:

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[13] At any one time many people were off on sick leave, and I was not privy to 'official' documents
in general—so my informants' estimates are the best figures I have in this respect.

> '[I]t entails the situational combination of field techniques (note taking, audio-/visual
> recording, interviews, examination of indigenous literature, observation, and such)
> rooted in the ideal of participant observation (to live, to some extent, as the 'natives'
> themselves do), itself based on relations of trust and a belief that data are produced in
> and of 'thick' interaction between researcher/s and researched. Ethnographers
> typically think of data as a gift from their informants, with all the implications of
> reciprocity that gift exchange implies' (ibid.).

Ethnography, thirdly, is a writing style. Marcus and Fischer clearly communicate this when they discuss ethnography as 'a research process in which the anthropologist closely observes, records, and engages in the daily life of another culture- an experience labelled as the fieldwork method- and then writes accounts of this culture, emphasizing descriptive detail' (1986: 18, see also Clifford and Marcus 1986). Ethnography—methodology, method and writing style—is somewhat overdetermined: through its association with anthropology, a relatively new discipline; having a rather murky origin story in terms of the colonial past; and gaining momentum in tandem with post-modernism and its attendant problematisations of science, knowledge and representation. The laudable, if perhaps overly prolific, attention that ethnography has received is evident not only in the many books and articles which discuss it, but indeed in the many journals dedicated to it. These include *Ethnography*, the founding manifesto of which was provided by Willis and Trondman (2000). As well as providing highly quotable descriptions including their designation of ethnography as 'the disciplined and deliberate witness-cum-recording of human events' (2000: 394), Willis and Trondman share some important insights into the nature of ethnographically generated theory, which I delineate as the fourth major facet of ethnography. Eschewing notions of 'grounded theory' or other models, the authors of the *Manifesto for Ethnography* outline their conceit of 'aha moments': instances in which 'evocative expression through data hits the experience, body, and emotions of the reader' (2000:

398-399), and as a result 'new understandings and possibilities are opened up in the space between experience and discourse, at the same time deconstructing and reshaping the taken for granted in a particular response to the shape of the social order (2000: 399). Finally, through the roundly deconstructed and yet still somehow affectively powerful construct of the intrepid ethnographer who prizes 'being there', 'going native', and the longue durée, ethnography retains a privileged position as professional rite de passage for anthropologists (Willis and Trondman 2000: 395; Ryan 2008; see also Kuklick 1996[14]).

My own ethnography of recovery in Sarajevo included a comparative bent that, alongside the complex nature of the subject under scrutiny, demanded a multi-sited approach. The ethnographic underpinnings of my methodological choices, writing style and generation of theory through 'aha' moments are readily apparent at different points in this thesis. Turning to discuss ethnography as a method, then, I reflect that rather than 'camping right in their villages' (Malinowski 1984: 6),[15] I pursued the 'fine grained daily interactions' (Falzon 2009: 1) of my informants in a wide variety of settings, from early morning walks through the 'traditional' village that led up to the rehab centre, to afternoons spent trailing my informants around furniture shops, while they openly mocked their tired and bored ethnographer: "Now you've come to see how we poor Bosnian people live, well here it is." The concept of multi-sited ethnography, never intended to become canonical (Coleman and von Hellermann 2011), should also not be taken in a solely topographical sense as simply research in more than one place (ibid.), although by and large this is what it has come to mean (and indeed, what its critics have reduced it to: see Hage 2005; Candea 2007). Read in the open-ended spirit

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[14] I take exception to the idea of fieldwork as rite of passage somewhat, given that, as Kuklick discusses, fieldwork can be seen to derive from white, male, and Western ideals of the personally transformative power of travel and experience abroad.

[15][15] Although, as Hannerz notes, Malinowksi 'was already going multilocal when he followed the Trobrianders along the Kula ring' (2007: 360).

intended, then, Marcus' reflection that a multi-sited approach allows for the trope of the fieldworker to shift from 'apprentice, or basic learner of culture in community life, to working with subjects of various situations in mutually interested concerns and projects with issues, ideas, etc' (2008: 7) has radically guided my thinking about and choice of methods. Furthermore, Lock and Nguyen put their observation that multi-sited fieldwork 'does not necessarily mean literally visiting a string of field sites but rather documenting how larger forces past and present impinge on local sites' (2010: 9) to work when they suggest that through ethnography conducted in the multi-sited spirit 'the many factors relating to an object or phenomena selected for investigation can be described, including the perspectives of experts, policy-makers and practitioners' (ibid.).

In studying recovery through multi-sited ethnographic methods, then, I assumed a position of volunteer in and contributor to the fieldsites, not apprentice; documented the larger processes impinging on these sites by following the actors and actants (Latour 1991) as they made their way through the city and beyond; and teased out the many factors relating to recovery, including the perspectives of experts, therefore studying 'up' as well as 'down'; bearing in mind Edgar and Russell's (1998) recommendation to always 'study up' in the anthropology of welfare (Nader 1974). In practical terms, this meant that my fieldsites included the bus station in East Sarajevo, the Embassy of Norway in Brussels, and everything else in between. Inspired by Garcia's approach, whilst reworking it to focus on recovery not addiction, I encountered these sites as 'not disparate but a part of the same process of formation: the formation of an addiction and of a life' (2010: 11-12). Furthermore, it meant that my informants included not only the *klijenti* safely tucked away in the hills at Zajednica, but also relevant players such as the heads of local harm reduction and prevention organisations, government and EU officials, pastors and protestors, taxi drivers and—

quite literally during one leafleting excursion with Oporavak staff—the man on the street.

Finally, it necessitated the deployment of other research techniques that may be considered methods in their own right, but which are discussed here under the rubric of ethnography, in part to avoid falling into the 'ethnography plus other methods' (Marcus 2005: 181) trap. My thesis at many points focuses in on the lives of individuals, inspired once again by Garcia who asserts that 'following the life history of a single person can illuminate the complex intimate and structural relations that constitute a life, a community, and a social world' (2010: 722 , see also Biehl and Locke 2010; Peacock and Holland 1993). In my attention to the discursive construction of addiction and recovery in Sarajevo generally and my fieldsites specifically I employed discourse analysis, and am as such indebted to the genealogical study of linguistically-derived conditions of possibility as outlined by Foucault in *The Archaeology of Knowledge* (2002; Rose 1989). Furthermore, I recognise that disease and healing experiences stimulate especially rich personal narrativisation practices. Personal narratives communicate both individual experience and the social and cultural contexts through which this experience is shaped and made intelligible. Thus they present rich sources of insight for medical anthropologists, especially when narrativisation happens in the fieldsite outside of the researcher's instigation through recorded interviews (Vibeke 1997: 99). Undoubtedly, I relied upon formal qualitative interviews as a research method to help flesh-out details about my informants, and to clarify their position on or thoughts about various salient themes. To this end, I always began interview sessions with an open, oral history style question that invited them to tell me about their life so far, followed by specific questions tailored to each individual, but usually revolving around their role in the recovery milieu. In total I recorded 37 of these in-depth interviews. And yet, as Vibeke (1997: 99) highlights for the case of AA,

my research on narrativisation processes benefited from the stories about selves and lives that my informants told *each other*, and to which I acted as witness, not interviewer. Although individual therapy sessions and many one-on-one conversations were explicitly off limits to me, I was able to sit in on, observe, and even make contributions to group therapy sessions, workshops, meetings, and conferences, all of which involved the public communication of personal narratives. I embraced the ethnographic study of public events as a method, agreeing with Handleman that although they present only one of many versions of the social order, they afford 'privileged points of penetration into other social and cultural universes' (1990: 9), since 'cultural information makes sense best when imparted through occasions that are set up to do this kind of coded, communicative work' (ibid.).

In its descriptive detail my note taking was, and consequently aspects of my thesis are, indebted to Navaro-Yashin (2003). Whilst embracing the 'thick description' coined and espoused by Geertz (1973), I aspire to go beyond as Navaro-Yashin recommends and demonstrates when she embraces the affective in her ethnography, and criticises anthropologists for aspiring to be '[f]ully conscious, always rational, never lost' (2003: 109). I sensed recovery, the (ab)normality, the capricious simultaneity, the possible future, and got terribly lost. In so doing, I acted and now write in agreement with Appadurai who notes that we must 'remember that the future is not just a technical or neutral space, but is shot through with affect and sensation' (2013: 286-7). In conversation with my primary supervisor, I was also keen to explore the possibility of employing alternative methods including dream and image-work, pile sorts and various artistic methods. I was largely unsuccessful in my efforts in this respect, being thwarted above all by the prevalent contextual understandings of performed masculinity—"Bosnian men don't do these things"—that excluded these methods as an avenue with *klijenti*, and indeed with all of the men and many of the women in my

study (see chapter 6). The most open and conducive atmosphere for alternative methods was at the female workshops at Oporavak, which led me to successfully invite attendees to make two drawings under the titles '*Ovisnost*' (Addiction) and '*Opovak*' (Recovery), and then to talk to me about these drawings. Finally, I conceive of volunteerism as a core alternative method in this research, with methodological and ethical ramifications. Volunteering as an English teacher at Zajednica and as an office worker at Oporavak aided and abetted my participant observation insofar as it justified and normalised my presence at both institutions and gave me access to their inner workings that would have been otherwise difficult to gain. Volunteerism as method brings us closer to the ideal Marcus advocates of a multi-cited ethnographer that revolves around 'working with subjects of various situations in mutually interested concerns and projects with issues, ideas, etc' (2008: 7), and as such, radically shaped my presence in the field and indeed my ethical considerations, to which I will now turn.

2.4 Ethical Considerations

Fassin (2008) supplies us with a number of propositions and corollaries that lead towards an outline of a 'moral anthropology'. Anthropology always involves taking up a moral position and being involved in the moral construction of social worlds, and should therefore include reflexivity about these morals, but also a critical faculty that endeavours to contextually understand all morals in the field and in the discipline (2008: 341). I present this research as moral anthropology, insofar as it is (a) concerned with addiction and recovery, which as I will establish are moral issues in this context (chapters 3-7) (b) informed by my intellectual and personal conviction that approaches to the study of addiction should be problem-oriented, and (c) includes an evaluative and applied aspect which can only emanate from a moral standpoint vis-

à-vis the social field. Taking ethics to mean conduct informed by morals, I suggest that in contemporary ethnographic research, to be moral and ethical in the way Fassin (2008) outlines should and almost uniformly is the minimum standard. This standard is crystallised in the ASA *Ethical Guidelines for Good Research Practice* (2011) which include the need to protect research participants, anonymise them and honour their trust; anticipate harms; avoid undue intrusion; negotiate informed consent; provide fair return for assistance; respect participants' intellectual property rights and to encourage participants' involvement in research (ibid.). Another minimum standard should be the continual re-appraisal of ethical issues throughout the research. I am in agreement with Simpson's argument that 'there is not one ethical moment in the research process- encapsulated in prior review by committee- but many others, the most important of which arise during fieldwork and writing' (2011: 387; see also e.g. Goodwin et al 2003: 567). I would develop this insight by drawing upon Benson and O'Neill's distinction between 'ethics in the realm of ethnography [writing]' and 'ethics in the realm of fieldwork' (2007: 42). Representing our informants ethically should be a major, if not *the* major concern of our writing and publication practices, and ethical fieldwork is hollow without ethical writing.

For the purposes of my own research, it quickly became clear even in the preliminary phase that this minimum standard would have to be surpassed in order to conduct ethically sound research because of one important factor: vulnerability. Whilst the vulnerability is arguably a defining aspect of the human condition—and as Liamputtong points out, the current and prospective global order seems set to intensify this vulnerability and increase its prevalence (2006: 1-2)—I suggest that the nature of my informant's recovery and/or the nature of their professional involvement in recovery compounded this human vulnerability. Melrose describes 'feeling

methodologically vulnerable, verging on the distressingly incapable, because of emotional and anxiety challenges' (2002: 338) when confronted with vulnerability in the field. In the early stages of my research, just such distressing challenges arose, chiefly because though I had anticipated the vulnerability and suffering in the recovering population, I was unprepared for the vulnerability and suffering that professionals in the milieu had endured. Liamputtong presents an excellent set of guiding questions through which I re-routed my ethical work in light of this unanticipated vulnerability, and they are as follows:

> 'What makes researching these social groups different to others?
>
> How might their vulnerabilities prevent researchers accessing research sites and undertaking their research?
>
> How would researchers ensure that their research processes will not further marginalise the vulnerable?
>
> What safety issues do researchers need to carefully plan before embarking on conducting sensitive research?
>
> What research methods would be more appropriate to research involving vulnerable people?' (2006: 56)

Naturally informed consent is a mainstay of the medical and social scientific ethical toolkit, and it becomes especially important when attempting to ethically research the vulnerable. The matter of consent was complicated in two ways in my research. In the first instance, I shared a non-legally binding 'Researcher Contract' with my gatekeepers; outlining from the offset my role as a researcher within the organisation, presenting my research agenda, and outlining the ethical code I would honour throughout my research. These gatekeepers were polite but blasé about the matter of consent, as were all subsequent informants when I attempted to achieve written and/or oral consent. Taking this blasé attitude as reflective for the most part of a

combination of *gostoljublje* (hospitality) with an attendant wish to be helpful, especially with something *za školu* (for school/for study purposes); inurement to confession and institutionalised intimacy brought about through living and working in the recovery milieu; and even simply a show of bravado, in my writing I have self-censored in circumstances in which I believe the informant disclosed information that (a) if made public would cause them or others harm to a level that would significantly increase their vulnerability and (b) I simultaneously believe was offered without serious consideration of consent, and a clear understanding of how the information could become public. The second complication posed to consent was what I will term the 'hyper-informed' nature of some informants. In my first visit to Zajednica, for example, I was explaining the anthropological and ethnographic nature of my research to one middle manager, who responded, "Of course, like *Biti musliman na bosanski nacin*," (Bringa's *Being Muslim the Bosnian Way*, 1995). 'When they read what you write' is an established concern of the contemporary anthropologist (see Brettell 1993), but what about when they have read what you have read? For the informants with sociology and other social science backgrounds, I determine that unexpected vulnerability presented itself as a consequence of either their dismissal of consent issues as somehow not applying to them, or their tendency to 'forget' that they were talking to someone actively researching them rather than simply a peer. Again, I navigated this situation by following the two caveats discussed above, and as such am satisfied that my ethnographic writing is sufficiently mindful of potential insufficiencies in terms of consent.

Relationships are vital to social research, but they take on a new significance in research with vulnerable people: 'Working with vulnerable and marginalised people, the process of reciprocity and respect is essential' (Liamputtong: 2006: 56). Rapport, trust, mutual self-disclosure; these are the stuff of ethical research in general. Working

with vulnerable people, however, requires the researcher to prioritise reciprocity and respect as Liamputtong (2006) outlines; partly from moral duty, but partly because the powerless and disadvantaged are more likely to be resistant to the researcher for fear of increased suffering or exploitation (Renzetti and Lee 1993: 101). Above all, we should avoid the exploitative and sterile approaches which constitute what Wadsworth (1994) calls a 'data raid', what Booth and Booth term the 'hit and run' approach (1994: 26) or even the 'rape' model of research (Reinharz 1983: 80).

In terms of respect, I suggest that candid self-disclosure should be the point of departure, and as such I disclosed my formative experiences with addiction and recovery as discussed above (see also Liamputtong 2006: 72-73). At times, when respect is mutual and a real relationship based on cultivated intimacy and equality has been forged, the researcher becomes vulnerable themselves to the ups and downs typical of all relationships. Irwin discusses an extreme version of this through her romantic liaisons in the field, reflecting that '[o]ne of the primary discoveries from my experiences is that subjectivity is not more or less exploitative than objectivity' (2006: 170). Furthermore, the sense of a duty of care towards informants can at times be overwhelming when a real relationship has been established. Burr labels this 'unfinished business' and describes it as the 'on-going feeling of concern for the fate of each person' (1995: 174). For my part, the pain of this ongoing concern rings true; I still feel involved in my informant's suffering as I learn about it at a physical remove. And yet, though disclosure and reciprocity can be uncomfortable and at times painful, this level of subjectivity is still a worthy aspiration in research with vulnerable people.

The second aspect of respectful research with the vulnerable, I suggest, is making a positive contribution to the field (Liamputtong 2006: 69). Dimitriadis, reflecting on his multifaceted involvement at a community centre, describes the need to be explicit

about his role in the field: 'there are no safe spaces, no alibis, for researchers anymore. We face ever-present and unavoidable choices about our commitments to the people with whom we work, choices that have implications for all manner of ethnographic practice' (2001: 595). Confronting these choices in my research translated into an ethical and practical commitment to voluntarism. Whilst the medical ethical imperative to 'do no harm' could be an adopted aspiration in social research, in some senses harm is an inevitable factor of social engagement, particularly in relation to the vulnerable. Of course, I strove throughout my research process to minimise harm caused to informants, and my actions for the most part were simply extensions of the respect principle: I was careful not to force informants to talk about anything painful, I avoided acting in a manner that would compound their pain or stigmatisation, and I did not exert any form of pressure on my informants to engage with me or my research[16] (Liamputtong 2006: 25-6). However, in circumstances when harm is almost inevitable even to the smallest extent achievable, especially when working as a non-qualified researcher with people of multiple mental vulnerabilities, then perhaps 'do no harm' as an aspiration should be replaced with 'do some good'. This thought guided my ethical commitment to making voluntary contributions of the time and expertise that I had at my disposal, which honours the reciprocity that Liamputtong deems to be fundamental to ethical research with the vulnerable (2006: 56).

Seeing and addressing need in the field can be a matter of immediate and long-term action, and can be discussed in terms of therapy, practicality and activism. Research can be therapeutic in the immediate sense when anthropologists provide first aid (see

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[16] I strongly suspect this meant that several planned interviews were not carried out due to forgetfulness, which I was forced to read as a decision to not engage and therefore was obliged not to pursue for fear of exerting pressure. In fact, many informants suggested I need to be morepushy with people if I wanted to interview them, which of course my ethical responsibility would not allow for.

Pollock 1996; Ehrenreich 1996), and in the long-term sense, the narrative aspects of research can provide therapeutic benefits, as Campbell elucidates 'if we as researchers provide opportunities for survivor to talk about what has happened to them—either orally in interviews and focus groups [...] we can bring their experiences to light' (2002: 120). I aspired in my conversations with informants, research-oriented or otherwise, to provide a non-judgemental listening ear that might have been helpful or even therapeutic. Furthermore, I provided long-term contribution to the fields in my roles as English teacher and office worker—the former including convening group lessons at Zajednica, the latter including a wide range of tasks from drafting emails to writing grant applications—and through my activism. Chiefly my activism took the form of contributions to RUN- the Recovered Users Network, a pro-recovery advocacy platform based in Brussels, which I helped my main gatekeeper at Oporavak to establish. This thesis takes social problems as the root cause of drug consumption, and drug consumption as a social problem, and as such, I situate it within a tradition of activist and applied anthropology (Willis and Trodmann 2000: 398; Scheper-Hughes 1995). In my writing I hope to continue to contribute positively to the field by directing my findings about the possibility of recovery in Sarajevo to the benefit of those involved (Flaskerud and Winslow 1998: 10). In both short- and long-term cases, in therapeutic, practical and activist modes, interventions brings us closer to our informants, which produces better data and thus better analysis, and brings us closer to our goal of parity, the lifeblood of ethical research.

Finally, there is the issue of harm to the researcher, and a duty of care owed to oneself (Liamputtong 2006: 6, 93; Lee 1993: 16). In preparation for fieldwork my supervisor described the imperatives to self-monitoring in his previous fieldsite (Edgar 1986),

which were aimed at protecting the health and wellbeing of staff in a residential care context. Furthermore, Maček (2014) has recommended that:

> 'For researchers, educators, students studying such matters, and others engaged in efforts at prevention and reconciliation in violence and post-conflict situations, becoming aware of our emotional and bodily reactions to the events we work with has significant value. Connecting these responses to our own personal history can lead to insights that can protect us from being overwhelmed by the pain and vicarious trauma these experiences tend to create. Integrating the emotional impact of these events and experiences and the insights that awareness creates into our work can open the doors to new levels of understanding of mass political violence. Deeper, more reflexive comprehension can lead to greater empathy with and compassion for the people whose situations we study, give us a more complete knowledge of the phenomena we examine, and enable us to remain fully engaged in the field' (2014: 2).

Taken together I argue that these imperatives to monitor one's own psychological and emotional journey in the field, in order to protect and promote wellbeing, and as a method of generating deeper insight, can both be honoured by fieldnote-taking that includes taking note of one's own feelings. To provide an example, it was cathartic to note that I 'sat on the radiator drying my trousers and cried when I got home' when something upsetting occurred, or that I 'was walking through town and I heard the bells of the Cathedral toll and went in for mass, I don't know why'. However, I am in agreement with Pearlman that the researcher runs the risk of 'vicarious traumatisation' (2014) and I suggest that more could and should be done to protect the researcher of the vulnerable, who 'bears witness to the pain, suffering, humiliation, and indignity of others over and over again' (Campbell 2002: 150; see also Liamputtong 2006: 90).

2.5 Conclusion

In matters of ethics and method, as Goodwin at el describe, the ethnographer must make careful plans, but must also be prepared to think on their feet, too:

> '[I]n addition to those ethical issues that can be foreseen and averted, there are also those dilemmas that develop unexpectedly and spontaneously, perhaps in situations where the researcher has little control over events. There seems to be an acknowledgment amongst ethnographers that dilemmas of this kind are an accepted, almost obligatory, feature of fieldwork, where the researcher is but one element in a complex and dynamic research setting' (Goodwin et al 2003: 567).

In this chapter I have outlined the progression of my methodology and of my fieldwork, stressing the countervailing shaping forces of careful planning and the unforeseen— and often unforeseeable—vagaries of life in my fieldwork contexts. My research topic and settings necessitated, above all, a close scrutiny of access condition and a serious engagement with the ethical implications of vulnerability, as this chapter has outlined. Furthermore, my convictions as a researcher and person shaped my commitment to outlining the ethnographer's path, and to conducting ethnography based on the principle of 'do some good'. As mentioned above, Falzon writes that ethnographers 'typically think of data as a gift from their informants, with all the implications of reciprocity that gift exchange implies' (2009: 1). At the close of this section it seems prescient to highlight that these reciprocal relations have a life that carries on after the ethnographer leaves 'the field'. For my part, this has included everything from creating written outputs for RUN- the Recovered Users Network and representing this organisation in Brussels, to making a sofa bed available, and holding Skype sessions with informants-turned-friends. Furthermore, I argue that careful, engaged and reflexive discussion of methodology and ethics, as the foundation of a careful, engaged,

and reflexive writing style, is another important way of honouring these reciprocal responsibilities.

3. Positioning an Ethnography of Recovery in Sarajevo

3.1 Introduction

In this chapter I position my ethnography firstly within the city of Sarajevo, and secondly, within the historical and contemporary manifestations of addiction and addiction treatment—or, the problem of addiction—in Sarajevo. My choice here of the word 'positioning' over alternatives including 'locating' or 'contextualising' is deliberate. Equally deliberate is the related decision to conceive of my research as positioned 'within' Sarajevo and the problem of addiction. Much ink has been spilt over the vexed issue of location in anthropology (Ferguson and Gupta 1997). How might we 'locate' (situate/contextualise etc.) our informants and the communities in which they live, in both time and space? How are we to 'locate' (situate/contextualise etc.) our ethnographic research and writing in time and space? And if there is no discreet local(e) in the globalised world in which we find ourselves, or if in fact there never was (e.g. Latour 1991), what then? Ferguson and Gupta tackle just such questions when they assert that 'anthropology's distinctive trademark' is to be found 'not in its commitment to "the local" but in its attentiveness to epistemological and political issues of location' (1997: 39).

The attentiveness they describe, to my mind, may be reduced to one guiding principle-cum-question: What is, and how is there, a here and now? The question is qualitatively different to the 'where are we?' implied by a focus on 'the local'. By drawing on an alternative vocabulary to Ferguson and Gupta I mean to suggest that attentiveness to the 'what' and 'how' in a here and now necessitates taking up a position in the world more than it means finding a location. Positioning allows me to convey the sense in

which, when an ethnographer climbs into a here and now through their research and renders a here and now in their writing, they perform an orienting feat that goes beyond setting the scene, and that is different from but related to the reflexive personal positioning that has become an essential methodological process for anthropologists (as discussed in chapter 2). As such, my aim in this chapter is not to simply render a cardboard cut-out version of the 'local' through a smattering of facts and figures, or even through a robust presentation of historical contingencies and geographical particularities. If this 'local' does not neatly exist, and if these things cannot be objectively rendered, then such an enterprise is logically unsound and therefore futile. Instead, asking what is, and how is there, a here and now for people involved recovery in Sarajevo means positioning this study as my informants are positioned: within Sarajevo the city, within Sarajevo's addiction problem and within its addiction treatment milieu. It means teasing out the specifics that shape this here and now, be they historical, discursive, affective or material.

As a practical project, it furthermore means eliding the difference between the historical, discursive, affective and material, as Wetherell does when she states that, 'it is the discursive that very frequently makes affect powerful, makes it radical and provides the means for affect to travel' (2012: 19) or as Navaro-Yashin does when she asserts that 'the relation which people forge with objects must be studied in historical contingency and political specificity' (2009: 8-9). For this reason, this chapter above all others is a bricolage that includes—without hierarchical bias—my informant's voices, primary historical and media sources, secondary academic sources, songs, films, internet memes and personal impressions. It is presented in emphatic agreement with Fischer that 'ethnographies are increasingly best done in partnership, conversation, and contestation with historians, insiders of all sorts, journalists, film-makers, and others' (2003: 58). In positioning my ethnography I engage with these sources as

vehicles of insight rather than of objective fact, and seek here to present the ways in which such insights illuminate a here and now of recovery in Sarajevo. What is more, these insights allow me to emphasise from the outset aspects of the here and now that my otherwise divergent two core fieldsites share. The project of assembling of this bricolage began with a three-month period of archival research in the *Narodna in univerzitetna knjižnica*, *NUK* (National and University Library of Slovenia) between June and August 2012, and continued throughout my fieldwork and writing-up period (September 2012-December 2015).

3.2 The City

"Sarajevo has a special feeling." "When I arrive, the smell in the air, I know I'm home, it has a specific smell." "There really is no other city in the world like Sarajevo." 'In truth, Sarajevo has its own authentic stamp and soul' (Hadžihasanović 2001: 5) In the course of my fieldwork I was enduringly impressed by Halid Bešlić's *Grade moj* [My city] (1993):

> '*Sarajevo, grade moj/Njoj sam dao životživot svoj* (Sarajevo, my city/I gave her my life)'.

And, for that matter, the strikingly similar tenor of Tifa's *Grbavica* (1997):

> '*život životću dati, al' tebe nedam/jer ti si život životmoj* (I'll give my life, but never give you up because you are my life)'.

Such ballads could conjure emotion in the otherwise hardened, cynical eyes of my friends, be they former addicts or beleaguered recovery professionals (or both). My informants, and others besides in print, are unequivocal in voicing the singularity of

their city in celebration of their Sarajevo, whilst bemoaning aspects of city life and the way their city has changed. Emina, a social worker, explained how "visitors and foreigners walk around Baščaršija and see such peace, the smell of *ćevapi*, Sarajevo has a soul [at this point making sarcastic swooning gestures]. But they don't see the poverty, addiction, prostitution." The singularity of Sarajevo is a matter of intense interest, pride and dismay to many of its residents and indeed to my informants, who hastened to advance their own impressions of the city when I shared mine.

Sarajevo is the capital city of Bosnia. Its foundation as a city harks back to the Ottoman period—*saray*, the root of Saraj, being the Ottoman term for palace—but it bears traces of human activity that stretch back as far as the land that we now call Bosnia (Donia 2006). Whilst human settlements are archaeologically evident from the Neolithic onwards, the first historical records, derived from Roman interest and eventual rule in the region, describe the lands as being occupied by Illyrian tribes (Malcolm 1994: 2). Roman occupation came in AD 9, and with it the familiar hallmarks of the Roman Empire: roads, settlements, trade, settlers, militia, and Latin (Malcolm 1994: 2-3). In the sixth century the region was colonised by the Slavs, specifically the Croats and the Serbs (Malcolm 1994: 6). Much has been made in a political sense of the 'true' ancestors of the Bosnian people—be they Serb Slav or Croat Slav or some other 'race'. Yet historical reality, as ever, defies politically expedient 'racial' logic. Malcolm puts it this way: 'From the complex history of early Slav Bosnia, between the arrival of the Croats and Serbs in the 620s and the emergence of an independent Bosnian state in the 1180s, no simple conclusions can be drawn' (1994: 11). The medieval period in Bosnia, as elsewhere, was characterised by war, court intrigue, invasion and expansion (Malcolm 1994). Distinguishing features of the medieval Bosnian state included the region's ore wealth—which was increasingly exploited—and the schismatic Bosnian Church of the late Middle Ages (*ibid*). This period came to an abrupt end in 1463, when the Ottoman army invaded and swiftly conquered Bosnia as part and parcel of its

westward campaign of territorial expansion. In the past commentators have erroneously attributed the subsequent growth of Islam in Bosnia to mass conversion of Bosnian Church adherents, when in fact the factors that lead to Islamicisation in Bosnia are many and varied (Malcolm 1994, Friedman 1996). Either way, convert the Bosnian people did. As such, one salient upshot of the Ottoman invasion was that Bosnia arrived at the religious antecedents of its contemporary ethno-national make-up. That is to say, amongst the hills and rivers where once Neolithic farmers had lived and died there could in their stead be found people variously identifying as Serbians, Croats and Muslims, in a place they all called Bosnia.

The Ottoman era left an indelible mark on Bosnia and shaped all spheres of Bosnian life. Spanning five centuries, this empire's years of occupation naturally saw days of peace and plenty as well as times of strife, uprising and war (Malcolm 1994). However, for the purposes of this thesis—and its exploration of post-socialist and post-conflict social realities—the salient features of the Ottoman legacy comprise two key facets of internal Bosnian politics, namely that (a) three principle factions—the Orthodox Serbs, Catholic Croats and Muslims—were established in this period and (b) precedents of inter-ethnic harmony, through co-habitation, trade and freedom of religious expression espoused by the empire as well as of strife, in the years and acts of persecution and nascent nationalist aspirations, were established (Malcolm 1994). Additionally, one key facet of Bosnia's geopolitical life was established, namely (c) Bosnia's thorny position vis-à-vis Western Europe, as simultaneously marginal and central to the course of Western twentieth century history.

In the late 19th century, when the Ottoman Empire became—through war and internal uprisings—Europe's 'sick man', the Austro-Hungarian Empire came to annex Bosnia. For all their investment in Bosnia's infrastructure, the Austro-Hungarians could do little to stem the rising tide of nationalist aspirations in Bosnia's Croats and Serbs, and

the politicisation of its Muslims, who found themselves ruled by 'infidels' for the first time (Friedman 1996). These aspirations found their most historically momentous outlet when Serbian radical Gavrilo Princip aimed at gun at Archduke Franz Ferdinand and the Duchess of Hohenberg on 28 June 1914. As Malcolm describes, '[w]ithout German pressure, the assassination at Sarajevo would probably not have caused even a serious Balkan war—and certainly not a war in which all the great powers of the world became engulfed' (1994: 157). That this assassination triggered the First World War— and arguably caused the Second World War, in so far as the second may be viewed as arising directly from the first—is testament to the importance of the Ottoman legacy of Serb, Croat and Muslim internal identity politics in shaping the course of geopolitical events, insofar as this act of defiant Bosnian-based nationalism provided the pretext for disastrous aggressive German foreign policy.

During these wars, and in the interwar period of the Kingdom of Yugoslavia, Bosnia remained engulfed by factious nationalist politics (Macolm 1994). In the wake of the devastating Second World War, the Socialist Federal Republic of Yugoslavia came into being, with Tito as its leader. These years of socialism brought peace and relative prosperity, but Tito's promotion of 'brotherhood and unity' amongst Yugoslavs failed to address the legacy, stretching back to Ottoman times, of strife between the ethno-national groups that comprised this socialist federation (Malcolm 1994; Perica 2002, Donia 2006). After his death, it was this historical strife—co-opted, corrupted and propagandised—that enabled the various ethno-national factions to dissolve Yugoslavia and wage the Bosnian War of 1992-1995.

Sarajevo, historical and current capital of Bosnia, is also its largest city in spatial and population terms: at the time of my research, the Sarajevo Canton of BiH is estimated to have had 438,443 residents (*Preliminarni rezultati: Popisa stanovništva, domaćinstava i stanova u Bosni i Hercegovini* 2013). As discussed, it is a city that has

emerged out of continual low-level inhabitation since Neolithic times, and that in 1461

blossomed into a capital city within the Ottoman Empire under the aegis of Isa-Beg

Ishaković (Donia 2006). It is currently the capital of the Federation of Bosnia-

Herzegovina (FBiH); as such, it is home to the *Parlamentarna skupština Bosne i*

Hercegovine (Parliamentary Assembly of Bosnia and Herzegovina) , to the various

faculties and universities, chief among them the *Univerzitet u Sarajevu* (University of

Sarajevo) , to football stadiums (*Stadion Asim Ferhatović-Hase, Stadion Grbavica*), and a

whole host of other cultural institutions typically associated with European capital

cities (eg. the *Narodno pozorište* (Sarajevo National Theatre), the *Zemaljski Muzej*

(National Museum of BiH) and so on). It is to be found in a valley amongst the Dinaric

Alps, through which the Miljacka river runs. Yet, unsurprisingly, such topographical

specificities, population statistics and administrative details were not matters of daily

concern to my informants. Instead, they derived their sense of the singularity of

Sarajevo from other salient factors. Writing in defence of his recent biographical

approach to the city of Sarajevo, Donia observes that, 'other studies have extensively

examined the various regimes that governed the region, but these works have rarely

focused on the role of a single community in the changing political landscape [...] To

examine a city's history is to view life up close. The particular emerges more

conspicuously than the panoramic, individuals and events loom large, and facts

stubbornly refuse to blur to accommodate generalizations' (2006: 6; see also e.g.

Walker 1971). As an ethnographer always already concerned with 'life up close' (ibid.),

it is instead the persistence with which Sarajevo the city explicitly featured in my

exchanges with informants, the ways they were affectively moved by this city, good and

bad, and the salient factors that made up *their* Sarajevo, that guide my reflections here.

Above all else, and for reasons upon which I elaborate later in this thesis (see chapter 4,

section 4.5), my informants were preoccupied with the nature of communal life in

Sarajevo, which they rendered as uniquely close-knit, bordering on claustrophobic. "Sarajevo is like a village," or, 'We don't live in a city: Sarajevo is a village." Although there was a clear pejorative sense, or equally a mournful tone to some of these utterances (discussed below), most of the time these comments were offhand and matter-of-fact, accompanied by a shrug. For example, on relaying to an employee at Zajednica that I had bumped into the identical twin of one of the clients in town I was told: "I'm not surprised. This city is like a village." Weeks later, a friend was telling me how she used to date a member of *Dubioza Kolektiv*—the famous band that was at the time giving an impromptu concert at a protest outside Parliament: "Yeah, but it's not impressive. Sarajevo is a small place, here everyone knows everyone." Right at the end of my fieldwork, in a chat-turned-interview with a client at Zajednica, I was surprised to discover the extent of my own internalisation of this orthodoxy. "By the way, I didn't realise you work with X," the client said, to which my automatic reply was something along the lines of, "Of course, I've met everyone now, this is Sarajevo."

The ambivalent and yet effusive emphasis on everyone knowing everyone (and everything) is particularly noteworthy insofar as it side steps the identity politics that underscore many scholarly and popular explorations of Sarajevo, and renders a radically different picture of communal life. In light of the siege of Sarajevo—which has been extensively portrayed as the (temporary) triumph of divisive, aggressive ethno-nationalist politics over previously cherished multi-ethnic communal life,[17] much has been made of ethno-national identities and politics of ethno-national identification in Sarajevo, historically and currently. Undoubtedly, the siege brought ethno-nationalism to the fore. The spring of 1992 saw barricades thrown up around the city in reaction to Bosnia's declaration of independence from Yugoslavia. With a force 13,000 strong, the *Vojska Republike Srpske* [Army of Republika Srpska] besieged Sarajevo from April 5,

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[17] Demonstrated, for example, in the protests for peace of March and April 1992—for footage see https://www.youtube.com/watch?v=b0nk1j8PXKk [accessed June 19, 2014]

1992 until February 29, 1996, encircling the city, blockading it, and mounting an artillery attack from the surrounding mountains. 13,952 people were killed during the siege, 5,434 of whom were civilians (Donia 2006; Jansen 2015; Malcolm 1996; Maček 2001, 2008). Civilians lost their limbs too, their homes, their sanity. They were subject to shortages, they went hungry, and went without electricity, gas, work, and education. In the Bosnian War, it is estimated that 200,000 people died or disappeared, sixty per cent of all homes were severely damaged or destroyed, and 2.3 million people were displaced; 1.3 million of whom sought refuge outside of Bosnia, mainly in western Europe (UNHCR 1997).

And yet, much of the literature overstates the importance of ethno-nationalism or even arguably the siege to everyday life in Sarajevo, which contributes to a unhelpful post-Dayton 'ethnopolis' (Mujkić 2007) or 'trivision' (Jansen 2015) rendering of the city. To take a recent example, Markowitz writes that Sarajevo—in addition to being a 'kaleidoscope' of ethno-national groups—'is ludic, even extravagantly so, because it defies demands for consistency and any sense of Euro-modern national boundedness' (2010: 8), and that, 'Catholic, Orthodox, Muslim, Jewish, Bosnian, Yugoslav, Austrian, Turkish, socialist, and humanistic sites—and those who pass through, worship, socialize, purchase, consume, and just live there—touch one another, inducing intermingling and inviting improvisation' (ibid.). Here, Markowitz labours under the misapprehension that simply listing salient communities, epochs or architectural styles brings us closer to a critical understanding of life in a city. Similarly, one wonders whether it was lazy scholarship or Balkanism (Todorova 1997; for a fuller discussion see chapter 5) that moved Greble to present a hollow precis of the city's history— 'Sarajevo's experiences in the Ottoman, Austro-Hungarian, and Yugoslav eras molded the city's demographics and forged its distinct social and political culture' (2011: 3)— as insight into its nature.

Markowitz insists that 'Sarajevans are rereading the war-scarred city and revivifying it as the historically rich, multi-ethnic site of European civility and sociability that it once was and may still be' (2010: 32). Ultimately, as Jansen points out, though often well meaning, 'a lament [such as this- see also Greble 2011] of the demise of Sarajevan multiculturalism and an insistence on its persistence are two sides of the same coin' (2015: 11). Jansen invites scholars to step outside the identitarian matrix (ibid.), which from my perspective is an easy task, since my informants certainly did as much. To be sure, Sarajevo's ethno-national composition and the history of both ethno-nationalist co-existence and aggression impacted upon my informants' understanding of and interaction with the city. At times, for instance, Anita's feathers were ruffled by encounters in which her mixed Serbian and Croatian background, or that of her son, attracted what she perceived to be negative attention, such as when she had to say her son's (very conspicuously Serbian) name on the *tramvaj* (tram). In another instance up at Zajednica, whilst playing "philosophers," during morning coffee, a *klijent*, a social worker and I turned our collective wisdom to address the question of Sarajevo's multi-ethnic history:

> Anel- Most of our writers, they like to write about Sarajevo but they are not Muslims. Sarajevo was always, always a city of mixed people.
>
> Me- Andrić, for example?
>
> Semira- Yeah, you had a lot of Jews. In the time of the Ottomans you could be whatever you wanted. You couldn't be like the President, but you could be in your religion, nobody would touch you. But they always gave you the possibility, the choice, to become Muslim too.
>
> Anel- Yes, and human rights—the source of human rights came from this period and this place—a Franciscan monk came to the Ottoman lords and asked for a bill of rights, and it was given to him with no strings attached.

> Semira- And they were never disturbed, we have all these monasteries now because of
> that. They gave them everything but people wanted more, people always want more, so
> revolutions occurred.

I must stress, however, that life in Sarajevo was very rarely rendered in ethnic terms by my informants. In light of my experience, Donia's alternative focus on 'common life' (2006: 3-4) rings true(r). Donia argues that 'before the early 1990s Sarajevans would not have described their city using any of the "multi" term embedded in Resolution 824 [of the Dayton Peace Accord]. Instead, they referred approvingly to their "common life" (*zajednicki život*)' (2006: 3-4). In an explanation that merits quoting at length, Donia writes that:

> 'Common life has not been the same in each historical era, and at no time was it either
> easily constructed or effortlessly maintained. Relations among groups within the city
> have never been static, and the changes in relations among those of various groups
> have been anything but linear [...] The Second World War and the prolonged siege of
> the early 1990s profoundly endangered common life. Its continuation is by no means
> assured as of this writing. But most Sarajevans, at most times and in widely varying
> circumstances, have held dear the traditions and practices of their common life' (2006:
> 4).

I muddy the waters somewhat by suggesting that often common life in Sarajevo, rather than being held dear, is a tolerated and shared banality, a practical matter, or is considered to be irksome or constricting by my informants, especially in the light of their jobs or their personal histories of addiction. For example, both Donia (2006), Markowitz (2010: 33-35) and others besides cite the practice of strolling around the city, labelled *korzo* or *šetanje*—'a moving public arena of sociability' (Markowitz 2010: 37), whereby people 'come out of their homes to participate in the public culture of their city; they take up the gait of the crowd to see and be seen' (ibid.)—as a typically Sarajevan act, constitutive of a typically Sarajevan sociality and selfhood. My

experience of strolling with informants led me to somewhat different reflections. Sometimes, seeing and being seen was an unwelcome prospect, as in the example of a friend who funded her addiction through prostitution, and therefore ran the risk of crossing paths with former clients when out and about in town. Or, when walking with a former *klijent* from one *kafana* (café) to another along the usual Ferhadija-Baščaršija *šetanje* route, he expressed annoyance at the addicts that he claimed to be able to spot on the street based on the look in their eyes and the way they carried themselves. Or, pressed into the crowd on a particularly busy day on Ferhadija, a colleague from Oporavak explained wearily that she knew all the addicts around town and they knew her: for example, a one-legged girl, begging on the side of the road "Looks like she lost her leg to a mine or something, but it was drugs, she was injecting into her legs." What is more, the 'traditions and practices of common life' (Donia 2006: 4) and the 'public arena of sociability' (Markowitz 2010: 37) were experienced as stultifying and often resented by the professionals of Sarajevo's recovery milieu. One took me up to the mountains so as to freely "breathe" for a few hours—meant in the literal and metaphorical sense. With Sarajevo's smog having once again reached officially dangerous levels, the phenomenological experience of breathing mountain air in the winter was profoundly moving; with each breath I shared the same relief and release.[18] Another informant, a therapist, self-confessedly uses driving, often far across continental Europe, as a way of avoiding a feeling of entrapment which he labels "my therapy"; a hangover from the siege, he says, but also a product of Sarajevo's "village" feel.

Strikingly, the communal structures associated with Bosnia in general and indeed with Sarajevo—namely *komšilukkomšiluk*, *mahala* and *raja*—were rather ambivalently regarded and encountered by my informants. My informants did not speak fondly of

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[18] This year, smog levels are so high and the smog itself so toxic that protective face masks are being distributed, see http://radiosarajevo.ba/novost/211001/ [accessed December 26, 2015]

komšiluk,komšiluk—neighbourliness—in the way that Donia and others would lead you to expect: 'Sarajevans have long used the concept of neighbourliness to express their respect for those of different faiths and nationalities, manifest in the practices of mutual visitations and well-wishing on holidays as well as everyday cordial relations. Common life is neighbourliness writ large' (2006: 4; see also Henig 2012; Lockwood 1975; Bringa 1995; Sorabji 1989). For the addicts and their families, this was largely an acknowledgement of the ways in which addiction had poisoned this well of sociality, either through practical issues such as a son robbing a neighbour, or simply through shame and stigmatisation; an inability to play happy families in the way neighbourly sociality demands, so as to avoid gossip and aspersions. Furthermore, at Zajednica my informants were at a physical remove from their *komšiluk,komšiluk*, and at Oporavak they were in general encouraged to break ties with former, and therefore assumed to be negative, social networks—including, to some extent, *komšijski odnosi* [neighbourhood/neighbourly relations]. For the professional recovery workers, there was a sense that their experiences had tarnished their faith in community relations, especially at the neighbourhood level. One worker explained, for example, that they now "see addiction everywhere"—they have opened Pandora's Box, and now struggle to make nice with the neighbours.

Mahala and *raja* billed a little higher in my informants' renderings of their city, but were still only tangentially referred to. To break the ice once with a group of *klijenti* at Zajednica, I asked them to explain why Edin Džeko , the international footballer and Sarajevo native, had worn a t-shirt that read 'ZA MOJE MAHALCE'. Their explanation: Edin was a real Sarajevan, and his t-shirt translated as 'FOR MY HOMIES' (literally, for members of my *mahala*). *Mahala* is explained by many commentators as an Ottoman relic, based on a previous system of organising the city according to residential districts built up around a place of worship, and thus religiously defined and

segregated (Donia 2006: 13). However, I prefer the explanation of *mahala* that one *klijent* gave me:

> "[*Mahala*] is an old, old, nice neighbourhood. It's something warm, it's something very, very important because we are together. In the old times the business was settled in the mosque and the neighbourhood was created around the mosque. This is the Oriental type of system of town organisation."

Whilst *mahala* was mentioned positively, even with a tinge of nostalgia, *raja* featured negatively in my informants' depictions of Sarajevo's sociality. Sorabji traces the history of the term back to Ottoman times, when the raya 'was composed of the peasants, traders, merchants, professionals, and minor religious figures such as hodjas (or imams) and priests. Raya could be Christian, Muslim or Jewish' (1986: 27). However, whilst for her informants the term was fairly neutrally deployed to mean '"people/friends/my crowd"' (ibid.), for mine, *raja* was used in a dismissive or derogatory sense to mean a crowd of image-conscious people: "I don't want to go to that café, it's all *raja*." Again, I read this as an unwillingness or inability to engage with mainstream, conformity-oriented sociality in light of the 'spoiled identity' (Goffman 1963) of the addict, or the world-weariness of the recovery worker.

Common life then, rather than celebrated, was at times little more than a common dissatisfaction or even depression for my informants. This was evident in the manner that my informants were impacted by the materiality, as well as the sociality, of Sarajevo as a city. Jansen derides the way in which post-Dayton 'trivision' is materially informed when he parodies the Sarajevo-as-European-Jersusalem discourse as follows: 'A mosque! A Serbian orthodox church! A catholic cathedral! A synagogue! And all that in close proximity right in the centre of one European capital city!' (2015: 9). My informants' Sarajevo had a different materiality, the affective charge of which was profoundly felt. I walked along a street that was being resurfaced in the centre one day,

and was momentarily separated from my informant as we were funnelled single-file to avoid the construction site. Catching up with him at a trot, I complained that they were taking forever to finish the street. He said that they would never finish, there was no end in sight, and they would just start at the beginning again once they were done with this section. It was a money-laundering project, he explained. Later, we walked past a missing building on another main street, boarded up as if it were a building site. It had been like that for years to my knowledge, so I asked "more corruption?" "More corruption," came the reply. Whether or not this is true in an objective sense (though it probably is), my informant was depressed by this experience of physical-political brokenness in the city. Other notable actants in Sarajevo include the city's stray dog population, who were both a tragi-comic and, especially in the winter when they were starving and more prone to attack, threatening presence. Tales swapped about strays filled up a great deal of idle chatter at both fieldsites, and included allegations of them breaking into the zoo and eating a wombat, eating the tires off an ambulance, all the way to attacking a friend walking home with shopping bags full of food. Again, stray dogs were experienced as brokenness, this time in terms of wartime abandonment of pets; people's cruelty and ambivalence to pets; the poverty of a state that cannot afford to dispose of or house strays; and of course high level corruption, evident in the siphoning off of international funds made available to tackle the problem.

Tightly linked to this sense of communal life, whatever the regard in which it is held, is an understanding of the urban nature of Sarajevo and the urbanity of its inhabitants, the *Sarajlije* (people of Sarajevo, or Sarajevans). If communal life was bothersome, the sense of being *Sarajlije* was often the opposite—a source of pride. Urbanisation and industrialisation came 'late' to Bosnia (Sugar 1963). Urbanisation was a civilising ideal of both Ottoman and Hapsburg Empires (Donia 2013: 11), but the Ottomans largely failed to pull it off, with the majority of people depending on agriculture, only about

five percent of people living off other sources of income, and a minority living in towns (Sugar 1963: 15). The Austro-Hungarians invested in both processes so as to further the monarchy's basic aim: 'to attach this, the southernmost province, firmly to the Empire' (Sugar 1963: 190; see also Hadžibegović 2004: 29). Yet it was in the SFRY that urbanisation and industrialisation arguably became reality, with a 72% rural population in 1948 transforming into a 36.6% population in 1971 (Donia 2006: 230). During socialism, the city expanded rapidly as personal income climbed (ibid.; Jansen 2015). The cityscape developed in line with two key socialist imperatives: 'employment opportunities and housing for all' (ibid.). Many of my informants hark back to this time in their nostalgic, or even Yugo-nostalgic reminiscences as an era of unparalleled urban prosperity, a time of jobs, wealth, leisure, culture and purpose (Donia 2006: 229). For their sense of Sarajevo's singularity as Bosnia's foremost urban space, however, many of my informants hark further back still, to the oral history and legends of old Sarajevo (Palavestra 1880), or to centuries-old accounts of the city (Čelebije 1979), recommending that I too studied these texts and accounts so as to understand the city.

This urbanity, this being *Saralije*, was and is bolstered through the importance of cultural products—or put simply, of 'cool'—both in and outside the region. As Mišina (2013), for example, has described, Yugoslavia's rock scene, based in part in Sarajevo, had and continues to have a cult following, whilst the comedy of Sarajevo-based *Top lista nadrealista* (the Surrealist's Hit Parade), as well as being politically on-point, was effusively compared by my informants to the leading lights of British comedy, *Monty Python*. It is furthered, too, by the historical immanence and international reputation that the city is taken to have. Arguably these themes were crystallised in the Winter Olympic Games of 1984, which still features heavily in many of my informant's orientation to their city. As Donia notes, the Games 'were an appropriate showcase for

the city's decades-long shift to tourism, sports, aesthetic allure, and higher living standards. The city drew immediate benefits not only from the games but also from the facilities built in preparation for them' (2006: 246). Furthermore, as Perica describes, their opening ceremony was designed to 'put on parade Yugoslavia's diversity, folklore, youth, energy, and optimism', whilst also demonstrating that 'the Balkans, Yugoslavia, and Sarajevo were no longer what used to be viewed as a "powder keg" and zone of conflict' (2002: 92). Many of my informants, addicts and staff, were winter sports enthusiasts who were young adults or teenagers in the 1980s, and as such, they described the Olympics as a high point, and still proudly referred to Sarajevo as an *Olimpijski grad* (Olympic city) (see also Donia 2006: 248).

Keen to ingratiate myself, and also worried about 'missing something' in the highly colloquial (and expletive-ridden) speech my informants often used, I started to learn Sarajevan slang early on in my fieldwork, which also included *šatrovački*—a slang based on syllable reversal where '*kafu*' (coffee, accusative declination) becomes '*fuka*', and thus '*ajmo na kafu'* transforms into '*ajmo na fuka'* (let's go for coffee—my most frequent use of *šatrovački*). The *klijenti* and others were delighted by my efforts in Sarajevan slang, and indeed in *šatrovački*, which is associated with criminality and attempts to avoid police detection in the same way as cockney rhyming slang, for instance; some informants were less happy, and insisted that I should learn 'polite' speech. Either way the slang speech of *Sarajlije*—including expressions such as '*Gdje si ba'* (a greeting that doesn't make any sense in translation) or *'kontaš?'* (basically, geddit?) marks the speaker with an insider status which, for many of my informants, coalesced with their sense of being streetwise or even their lingering sense of being criminals.

However, slang is not the only exclusionary aspect of this *Sarajlije* identity. City-dwellers in Bosnia, and Sarajevans in particular, reify their own urbanity through attacks on the rural other. Once when explaining to a *klijent* that I was from a village in the north of England, that I was a 'villager', a member of staff interjected quickly and forcefully: "You know there's a difference between a person who lives in a village and a villager, I just have to make sure you understand this." This difference is absolutely crucial to Sarajevans, and is highly politically and affectively charged. Sorabji wrote elegantly on the topic in her pre-war ethnography of an old Muslim neighbourhood in Sarajevo, noting that '[P]articularly but not exclusively amongst young, second generation migrants there is a feeling of superiority in comparison with rural dwellers. Thus in Sarajevo the term –seljak/seljanka (m/f), meaning peasant or villager, is generally one of mild derision' (1989: 45-6). Furthermore, describing an incident in which she was upbraided for wearing country clothes in the city, Sorabji notes that 'Sarajevans may criticise the dress and manners of their urban acquaintances as being those of a peasant' (1989: 46). After the siege, this differentiation between *Sarajlije* and villagers intensified with (a) the incorporation into city life of displaced and refugee '*nekulturni seljaci/papci*' ('uncultured villagers/peasants') who are seen to bespoil the urban space (Stefansson, 2007), and (b) with the (re)interpretation of the siege and the Bosnian War as *urbicid* (urbicide)—the sacking of the city by a rural rabble. Jansen correctly notes that the widely constructed differences between urban and rural people constitute 'the most widely shared non-nationalist framework for understanding events in the region' (2005: 154). The native-born *Sarajlije* and indeed the relative newcomers amongst my informants were certainly comfortable in deploying the urban-rural distinction in their explanatory accounts of city life. When I was having trouble with my nosy and opinionated neighbour, for example, one informant asked about her accent, before knowingly saying to her husband that she

was undoubtedly from the "East"[19]—intimating that she was a refugee and a *seljakinja* (peasant) at heart who did not know how to behave in the city. Or, in agreement with commentators such as Hadžihasanović (2001) who colourfully and vehemently lament the brutal attacks perpetrated by rural people on Sarajevo's beauty, openness, tolerance and general whiter-than-white-ness, many of my informants described the siege, including the destruction of historical buildings (Riedlmayer 1995; 2002), as an attack of the countryside on the city.

Interestingly, Sarajevo's singularity can be, and was, voiced in the same breath as its deep enmeshment in wider regional and global events and processes. In a regional sense, to some informants Sarajevo had been the archetypal Yugoslav city, a socialist paradise, whose population was well on the way to divesting itself of ethno-national allegiance, and as such they are in agreement with Greble's characterisation of Sarajevo as 'the hallmark of all that worked in Yugoslavia, a symbol of multiculturalism at its best' (2011: 1). To some, Sarajevo was a world city insofar as the *atentat* (assassination of Archduke Franz Ferdinand) and the siege had shaped the course of human history. This theme is also taken up by Greble, who writes that the 'brutal siege, like the assassination, signalled the end of an era' (ibid.; for a critique of such hasty metaphors, see Donia 2006: 1). Sarajevo, for my informants, was singular and entangled, a source of pride or of revulsion, the worst and best city in the world (and often, all these things as once). It became clear that, as I now turn to describe, addiction and recovery were not happening in some abstract sense for my informants; rather, they were Sarajevan problems and processes. As such, I suggest that my informants had so much to say about Sarajevo because of the dramas in their personal pasts as much as those of their city, and because of the intersection of these dramas. The entwined fates of Sarajevo

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[19] East Bosnia, an ethnically cleansed region from which many displaced people are now living in Sarajevo.

and Sarajevans, achieved and experienced discursively, materially and affectively, is well put by *Skroz* in the song *Raj* (2013) [Paradise]:

> '*Raj, ovo nekad je bio/Tako su pricali nama/Pred spavanje tata i mama*
>
> (This used to be paradise/Or so we were told/By mum and dad at bedtime)'.

Donia describes the Olympic Games retrospectively in light of the dissolution of Yugoslavia and the Bosnian War as 'an ironic climax that wrung the last benefits from an increasingly obsolete and dysfunctional socio-political system' (2006: 248). Yet another irony was that, as Donia notes, the Olympic museum which was to be 'an enduring repository to display the achievements of athletes and the city during the games' (2006: 247) was among the first targets for the artillery that encircled Sarajevo during the siege. A still from the music video to *Raj* recently circulated the internet, coming to my attention in 2015 when my informants shared it through social media. It is of Vučko, the mascot of these Olympic Games. He crouches in the heavily mined former bobsleigh course, a bottle of beer in one hand, saying with his body all of the many things my informants did when they talked to me about *Sarajevo, grade moj*.

Figure 5: Screen shot from the music video for *Raj* by *Skroz*- shared as a meme on Facebook by various informants.

3.3 The Problem

Ko rakijom tugu liječi

taj se ne iz liječi od tuge

nego umire od rakije

Naroda izreka

A folk saying warns that 'One who treats sorrow with *rakija* (fruit based spirit alcohol) will not cure their sorrow, but rather will die from *rakija*'. As a region with abundant fruit and plant life and a long legacy of human occupation, Bosnia unsurprisingly has a history of drug and alcohol consumption that stretches back to the Neolithic. The archaeological record, too, gives a sense of the history since the Neolithic of radical interventions into deviancy, which we might postulate as mental health or substance abuse issues (Persić 1987: 225). Persić traces the first medical interventions in the region to the Ilyrians and then the Romans, noting that they were shaped by the magico-religious beliefs of the time (ibid.) Whilst proto-modern medicine, including mental health interventions, arose in Croatia in conversation with developments in Catholic western Europe, the Serbian Byzantium influence on the region shaped the perception and treatment of deviancy as an ailment of the soul: frescos and old church manuscripts in Serbia depict what we would now refer to as psychosis, and demonstrate the use of wooden shackles and exorcistic procedures (Persić 1987: 226; Jakovljević 1968: 91). The sixteenth and seventeenth centuries saw a renaissance of

sorts in the region, through which Islamic medicine instigated changes in the perception and treatment of illness, including mental illness (Persić 1987: 226). This was followed in the nineteenth and twentieth centuries by the establishment proper of psychiatry in the region, manifested in the founding of facilities such as the *Psihijatrijska bolnica u Beogradu* (Belgrade Psychiatric Hospital) (1861) and the *Psihijatrijska bolnica Stenjevac* (Stenjevac Psychiatric Hospital) in Zagreb (1878) (Persić 1987: 227).

In print, addiction and its comorbidity with mental and physical health problems first begin to feature during this period; in tandem with the explosion of Bosnian print media under the Austro-Hungarians. From these sources, much information can be gleaned about the temperance movement that was well underway in the Muslim, Orthodox, Catholic and Jewish communities of Bosnia. I suggest that these organisations may be encountered as forming a proto civil society; a striking idea given the long history of regulation and oppression of divisive interest groups in the region, first under the Ottomans, then the Austro-Hungarians (Malcolm 1996). For example Kantardžic (Novi Behar, 01. 05. 1927), in a Muslim community-oriented periodical, describes and exhaustively lists the organisations involved in what he terms the 'battle against alcohol and smoking'. According to Kantardžic the first Muslim anti-alcohol society, the *Muslimanskog Naprednog Društva*, was formed in Tuzla in 1906. Subsequently, Kantardzic details the formation of 13 similar *trezvenost* (temperance)societies across Bosnia, all Muslim, and all taking and demanding an anti-alcohol stance. After the disruption of WWI, Kantardžic describes the formation of seven more such societies. In an Orthodox/Serbian periodical, a parallel article was penned by Stajić, (*Kalendar Spkd Prosvjeta* 01. 01. 1912) which describes the state of and successes in the 'war against alchoholism', and cites 1901 as the year of the

formation of the first Serbian '*društvo za suzbijanje alkoholnih pića*' (anti-alcoholic

drinks society) in Serbia. Similarly, an article in *Kalendar Bošnjak* from 1910 (01. 01.

1910) denounces the global scourge of alcoholism, and highlights both the work of the

'brave teacher of abstinence' Nikola T. Đurić in Zagreb, and the founding of the anti-

alcohol publication '*Trezvenost*' in 1901.

In the course of my archival research I was fascinated to detect in many articles from

the Austro-Hungarian and Kingdom of Yugoslavia periods the antecedents of

contemporary moral panic about addiction. These were inflected with nationalist

concerns, and generate a vivid and fascinating sense of turn of the century concerns

with the health and vigour of ethno-national groups, in Bosnia at that time namely the

narod(i) (nation(s)/people(s)), which was intimately linked to the highly politicised

case for self-determination, especially by Serbian writers in Serbian periodicals. In

Stajić's article we see this explicit link made when he includes sobriety as part and

parcel of radical social, cultural and individual reform and improvements that should

be achieved for the Serbian people (*Kalendar Spkd Prosvjeta* 01. 01. 1912). Similarly

Popović, in an article that enjoins readers to 'save the nation', calls for Serbian

Orthodox people to start looking after their own health in the interest of promoting

that of the nation, and fits addiction squarely within this invective (*Kalendar Spkd*

Prosvjeta 01.01.1925). Popović refers to alcoholism as 'the greatest social evil' and

describes how it is an evil that kills 'not only the individual but the entire society'.

Fascinating for the purposes of this thesis, Popovic tops off his polemic with the

question: 'what future awaits us, when lately harder intoxicants have come into usage:

opium, cocain and morphine'. Related themes are pursued by Dinić (*Kalendar Spkd*

Prosvjeta 01.01.1934), who refers to alcohol as an 'internal enemy'; Krulj (*Kalendar*

Spkd Prosvjeta 01.01.1911) who laments that 'our people' in Bosnia spend ten million

kruna on alcoholic drinks per year ('Such an extent amounts to the loss of the entire national fortune!' he exclaims); and are further echoed in an article in a Jewish publication which gives a paternalistic description of charity work administered to the Bosnian Jewish poor, and stresses the need to demonstrate to these unfortunate people the virtuous, simple life, and to concurrently protect them from alcoholism (*Jevrejski Glas* 21. 06. 1929).

Undoubtedly, then, people in Bosnia have been self-medicating through, and concurrently dying of *rakija* and other intoxicants for a long time. What this shows, however, is that the contemporary discourse about intoxication and addiction has deep roots. These findings are all the more significant when contrasted against my informants' oft-assumed rhetorical position of 'there were no drugs/addicts before the war'. Certainly there was alcohol, but as a Slovene comic strip at the time showed, the popular assumption was that hard liquor, not drugs, was the intoxicant of choice: 'I don't need LSD, I don't need Maryanna, with a bottle of hard liquor I'm flying in Ljubljana' (Gatnik *Magna Purga – Danes in Nikdar Vec* 1977: 22). Indeed, the vast majority of people involved personally and professionally in Sarajevo's addiction treatment milieu understood and communicated drug addiction as a 'new' problem which represents, or embodies, a violent rupture with pre-war social life: "There were no drugs in Sarajevo before the war, it is something entirely new for us," or; 'There were addicts before the war but they were a minority in prison. After the war heroin entered Sarajevo, and we lost our youth to it."

And yet, during the course of my fieldwork I spent one fascinating evening at my friend's kitchen table, pen in hand, transforming his recollections of pre-war life in Sarajevo into an ever more complex and entangled web of connections between

different intoxicating substances, different genres of music, different dress styles and different youth subcultural groups. Did the punks do acid? No, that was the goths. Or was it the technos? Either way, if the archive establishes that there were plenty of alcoholics in the Austro-Hungarian and Kingdom of Yugoslavia periods, there were also plenty of alcoholics and drug addicts in the SFRY. As much is made clear by Salihović in a recent 'Parent's Guide' on drugs and addiction (*Vodič za roditelje: osnovne informacije o drogama i zloupotrebi droga*, 2001). In it the authors describe how as part of the 'open' country of Yugoslavia, BiH had wide communication with the whole world by hosting a large number of tourists, and by sending student, tourists and workers abroad (2001: 6). Taken together this led to the penetration of BiH under socialism by various different external influences, including drugs (ibid.). Further, Mehić-Basara and Cerić draw on their professional knowledge as key figures in the psychiatry and addiction community to point to the early 1980s as the period in which drug addiction began to proliferate, stating that while the vision of an 'ideal' youth was promoted by the political elites, there existed a 'parallel drug-scene', and as a result the numbers of drug users steadily increased (2012: 392).

The SFRY's 'open' status, its penetration of and by the outside world, including especially the capitalist 'West', has generated a great deal of interest and commentary. By foreign commentators Yugoslavia has been uncritically been characterised as socialist 'lite', standing in contrast to or as a reification of the proper communist dictatorships of the Eastern Bloc. More promising are the accounts of regional academics, such as Vučetić who uses the trope of the two-faced Roman mythological figure of Janus (2012: 401) to explain the 'coca-cola socialism' of the SFRY. She describes Yugoslavia as having 'one face looking to the East, the other to the West; one face to foreign politics, the other to domestic politics; one face to Hollywood, the other

to Black Wave cinema'[20] (2012: 401-2). For his part, Tomc (2010) also provides an insight into Yugoslavia's relationship with the wider world through his exploration of Hippie and Punk subcultures in the region. Tomc describes how the break with Stalin in 1948 forced Yugoslav elites into rapprochement with the West to prevent mass starvation, a move welcomed by the West as a means of poking a foot behind the Iron Curtain, and getting a toe-hold in the region (2010: 165-166). As such, Tomc highlights the linked decision in the 1970s to open the borders and encourage unemployed citizens to work as '*Gastarbeiter*' abroad: 'An unintended consequence was that practically anybody, except for the "enemies of the state" (a code phrase for individuals who dared questioning the party monopoly of power), could travel abroad, including young people, familiarizing themselves with western youth styles' (2010: 167). Furthermore, Tito's 'bourgeois' tastes and 'bon vivant' outlook aided and abetted this rapprochement, which Tomc argues paved the way for a fairly a liberal economic, political, social and cultural configuration wherein 'the emphasis of socialism shifted from creating an alternative to capitalism to entering into competition with it' (ibid.). Indeed, in their discussions of a general affinity between Bosnian culture and alcoholism or addiction, many of my informants cited the example of Tito as *hedonista* par excellence.

A product to some extent, then, of the SFRY's unique ideological and practical orientation and permeability, drug addiction's existence was established most authoritatively as a social reality by psychiatric practitioners of the time, as is detailed in their professional journals. Just as youth subcultures in the SFRY responded to 'Western' influences with new cultural products—'Creative individuals were often able

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[20] Black Wave cinema was a Yugoslav film movement of the 1960s and 1970s typified by dark, comic and critical treatment of modern themes, which garnered popularity both in Yugoslavia and abroad.

to interpret the global background from a specific local perspective and/or from a specific individual perspective, thus generating innovative, original cultural outputs, producing subcultural worlds that were as relevant and authentic as those which originally inspired them' (Tomc 2010: 196)—so the SFRY had a drug and addiction culture all of its own, even if the increasing permeability of its borders facilitated supply routes. Nikolić, a prolific epidemiological scholar, linked alcoholism in the SFRY with the technological advancement of society, alongside increased wealth and dynamic social relations, which combined lead to alienation (1985: 282). Alienation, for Nikolić, caused people to embrace alcohol as an escape from reality (ibid.). Nolimal added to the picture on alcoholism in particular by stressing that alcohol in the SFRY is a 'valuable social lubricant' (1989: 68), and pointing to its accessibility through domestic production, promotion in society of heavy drinking and derision of abstinence, and wide availability from gas stations to college campuses (ibid.).

In the post-WWII SFRY, the comorbidity of mental health and addiction issues, specifically alcoholism, had profound effects on the development of psychiatry in the region. Nikolić linked the need for advanced mental health care with the SFRY's process of rapid post-WWII urbanisation and industrialisation (1987: 364), whilst Jakovljevic stressed that initially the post-WWII fallout—the 'urgent need to repair psychiatric institutions damaged during the war, to compensate for the psychiatrists killed in the war, and to handle the mental problems worsened by the war' (1968: 95)—shaped the development of the discipline in the region. Writing in the late 60s, Jakovljevic assesses psychiatry in the region in positive tones, linking its development of Yugoslavia as a socialist state: 'The development of psychiatry corresponded with her progress' (ibid.). As such, he links its development to both the break with Stalin and the Yugoslav geopolitical 'openness' when he writes that:

'The second period of post-war psychiatry was democratization, decentralization, and self-government. The abandonment of dogmatic, pseudo-Marxist ideas and the adoption of original Marxist theories and practices in the country has certainly played a great role in this. Finally, an enormous part in this renaissance has been played by the younger generation of psychiatrists and other medical and cultural experts, who spent time in medical and cultural centers of Europe and America or were familiar with professional literature from these countries' (1968: 97).

Certainly, psychiatry specifically and medicine in general underwent a transformation in the SFRY that Nolimal links to the 'social medicine doctrine' developed in the interwar period by Dr Andrija Stampar (Nolimal 1989). This doctrine instigated the development of 'social psychiatry' in the region. Persić delineates the 'social' in this new social psychiatry by highlighting how social factors were included in the etiology and epidemiology of mental disorders, and in prevention, therapy, rehabilitation and organisation of care (1987: 229; see also Skocilić, Kozaric-Kovacić and Stanetti 1986). Savelli's careful scholarship has shown that the developing field of social psychiatry did not simply absorb addiction within its remit. No, psychiatry in the SRFY was intimately shaped by the problem of addiction, specifically alcoholism, especially in the later decades: the field of alcohology represented one of the strongest components of psychiatric research in Yugoslavia (2012: 16; cf. Lapytov's (2011) history of the interaction between clinical psychiatry and 'narcology' in Soviet Russia). Again in keeping with the SFRY's geopolitical openness, Savelli notes that 'the articulation of alcoholism as a social disease (rather than one of the individual) certainly owed a great debt to UK-based practitioners such as Max Glatt and Maxwell Jones—both of whom maintained ties with Hudolin and other Yugoslavs' (2012: 90). Hudolin was a leading light in Croatia at that time, who championed self-help and therapeutic community methods.

Savelli credits the alcoholism 'epidemic' of the Communist era, and the epidemiological study thereof, with having shaped Yugoslav psychiatry along a social psychiatry model (2012: 10). Referencing the rampant proliferation of journal articles on the topic of alcoholism, particularly from the 1960s through to the 1980s, Savelli notes that '[t]he threat that alcoholism posed to two of the country's ideological planks–namely citizens' right to health and the centrality of work to man's psychological development–ensured political support for tackling the disease' (2012: 2). From the late 1960s onwards, Yugoslavia officially came to recognize and investigate drug and alcohol abuse, and the findings were alarming: epidemiological studies concluded that between twelve and fifteen percent of adult males could be classified as alcoholics (ibid.), while official figures for drug addicts within the population climbed from 250 in 1970 to 5,000 in 1978, to 40,000 in 1986—and unofficially, many suspected that the actual figures were inevitably double the state-sanctioned estimates (Kramer 1990). Though provisions for drug addicts were limited, alcoholism became a formative concern for Yugoslav psychiatry, since prominent psychiatrists were tasked by Tito's regime with 'halting the spread of an illness that, unlike the infectious diseases that had recently represented the country's greatest health risks, seemed to proliferate rather than diminish with greater industrialisation and technological development' (Savelli 2012). Psychiatrists voiced their alarm at the epidemic of alcoholism that they found in the population, and in turn, the state voiced its alarm at the threat this epidemic posed to the worker. The upshot was an arsenal of treatments and public health interventions—from educational films and educational materials, to abstainer's clubs, to Antabuse, self-help groups and specialized treatment facilities—which were introduced in tandem with or shortly after their inception in western Europe and America (Savelli 2012; Lang and Srdar 1992).

In the realm of drug addiction, Savelli argues that things were much the same as in alcohology. He writes that 'drug taking was framed as a social act that threatened the well-being of society, rather than a personal choice that might harm the individual' (2015: 181), and concurrently that:

> 'During the Communist era, many influential psychiatrists (with a few notable exceptions) testified that drug addiction was an increasingly dangerous menace, one linked to the conclusion that a narrow medical approach could never successfully tackle the issue, psychiatrists would instead appeal for a sweeping societal intervention that paired the actions of physician with those of broader social, political, and religious organizations' (ibid.).

Certainly the archive supports this conjecture to an extent. Nikolić, for instance, describes how *narkomanija* (drug addiction) destroys individuals, families and socioeconomic relations through smuggling, crime, corruption and prostitution; thus constituting 'a serious socio-medical and socio-political problem' (1985: 150). Savelli suggests that psychiatrists encouraged a de-medicalisation of drug addiction which 'placed responsibility for confronting and controlling drug use on the entirety of society' (2015: 181). There were undoubtedly senses in which the rehabilitation of *narkomani* (addicts) was seen as a professional task, however. For instance, Nikolić outlined a doctrine for the organization of treatment of drug addicts across the SFRY, in which he unequivocally stresses that as well as a behavioural disorder, it was a disease, and as such, treatment should be done in accordance with 'modern scientific principles' (1985: 151) and should be conducted by a team of experts including psychiatrists, psychologists, social workers, and nurses (1985: 152).

My own research, however, poses a complication to Savelli's findings on the link between politics, ideology, and addiction treatment in the SFRY. Savelli phrases the concern with addiction in terms of worker-oriented ideology and the primacy of the collective over the individual, and in the earlier works and some later ones on the topic this conjecture rings true. For instance, Jakovljević stresses that psychiatry in the SFRY was tied up in just such principles as codified in the 1963 Constitution:

> '[S]ocial ownership of the means of production; free congregation and self-government of the working people within the working organization and socio-political communities—the municipality, the district, the republic, and the federation; distribution from the working organizations according to labor performed in keeping with the principle "from each according to his abilities, to each according to his labor"; the achievement of democratic political relations through social management according to the system of elected representative bodies; and peaceful cooperation with all peoples in accordance with the principles of coexistence' (1968: 88-9).

However, I suggest that things became more complicated than the picture Savelli presents, especially by the late 1980s. Nolimal's work is especially interesting in this respect. Writing in 1989, Nolimal criticises dogmatic interpretation of the Marxist-Leninist theory of society which 'may suggest that revolutionary changes in the structure of society itself would eliminate the social and economic problems of society, including alcoholism' (1989: 70) and stresses that addiction 'is not a purely capitalist problem caused by western decadence' (ibid.). Wishing not to 'over emphasize the social hypothesis of drinking' (1989: 70-1), Nolimal instead wrote that the 'extent to which people wish to drink, to get drunk or to be abstainers is strongly individually and culturally determined [...] This is one of the reasons why an alcohol policy issue is also ethically and politically touchy' (1989: 75). Nolimal links the development of alcoholism treatment to a later key policy imperative, namely that of '*Samoupravljanje*'

('Self-management'). He describes how devolving the power of decision making on important matters including social services such as health, social-welfare, education, culture—a principle codified in the Constitution of 1974 and the *Zakona o udruženom radu* (Law on Associated Labour) of 1976—influenced approaches to alcoholism: 'Yugoslavia tried to approach these issues by the so called self-management principle of prevention. The self-management principle of prevention means that each citizen is primarily responsible for his or her own health and that each citizen plays a responsible role in preventing alcohol problems' (ibid.). Furthermore, almost certainly influenced by the growing political relevance of ethno-nationalism after Tito's passing, Nolimal touches upon the issue of ethno-nationalism which heretofore his colleagues had (probably for political reasons) avoided raising in their work. Not only that, he goes so far as to criticise the silence on this topic in research terms. Nolimal writes that:

> 'Citizens of Yugoslavia live in a particularly ethnic and culturally diverse society and there is a general shortage of research concerning these differences in the rate of alcohol morbidity and mortality. The Yugoslav ethnic groups are not uniformly at the same level of risk for alcohol-related problems. Some ethnic groups are at substantially higher levels of risk for alcoholism, having 15% plus alcoholics among the working male members and an additional 15% as problem users' (1989: 69).

Without a doubt, then, there was addiction in the SFRY. Whilst below I present and explore the rationalisations for my informants' assertions to the contrary, here I recognize that in Sarajevo, at a place and time when my informants reported that there were "no drugs", addiction was officially recognised and was being tackled in a way that mirrored elsewhere in the SFRY. In the first instance, drugs were dealt with punitively, but it was the trafficking of drugs that came under strict police control, not consumption (Tomc 2010: 186; Salihović e2001: 6). Consumption and addiction came

largely under the medical remit, namely that of Sarajevo's *Zavod za alkoholizam i druge toksikomanije* (Institute of Alcoholism and Substance Abuse) . According to the Institute's own potted history, treatment of alcoholics was first organised in 1960 at the Psychiatric Hospital in Sokolac, followed by the opening in 1967 of a *Centar za alkoholizam u sklopu Specijalne bolnice za mentalnu rehabilitaciju Jagomir* (Centre for Alcohol Abuse as part of the Special Hospital for Mental Rehabilitation in Jagomir), which ran until 1977. This was followed in 1977 with the foundation of the *Zavod za alkoholizam i druge toksikomanije* which runs to this day. The dissolution of Yugoslavia and the war that followed, including of course the siege, had profound effects on healthcare in Sarajevo, including psychiatric and addiction-oriented treatment provisions. Donia describes socialism's decline in Sarajevo as slow and painful (2006: 241), and though Bosnia's declaration of independence from the SFRY was the short-term trigger of the siege, trouble was brewing in the region throughout the late 1980s and early 90s, as liberals and dogmatists fought for control; the economy tanked; and ethno-nationalism reared its ugly head (ibid.; Malcolm 1996). At the outbreak of war in Sarajevo, the *Zavod za alkoholizam i druge toksikomanije* employed 75 people and its services comprised 115 hospital beds,[21] with 50 outpatient places in the Day Hospital. The *Zavod* (Institute) estimates that it provided an outpatient service to 5,000 people a year on average, and around 1,500 people passed through what it describes as a 'complex socio-psychiatric treatment process with rehabilitation'. Furthermore, in 1989 a methadone maintenance programme was launched in a joint action by the Zavod and the Counselling Centre within the Psychiatric Clinic of the University Medical Centre in Sarajevo, which was treating 50 patients at the outbreak of war (Mehić-Basara and Cerić 2012: 392).

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[21] beds, not patients, are the standard reckoning measure.

War erupted, the siege began, and the Institute's work was put on hold. During this period, mental health problems and their treatment played an important and multifaceted role. Firstly, and chillingly, many key political players in the wars were influenced by psychiatric and psychological principles, most notably Radovan Karadzić, architect of the siege of Sarajevo, whose academic background was in psychoanalysis. Ideas about the relationship between the nation and mental security featured in various military strategies (see Petrović-Šteger 2013), but for Sarajevo the most important one forged was with Freudian theory, through which, as Bjelić notes, 'the latent geopolitics of psychoanalytic language became a useful tool in interethnic conflict' (2011: 1). Bjelić observes Karadzić as having invoked Freudian theory to justify the separation of Yugoslavia, and Balkan mentality and foreign players, with psychoanalytic language 'strategically deployed to normalize the contested geography of the region at the time' (ibid.):

> 'All of the reactionary aspects of the psychoanalytic language of civilization, the Oedipal complex, and the split subject lent civilizing legitimacy to the rhetoric of Balkan nationalists and the creation of neoliberal nation-states on the ruins of former Socialist societies' (2011: 2-3).

Furthermore, foreign commentators were quick to explain the conflict in terms of 'ancient hatreds' in the region which fermented and erupted as a result of a collective mental predisposition towards hatred, anger and bellicosity; a 'balkan mentality' (eg Kaplan 1993; see also chapter 5).

Mental health concerns, including diagnosis and treatment orthodoxies, also played a key part in framing international interventions during and immediately after the siege. In 1995 alone there were 185 psychosocial projects conducted by 117 organizations in

the former Yugoslavia (Locke 2010). Pupavac discusses such interventions in terms of international therapeutic governance. She explores a 'therapeutic paradigm' which pathologises 'whole populations as irrational, by contending that individuals, communities and whole societies are traumatized from war, and trapped in cycles of violence perpetuated from generation to generation' (2005: 8; see also Locke 2010; Summerfield 1998; Summerfield 1999). Pupavac stresses the intersection of the political and the psychological/psychiatric in therapeutic governance when she describes how the 'rapid rise of concern for war trauma is influenced by the contemporary Anglo-American therapeutic ethos, which analyses political, economic and social issues in terms of cycles of emotional dysfunctions' (2004: 337). Interestingly for the purposes of this thesis, the language of 'psychosocial support' is linked to this therapeutic paradigm by Pupavac, who argues that it 'embodies contemporary international policy as social risk management whose perspectives derive from social psychology', and by Locke who phrases this in terms of 'appropriation and translation': 'humanitarian organizations take up a culturally and historically specific clinical social science (trauma psychiatry) and adapt it (as psychosocial support) for application in new fields of transnational, transcultural intervention' (2011; for a fuller discussion of appropriation, translation and psychosocial support, see chapters 4 and 5).

Finally—discourse aside—the armed conflict inevitably impacted the mental health of those involved in 'real terms'. The forced involvement of the whole civilian population of Sarajevo in the conflict through the siege must be taken as an attack on its mental as well as physical health, and to my mind mental health casualties—where direct indicators have been established—should be listed alongside data that conveys physical injury and loss of civilian and military life during this siege. As one informant

put it: "People are dealing with a lot of mental issues [...] Here in Sarajevo we saw people die before us, how could we not be traumatised? But we go without psychosocial support because if people found out they would call you crazy. We saw people killed, how could we not be crazy?" Unsurprisingly given their comorbidity, addiction proliferated in these conditions. Nolimal was at pains to stress that in the late 1980s—the years immediately preceding the war—alcohol policy was inadequate, due in part to the fact that Yugoslavia was 'experiencing a paralyzing moral, economic and political crisis' (1989: 75), which had 'dramatically hushed the health voices and strengthened the hands of narrow economic and short-sighted political criteria resulting in unbalanced development' (1989: 79), at a time when '[d]issatisfaction and impoverishment may bring about more drinking and less interest in alcohol policy issues' (1989: 79). Nolimal subsequently argued that, 'the crisis has strengthened the economic and political power of the alcohol industry' and that 'the entertainment, tourism and media industries have become more dependent upon alcohol production and consumption' (ibid.). Perhaps the most disturbing personification of the continuation and exacerbation of the Yugoslav addiction problem was the figure of the 'drunken soldier' who 'became an ever-present trope in tales regarding the worst atrocities of the Yugoslav wars in the 1990s' (Savelli 2012: 477). It should surprise no one that drugs and alcohol figured heavily among combatants. Notable exceptions were the branches of the ARBiH (Bosnian Army) who underwent significant islamicisation processes, as well as foreign Wahabi and jihadist elements (Bougarel 2007). What is more, we can confidently surmise that the war created or exacerbated drug and alcohol dependencies in the civilian population (e.g. Marić 2010); indeed a survey conducted by the *Zavod za alkoholizam i druge toksikomanije* during the war confirmed as much.

During the war, addiction treatment options were limited, but not absent. The Institute maintained their work in difficult circumstances, and proudly declare on their website that 'the work of the Institute for prevention, treatment and rehabilitation of drug addicts carried on continuously throughout the war years'[22]. As Mehić-Basara and Cerić describe: 'During the war years from 1992-1995 are treated only sporadic cases of drug related overdose, withdrawal syndrome and toxic psychotic states' (2012: 392). Instead, staff at the Institute worked to include themselves in various psychosocial operations in tandem with international organisations, army medical corps, and on behalf of the Institute itself. Above all, the website notes that 'mass psychological trauma was the defining characteristic of the war period, manifested in comorbidity with addiction, and at the time presented a new professional challenge'.[23]

In the subsequent reconfiguration of the country's basic services during a transition time from war to peace and from socialism to capitalism/liberal democracy, healthcare provisions, including mental health care, were an important priority for domestic and foreign actors. As Stites et al (2005) have discussed in light of their longitudinal study, their participants have:

> 'experienced a profound shift in the nature, availability and accessibility of social services over the last two decades, with impacts on health status. Over time, people lost access to the state-provided social benefits when state-owned companies closed or were privatized. The public benefits system broke down when the central state collapsed and, in 2004, alternative systems had yet to reach prewar coverage levels. Due to the continuing emphasis on privatization, they are unlikely to do so. During the conflict, people reduced expenditures on health care; today, many remain unable to afford basic or preventative health care. The combination of these factors has resulted

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[22] http://www.zalcnarc.net/istorijat1.htm [accessed July 30, 2014]
[23] http://www.zalcnarc.net/istorijat1.htm [accessed July 30, 2014]

in a society that is today less healthy and less able to access treatment than the Bosnian society of the 1980s, but one where access to health care has nonetheless improved since the height of conflict' (40).

In health matters, then, the politico-economic transition should be taken as seriously as the 'post-conflict', not least because politically and economically determined options and methods of seeking and choosing treatment during times of illness has been extensively linked by medical anthropologists to subject formation (see for instance Brotherton's discussion of 'fragmented subjectivities that bear traces of the competing political-economic realities that encompass people's everyday lives' in contemporary Cuba' (2008: 268)). Indeed, insofar as they are commodities and are consumed, drugs in Bosnia should also be approached as a feature of the transition economy, and studied accordingly: 'postsocialist consumption helps reveal the inner workings of an entire range of relationships and institutions in transformation' (Patico and Calwell 2002: 291; see also Taylor 1993: 52; Stebbins 2001; Paoli 2002).

In the SFRY there were 17 psychiatric hospitals servicing the whole region (Nikolić 1988: 177). Cerić et al (2001) portray psychiatric services in Bosnia as among the best organized of the republics of former Yugoslavia: 'Basis [sic] for the whole system of psychiatric care were the major psychiatric hospital (Jagomir, Domanovici, Jakes, Sokolac) and psychiatric departments in general hospitals at the secondary and tertiary levels of prevention, which were connected with out-patient centers in the primary health care centers' (Mehić-Basara and Cerić 2012: 393). Due both to massive infrastructural damage and a hugely increased demand for mental health services after the war, there was a clear need to reconfigure treatment provision options (Cerić et al 2001). This was done, as Pupavac (2005) and Locke (2010) have outlined, in a manner strongly congruent with the highly contingent 'Western' contemporary ideals about

mental health and treatment, specifically the 'care in the community' model. As such, there were 'no reconstructions or reopening of the old psychiatric facilities' (Cerić et al 2001: 5; see also Deets 2006; Džubur-Kulenović et al 2005). Instead, a system of integrated community-based mental health centres was launched, each serving a different area, each responsible for prevention and treatment (ibid.). The authors describe how the 'principal change in mental health policy in B&H was a decision to transfer psychiatric services from traditional facilities into community,' (ibid.), the basic elements of the reconfigured services as follows:

> 'Decentralization and sectorization of mental health services; Intersectorial activity; Comprehensiveness of services; Equality in access and utilization of psychiatric service resources; Nationwide accessibility of mental health services; Continuity of services and care, together with the active participation of the community' (ibid.)

Certainly, then, these reforms chipped away at the old system, including the archaic 'institutionalisation' model of care; though whether they have achieved their basic aims is quite another matter (Locke 2010). Psychiatrists, domestic and foreign, have also been involved in researching Bosnian's mental health during and since the war. Again, ideas about universal and indeed collective traumatisation and the roles of psychiatrists come to the fore, such as in Weine's outline of the 'memory work' required in Bosnia:

> '(1) A central component of the modern Bosnian experience has been the struggle to reconcile the historical experience of living together with those of ethnic atrocities, and to use what understandings come of that struggle to define what it means to be Bosnian. (2) Cultural elites, including psychiatrists, manipulated historical and personal memories as an important part of the ethnic nationalist movement that culminated in ethnic cleansing. (3) The task of recovery from ethnic cleansing must involve cultural elites, again including psychiatrists, working with collective memories of

traumatization so as to better define their place in Bosnian collective experience and to redefine Bosnian identity' (1999: 2).

Others have highlighted and explored the interlinked individual and collective experience in Bosnia in a similar manner, including Dzubur-Kulenovic et al who note that a 'central theme of Bosnian life of the past 50 years has been the collision between two irreconcilable historical experiences: the slaughtering of civilians and a civil life' (1998: 1721), and accordingly prescribe testimony psychotherapy—the ritualistic public giving of oral testimony—as an appropriate treatment, since its 'explicit aims are to move the trauma story outside of the narrowing prisms of individual psychopathology and the psychotherapeutic dyad and to reframe the survivor's story in the social and historical context where the etiological factor of state-sponsored violence originally tool place' (1998: 1724). And yet, the scale and the remit of this research has been criticised. An interesting commentary was recently provided by Porobi, in which she notes that:

> 'Generally, international programmes in the region promote the belief that all those displaced by war are traumatised and that external psychosocial interventions are essential. The efficacy of these interventions is taken for granted and yet empirical research on the subject is scarce' (2015: 24).

Poborić cites resource shortages and a suspicious and distrustful local population as the cause of this paucity, and further criticises existing studies for focuses on the 'whole civilian population' rather than vulnerable groups such as the war-displaced and returnees, and for viewing the population as collectively 'vulnerable, traumatised and incapacitated but without any systematic investigation into resilience and general well-being' (ibid.)

Trauma narratives crystallised in the prevalent diagnosis of PTSD (Locke 2010); whilst not an established psychiatric condition in the SFRY, PTSD diagnoses proliferated during and after the war. Healy, in his characterisation of the late 20th century as the 'anti-depressant era' (1997) situates antidepressants within the post WWII therapeutic revolution which 'brought health to the center of Western politics and culture' (1997: 1), and subsequently asks: 'Can you imagine a world in which, effectively, there was no such thing as depression?' (ibid.) I suggest a similar question—can you imagine a Sarajevo without PTSD?—as an equally revealing provocation. Twenty years after the siege, it is the banal (dis)functionality of everyday reality as much as wartime experiences that shapes the mental wellbeing of Sarajevans. As Bosnian psychologist Šošić has elucidated, the unfavourable economic situation, a loss of perspective and sense of disappointed expectations, the transition period and the turbulent political processes it has involved all greatly affect the mental health of the population.[24] Perhaps unsurprisingly in the light of interventions and restructuring, the population of Sarajevo has become highly conversant in both mental health and addiction rhetoric since the siege. A 'backlash' is certainly implied by various internet memes that my informants shared over social media.

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[24] http://radiosarajevo.ba/novost/203527/psiholog-bojan-sosic-mentalno-zdravlje-gradana-bih-zabrinjavajuce [accessed December 10, 2015]

Figure 6: 'I'm not depressed, I'm from Bosnia': A meme shared on Facebook during the period of my fieldwork by informants from Zajednica.

Figure 7: 'The forest: because it's cheaper than psychiatry": A meme shared on Facebook during the period of my fieldwork by a social worker at Zajednica.

My informants were particularly conversant: they liked to unpick for themselves—in conversations, therapy sessions and through social media—these constructed distinctions between normal and abnormal (see chapters 4, 6 and 7).

The precise current scale of the addiction problem in Sarajevo and Bosnia is difficult to pin down. What has unequivocally been established is the transit of heroin across the region, which explains the high rate of heroin use compared to western European countries: 'In Bosnia and Herzegovina [...] 89 % of those in treatment for whom primary drug of use was known (1,003) reported heroin use, with injecting being the most common route of administration, (EMCDDA 2015: 21). The 'Balkan route' links heroin supplies from Afghanistan with markets in western Europe (EMCDDA 2015, Europol, 2013), and the United Nations Office on Drugs and Crime (UNODC) estimates this route to be worth an annual market value of $20 billion (UNODC 2014).

Mehić-Basara and Cerić place the current addiction problem in its global and regional context by noting that:

> In each country of the world today, the emergence of substance abuse and addiction, especially if they have an increasing trend, represents significant health, economic, social and cultural problem, while for Bosnia and Herzegovina, this phenomenon means an additional burden in the long and complicated transition process of recovery after the end of the war in 1995 (2012: 392).

Cerić, Basara and Murga describe the social, political and economic turmoil of recent years in Bosnia, and link this to the unfolding addiction crisis:

> '[sic] Extent of this socio-pathological problem are unknown, but indicators such as quantity of confiscated drug, number of legal processes related to drug, number of those who are coming to health institutions due to drug related problems, number of

overdoses, and occasional surveys among youth indicated that the problem became more serious than anybody in this society wants to believe. All these indicators are showing that the problem of harmful alcohol, tobacco and drug use in our society have multiple negative consequences, and that in the recent future we cannot expect that these trends will became positive' (2003: 19).

The *Ministarstvo zdravstva* (Ministry of Health) has suggested, on the basis of indirect indicators, that psychoactive substance use and addiction have increased in the decades that have elapsed since the war (*Ministarstvo zdravstva Federacije Bosne i Hercegovine* 2002). The Ministry officially attributes this estimated increase in part to psychiatric disorders associated with war trauma, suggesting that over one million citizens suffer severe war trauma, and nearly all citizens suffer some form of psychological traumatization in the wake of the conflict (ibid.). In a recent report for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) entitled 'Drug use and its consequences in the Western Balkans 2006–14' (2015), figures for the country are presented through extrapolation of data from Sarajevo, Banja Luka and Zenica, to achieve an estimate of 7,500 intravenous drug users; 2.0 per head of population aged between 15-64 years (EMCDDA 2015: 16). Mehić-Basara and Cerić estimate, based on indirect indicators, that there are 1,000-15,000 opiate addicts, of whom 3,000-8,000 are intravenous drug users (IDUs) (2012: 393). They estimate that 30-50% of the prison population uses drugs, of which 20% are IDUs (ibid.). Furthermore, they stress that alcohol abuse is on the rise among young people and adults, estimating 1% prevalence in the adult population (ibid.). They conclude that:

> '[T]oday the availability of drugs is increasing, experimenting with drugs is beginning earlier (at age of 11-13 years), that there is an increasing number of traffic accidents caused under the influence of psychoactive substances, that there is a high correlation

of drug use with suicide rate, crime and violence, and that number of comorbid

psychiatric conditions related to addiction is increasing' (ibid.).

In addition, they link the increase in psychiatric diagnoses after the war with addiction,

citing 'psychiatric comorbidity ranging up to 50%, especially in hospital patients'

(ibid.).

Anecdotal and ethnographic evidence gives a 'feel' for the scale of the problem,

although it is wrapped up in a great deal of conjecture. A sense of the rising scale and

severity of Sarajevo's addiction problem was certainly conveyed by my informants, and

this is echoed in popular print media. In an article entitled 'Nation on Tablets' ['*Nacija*

na tabletama'], for instance, the author claims that '[d]epression, anxiety and a general

dissatisfaction with life are the reasons why the citizens of BiH more than ever resort

to drugs in order to keep their cool and successfully cope with the frustrations of

everyday life' .[25] The article highlights a phenomena that my informants were familiar

with, namely the dual practices of oversubscription of '*tablete za smirenje'* [lit. 'tablets

for calming; tranquilizers'] such as Apaurin, Lexilium and Xanax, and of pharmacies

selling them illegally over the counter without prescriptions. Others highlight that, 'The

number of addicts in BiH is rising together with the amount of drugs in the country' ;[26]

or, 'Alarming data shows that people are expertimenting with drugs much earlier, from

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[25] http://www.6yka.com/novost/46421/nacija-na-tabletama Objavljeno: 05.11.2013 [accessed June 12, 2014]
[26] http://www.kalesija.info/droga-sve-prisutnija-u-bih-raste-broj-komzumenta-marihuane-a-opada-broj-ovisnika-o-igli/30. Juni 2011 [accessed June 12, 2014]

13 or 14 years old'[27]; or, 'Serbs are among the biggest drunkards in the world, find out how much Bosnians drink!'.[28]

Clearer than the precise scale of the drug problem, then, is the moral panic (Cohen 1972; see also Young 1971: 10 for a description of moral panic 'in so many words' in relation to drugs) in which addicts, addiction and the causes of addiction are enmeshed. Reflecting on a recent scandal in Serbia, in which it was discovered that addicts at the Serbian Orthodox *Crna Reka* facility were undergoing torture as treatment[29] , Savelli notes that 'although reactions to the scandal were initially characterized by shock, events in the subsequent weeks, months, and years demonstrated that, for a sizeable portion of the population, such harsh methods were understandable, perhaps even preferable [and] served to fuel national discourse regarding the social threat of "narkomani"' (2015: 181). Savelli argues that since Yugoslavia's dissolution, derision of addicts has become an important part of local discourse, as addicts are 'widely assumed to be responsible for an impossibly large number of crimes and strange events' (ibid.). Though at other times displaying and deploying nuance, self-awareness and often higher degree level knowledge about addiction, I was interested to note that when someone tried to break in to my ground floor flat by smashing a window, the almost unanimous reaction amongst my informants—addicts, recovered people and a host of professionals—was to blame *narkomani*. News stories on addicts and addiction in and around my period of fieldwork also included reports of drug driving[30] (); cases intended to shock such as

[27] http://www.klix.ba/vijesti/bih/stotine-narkomana-na-metadonu-sve-vise-mladih-zena-pije/120404129 04.04.2012 A. Džaferović [accessed June 12, 2014]

[28] http://radiosarajevo.ba/novost/163107/-srbijanci-medu-najvecim-pijandurama-na-svijetu-saznajte-koliko-piju-gradani-bih 26. 08. 2014 [accessed November 30, 2014]
[29] http://www.telegraf.rs/vesti/291386-sokantno-pop-branislav-ubio-sticenika-misleci-da-kod-sebe-ima-drogu [accessed June 12, 2014]
[30] http://radiosarajevo.ba/novost/138082/nocache [accessed October 4, 2015]

that of the mother on methadone whose baby was hospitalised after she decided to breastfeed;[31] and reports on the threat of new drugs such as crocodile [*krokidil*].[32]

In the opening words to a recent volume on addiction, Bosnian Islamic cleric *Reisul-uleme* Dr. Mustafa Cerić writes that the book is 'essential reading for every educator who wishes to raise the young in the spirit of a healthy future for our homeland of Bosnia and Herzegovina' (Cerić in Sinanovic 2001). Addiction, then, is portrayed here as an attack on the health of the collective. Prominent contemporary Bosnian psychiatrists paint a grim and more often than not implicitly, and at times explicitly moralizing picture of the causes of escalating drug addiction in Sarajevo and throughout the region, often mirroring this 'attack on the collective' phrasing. Their arguments may be distilled into two interrelated factors, namely war trauma and 'Western' influence. In a highly revealing post-siege edited volume on the topic entitled *Ovisnost o drogama* (*Drug Addiction*, 2001), Hasanović credits the coming of an 'explosion in the proliferation of various forms of psychoactive substance abuse' (2001: 168) during the war as being 'a direct consequence of open communication with 'the West'' (ibid.). He goes on to accuse UNPROFOR employees and indeed employees of other international organization of having 'literally infected' the people of Bosnia with drug addiction (2001: 169). Salilhović et al echo this sentiment when they blame the increase in drug availability and consumption in Bosnia on a more complicated border control process that aids smuggling; the presence of a larger number of foreigners living and working in the country; and on refugees who spent the war abroad and have since returned, bringing habits of dealing and consuming drugs with them from abroad

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[31] http://www.informer.rs/print/17720/vesti/hronika/17720/MAJKA-OVISNIK-DROGIRALA-BEBU-Podojila-sam-ga-jer-je-stalno-plakao 10. 06. 2015 [accessed October 4, 2015]

[32] http://radiosarajevo.ba/novost/134461/foto-sva-bijeda-ovisnika-o-krokodilu 10. decembar 2013 [accessed October 4, 2015]

(2001: 6-7). Bosnia and indeed the Balkans have long been rhetorically portrayed, by foreign and domestic commentators, as a 'bridge' between 'East' and 'West' (Todorova 1997). To a certain extent, then, concern with 'Western' influence and its role in shaping Bosnian society is therefore a typical preoccupation, if not a defining feature of social analysis and criticism in the region, with this moral crisis about the foreign sources of drugs and addiction being yet another manifestation (Helms 2008).

In addiction terms, young people in Sarajevo especially are understood to be lacking in sources of values and in examples of people of value as a result of war trauma, 'Western' influence and—or, to say the same thing—Sarajevo's changing socio-political landscape. In another sense, this moral panic is a fairly typical manifestation of inter-generational angst and friction; a 'kids these days' problem. Salihović et al, again, chimed in on this issue, warning that children are growing up in the context of high unemployment, increased poverty, the breakdown of social and cultural norms, and are lacking different types of institutional support mechanisms (2001: 16). One of my informants, a social worker, put it this way:

> "And kids have such different lives now. They grow up so fast, they have 500km mobile phones at age eight, girls are wearing makeup at age 12. Everyone is competing and consuming and drugs are part of that. You have a kid with a 500km phone and many poor people, so kids with nothing, too. How could they not become criminals? "

Addiction, then, was overwhelmingly presented as a moral problem by my informants, rather than an amoral disease. Interestingly these comments were framed through a language of morality that manifests in multiple aspects of daily life in Sarajevo as concern about '*vrijednosti*' ('values'). Sitting with a group of female social workers one day, our talk turned to the videoed and highly publicized recent fight between two high

school age girls in Tuzla (see chapter 5). "Since the war no one is *vrijedan*," one woman

lamented. Another friend and former addict explained it this way: "In Sarajevo the

whole nation has lost its sense of identity, in Sarajevo it is not one person that is the

problem, the problem is the nation. We were brought up in the spirit of Communism,

brought up to know that we are all one people, brought up according to brotherhood

and unity." The subject position of being *vrijedan čovjek* (a person of value or a worthy

person) and concern about the lack of such people, along with the death of community

spirit, is a well-worn trope in Sarajevo. Moral panic over a new valueless generation

ties in with a great range of dissatisfactions that people in Sarajevo link to the post-

siege changes in their city. Substance misuse is overwhelmingly encountered by my

informants as a direct and logical consequence of this valueless era. Mehić-Basara and

Cerić summarize this mind-set as follows:

> 'In the general atmosphere of destruction, social and economic crisis, the inversion of
>
> values and illegal drug trafficking, quite expectedly, there was an increase in the
>
> number of people who experiment with drugs and increase in the number of addicts'
>
> (2012: 392).

Addiction as a moral problem manifests in the rendering of the addict as immoral;

immorality personified. Such is clear from the amount of stigmatisation that addicts

and addiction face in this context, a theme my informants often returned to. Snezana

Marjanović-Lisac, a prominent figure in Sarajevo's recovery milieu, regards the

stigmatisation of addicts as one of the greatest problems that Bosnian society faces and

laments that:

> 'When you mention a drug addict, usually it is relation to something ugly and dirty, to
>
> crime. Whatever happens, the addict did it. Our society has a high level of stigma and
>
> discrimination against addicts. I understand, but everywhere there is crime,
>
> everywhere cars are stolen, not just on this street [the street of her treatment clinic].

> We have contacted the police and learnt that crime here has not increased relative to in
>
> other local communities'[33]

In her investigation of subjectivity and Alzheimer's Disease, Herskovits writes that the Alzheimer's patient 'is, in many respects, a caricature or extreme version of the negative stereotype of the elderly', and therefore 'to contemplate the self-as-monster in Alzheimer's is, implicitly, to reflect on and grapple with our own future potential monstrousness' (1995: 160). For my informants in Sarajevo's treatment milieu, I suggest that the addict is a caricature or extreme version of the *nevrijedan* person. As such, when they partake of the moralising discourse outlined here, it is not a straightforward othering or dissociative stigmatisation of the deviants in their midst. No, my informants are concerned with their own, ever-possible future monstrousness. Unlike the voice of the mainstream as communicated in the press and other sources, they are not constructing a "we are not like that" moralising comparison. Rather, through their discussions of the causes and manifestations of addiction in Sarajevo they are saying "*Kako da ne,*" or "*Ma da*": "Yes, of course, certainly; how could it be otherwise?"

3.4 Conclusion

On 6th April 2012, sixth months before my fieldwork commenced, red plastic chairs lined the streets of Sarajevo. The chairs, in grown-up and child sizes, represented the victims of the siege of Sarajevo which had begun exactly twenty years ago to the day. If it is sobering to consider the extent of the human casualties, it is equally sobering to consider how little conditions in Sarajevo have improved over the twenty years that

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[33] http://www.klix.ba/vijesti/bih/stotine-narkomana-na-metadonu-sve-vise-mladih-zena-pije/1204041290 04.04.2012 A. Džaferović [accessed August 2, 2012]

have elapsed since this siege began. Too many people in Sarajevo are jobless, aimless, immobile and depressed; they lack qualifications, health insurance, savings, passports, pensions, and homes (Jansen 2009; Locke 2010). People are melancholic (c.f. Navaro-Yashin 2003). Against this backdrop, addiction is framed as the troubling product of troubling times.

In this chapter I have argued for the importance of 'positioning' ethnographies, and have accordingly positioned my own within Sarajevo and its historical and contemporary addiction treatment milieu. To this end I have rendered Sarajevo in my informants' words; painting a radically different picture than much of the received academic wisdom, and aiming to convey a relevant, experience-near impression of the city. Furthermore, I have teased out the key trends, logics and imperatives in the treatment of mental health and addiction issues, and the ways in which they have historically been framed as troubling products of troubling times. This venture may be taken as groundwork; preparation for the task of presenting recovery-making procedures within my fieldsites, the task to which I now turn.

4. Making Recovery

4. 1 Introduction

Recovery, at its heart, is a healing practice. Healing practices have long afforded anthropologists a window into the inner workings of subjectivity and sociality, and their co-constitution. They tell us about the normal and abnormal in any given context, and show us the ways in which people deal with adversity (Hunt and Mattingly 1998; Good 1977). What is more, they instruct us in the nature of change: when it is needed; how, when and by whom it is achieved. Addiction in the minds of most, if not all, of my informants is commonly placed within the 'disease category' (Good 1977: 27). Writing on illness, Good notes that

> 'The meaning of a disease category cannot be understood simply as a set of defining symptoms. It is rather a 'syndrome' of typical experiences, a set of words, experiences, and feelings which typically 'run together' for the members of a society. Such a syndrome is not merely a reflection of symptoms linked with each other in natural reality, but a set of experiences associated through networks of meaning and social interaction in a society' (ibid.).

Addiction, for my informants, is just such a syndrome. Following Lindesmith, who enjoins that our definitions and understandings of addiction 'must come from those 'addicted' rather than those who have never used opiates' (Knipe 1995: 91), I was keen to pester all of my informants for their thoughts on addiction. "*Šta je ovisnost? Šta to znači?*" ("What is addiction? What does that mean?"). Their answers—nuanced, passionate, and detailed—conjured a complex personal and social reality. Within this complex reality I distinguish between (a) the personal and social reality of the

addiction experience—the 'lived syndrome'—and (b) the personal and social reality of addiction mediated by recovery processes—the 'syndrome at a remove'.

At a remove, some informants were at pains to distinguish between different types of addiction: "you have addiction to psychoactive substances, of course, but don't forget that you can be addicted to sex, the internet, television and so on," one middle-manager at Zajednica warned. Addiction is, according to one former *klijenti* turned *volonter* (volunteer) at Zajednica, "a bad habit, it's bad to be addicted.... but addiction can be positive and negative, you can be addicted to sport [positive] and you can be addicted to alcohol and to drugs and to cigarettes [...] the worst addiction is to drugs. Addiction is starting on marijuana and ending up *na igli* (lit. on the needle; on heroin), it's easy to be led onto the hard drugs." Some stressed the holism of addiction: "Before I went to study addiction studies, er, I believed that is a freely chosen lifestyle," said one prominent figure in the Sarajevo harm reduction scene. "As a practitioner and also as a student of addiction studies [...] I learned that addiction is a process which involves the whole person and it's the, the consequence of different factors. It might be the inherited or like some will say a brain disease or a pathological need for something to, to change your mind, to change your behaviour." For others, addiction had a universal, unequivocal core. One morning at Zajednica, a social worker was unhappily, even mutinously sipping a water bottle that she had filled with some herbal concoction. A self-declared *travarka* (herbalist), she had made this preparation to treat her withdrawal symptoms, because she had decided to stop smoking. She explained this decision to her colleagues as a personal battle against hypocrisy: she could no longer stomach telling people to stop doing drugs when she herself was a smoker. For her, addiction was addiction. "But there's a difference," insisted a colleague, "between a *narkoman* and a smoker." Already at the end of her tether at 9.30 in the morning, the *travarka* turned and screeched at her colleague: "*Semantika*! *Semantika*! *Semantika*!" (Semantics!).

Up close, speaking from the perspective of the 'lived syndrome', a great number of my informants chose to explain addiction in radically similar terms; terms of bondage and slavery. Anita, a long-term heroin addict turned recovery NGO worker reflected that:

> "Addiction is when you are not the master of your own body and your own will. Rather, you're dependent on someone or something, and it's, it has mastery over you. And that for me is addiction, addiction is slavery, that's it."

A *klijent* who I had known all the way through his year at Zajednica explained it this way:

> "Addiction means that you have something without which you cannot live, you know, when you're addicted you have to take something in order to be a normal, to be calm, and not be sick. Its when something governs your life, you know, simply there is a second master in your life and you're not only by yourself, something else has control."

Elvir put it like this: "What is addiction? A battle. Every day. You are a slave, you know?"

When we consider the etymological origins of the word and concept of addiction in Western Europe, a striking congruence emerges. Addiction as an English language word and a 'Western' concept, as Raikhel and Garriott describe, has its etymological origins in Roman law, where to be addicted was to be in a state of slavery after failing to pay a debt (Raikhel and Garriott 2013: 11). In Bosnia, the term used for slavery— *robstvo/ropstvo*—has little in common etymologically with addiction—*ovinost*; there is no comparable linguistic genealogy. And yet, while similarities in my informants' 'up

close' reflections on addiction were clearly wrought from a common, and commonly desperate human experience, this semantic overlap also affords an opportunity to begin thinking about the ways in which addiction and recovery are 'foreign' concepts that have found their way into and proliferated in this context. As Raikhel and Garriott note, '[r]ooted largely in Western ideas about health, illness, and comportment, addiction is now experientially, discursively, and geographically widespread' (ibid.). When the 'syndrome' of addiction was described 'at a remove', these roots, and this widespread dispersal, were strikingly clear.

My informants were, according to their different positions within the fieldsites, either making recovery from addiction for themselves, or were helping to make recovery for others. I describe recovery as a 'made' and 'unmade' thing here because other phrasing falls short. Recovery was not achieved or constructed, assembled or even done. Rather, raw materials were pieced together, something new was created: it was made. In this chapter I will describe—through ethnographic vignettes, my informant's words and through various primary and secondary textual sources—the making of recovery through recovery-oriented procedures at both institutions. Introducing the key aspects of these procedures and the key actors involved, here I will stress the 'official' and 'international' nature of the raw materials that are enlisted in these procedures. Whilst addressing themselves and their actions to the addiction-illness, I will describe how, when and why my informants move between the registers of (a) 'the lived syndrome' and (b) the 'syndrome at a remove'. My approach to recovery as a healing process over the next chapters (chapters 4, 5 and 6) is informed by Csordas, who delineates three aspects in most discussions of healing practice:

> 'The first is procedure, or who does what to whom with respect to medicines
> administered, prayers recited, objects manipulated, altered states of consciousness

induced or evoked. The second aspect of healing practice is what we may call process,

referring to the nature of participants' experience with respect to encounters with the

sacred, episodes of insight, or changes in thought, emotion, attitude, meaning, behavior.

Third is outcome, or the final disposition of participants both with respect to their

expressed level of satisfaction with healing, and to change (positive or negative) in

symptoms, pathology, or functioning' (1988: 121-122).

Procedure, then, at Zajednica and Oporavak is my first concern: who exactly does what

and to whom on the road to freedom from the slavery of addiction (ibid.). As such, this

chapter will address the related questions: *What is done to make recovery? Who does it?*

How is it done? How are the fieldsites different in these respects? To this end, I will start

out by describing Zajednica and Oporavak as loci of help, and by outlining the forms

that such help takes in these fieldsites. I then turn to highlight and discuss

narrativisation as it occurs in these contexts, before examining the key facets of the

therapeutic relationships I encountered ethnographically in these fieldsites. I chart and

compare the inclusion of what I term the 'unmade family' in the procedures at

Zajednica and Oporavak. Finally, I turn to the practice of community making in both

contexts.

4.2 Seeking and Providing Help

Turning to procedure, then, or 'who does what to whom' (ibid.), we must establish at

the outset the range of treatment options available in Sarajevo's recovery milieu,

before coming to focus upon Zajednica and Oporavak. Just as mental health services in

Bosnia have been radically restructured as part and parcel of post-conflict

reconstruction initiatives (Deets 2006; Džubur-Kulenović et al 2005; Cerić et al), so

recognition of the continued and potentially increasing incidence of addiction has

manifested in restructuring of addiction treatment alternatives. As such, the options for addiction treatment in Sarajevo reflect and refract all of the trends, ideas, resources and imperatives discussed in chapter 3. A cumulative estimate provided by the EMCDDA suggests that in 2012 there were 1,371 people in treatment in Bosnia, although this is likely to be an underestimate (EMCDDA 2015: 21). The same report states that in Bosnia, 1,003 of these treatment cases (89%) reported heroin use as the primary drug, and injection as the most common route of administration (ibid.); findings which correspond with my ethnographic experiences at Zajednica and Oporavak, where the majority of addicts and recovered people cited heroin as their primary drug.

On paper, Sarajevo's drug treatment and recovery milieu is a joined-up network of different facilities, programmes, and organisations, linked to and by the central node of the Institute of Alcoholism and Substance Abuse (Mehić-Basara and Cerić 2012: 392) which maintains close ties with Sarajevo's psychiatric facilities. This network includes a detoxification programme which is conducted in the hospital (ibid.), and methadone substitution therapy conducted since 2002 via the *Centar za Metadonsku supstitucionu terapiju (MST)* (Centre for Methadone Substitution Therapy) which in 2012 was treating 320 addicts (Mehić-Basara and Cerić 2012: 392-393). Hasecić et al (2001) present findings from their analysis of users of the methadone substitution therapy programme, showing that initial maintenance doses were between 10 and 50 mg, with a mean of 36.1 mg, and maintenance doses after the first two months had a mean value of 61.6 mg. Harm reduction programmes have largely been administered by the *NVO UGPROI: Progresivni razvoj organizacija i individua* (NGO UGPROI: Progressive Reinforcement of Organizations and Individuals), and have included needle exchange programmes, as well as a number of outreach and educational programmes for IDU

populations. Prevention work falls directly within the remit of the *Udruženje za prevenciju ovisnosti NARKO-NE* (Society for Prevention of Addiction NARKO-NE)], although many organisations are involved in prevention; Zajednica and Oporavak included. NARKO-NE targets young people, specifically high school students, and engages with them through a range of projects including the '*Stariji brat, starija sestra'* ('Older brother, older sister') programme. Rehabilitation work, when it occurs, happens in a designated centre, officially referred to as a *terapijska zajednica* (therapeutic community) but informally as *komuna* (a commune). In Bosnia there are a total of eleven therapeutic communities (Mehić-Basara and Cerić 2012: 393), the majority of which are run by religious groups. In a recent *National Report to the European Monitoring Centre for Drugs and Drug Addiction* (2014) the Ministry of Security of Bosnia and Herzegovina gives an overview of these treatment facilities, stating that programmes for rehabilitation and social reintegration are implemented:

> '[I]n treatment centres based on drug free, long term residential settings with the final aim of complete abstinence from drugs, alcohol and gambling and achieved social reintegration. The length of these programmes is up to three years' (2014: 42).

The report further describes how in principle these facilities are funded via the Federal Ministry of Labour and Social Policy through funds earmarked for the temporary accommodation of addicts (2014: 43).

Mehić-Basara and Cerić insist that:

> 'Treatment of psychoactive substances addicts [sic] is a complex multicomponent
> process that besides initial medication therapy includes different therapeutic
> techniques such as: individual and group psychotherapy, social therapy, family therapy,
> work-occupational therapy, different support groups, psychosocial intervenetion, clubs
> and the long-term rehabilitation and resocialization through therapeutic communities'
> (2012: 394).

As key figures within the milieu, Mehić-Basara and Cerić's assessment of the ways in

which linkages occur to facilitate the treatment and recovery process is revealing. They

phrase these linkages as key to achieving the 'therapeutic goal' of abstinence when they

state that:

> 'In detoxification programs (short or long-term), therapeutic goal is abstinence of
> opiates with long-term rehabilitation and resocialization, depending on patient desire.
> In maintenance/substitution programs (short or longterm), therapeutic goal is
> abstinence of opiates with pharmacologic assistance achieved by Suboxone or
> Methadone in dose adapted to individual needs patient in a particular time period [...]
> Regardless of the applied treatment program, along with pharmacological therapy,
> obligatory is the application of individual supportive psychotherapy, group social
> therapy, and work with the family and occupational forms of work' (2012: 394-395).

In the course of my ethnography I had the chance to organically encounter various

aspects of this treatment milieu, and in fact I supplemented these encounters by

actively seeking to generate a feeling for each different part of the spider's web:

attending conferences organised by NARKO-NE, meeting with and interviewing the

UGPROI leadership, and so on. In practice, then, I saw that whilst people—addicts,

families, professionals —moved between the various nodes in Sarajevo's addiction treatment and recovery milieu, the process was neither smooth nor straightforward; not as neat as commentators and indeed many of my informants would suggest (discussed further in chapter 6). Certainly for a social scientist so inclined, the movement of actants, resources discourses, ideas and affects through and across this network, and the ebbs, flows and blockages could provide a fascinating STS or indeed ANT case study. For the purposes of my research in Zajednica and Oporavak and this thesis, the primary linkages were between Zajednica and the detoxification programme—with Zajednica receiving *klijenti* only after they had come off drugs including methadone (although this relationship was in the process of breaking down during my research—see chapter 6)—and Oporavak and the Institute in general—with the President of the NGO using his 'good relationship' with leading members of the Institute to gain contact with addicts and their families who were using detoxification, substitution and other Institute-provided resources; other secondary linkages occurred frequently in an ad hoc manner.

Zajednica is a *terapijska zajednica* (therapeutic community) in title and in operation. Above all else, Zajednica subscribes in principle to the 'Community as method' philosophy (De Lion 1997). Therapeutic Communities arose when mental health professionals in the UK and US strove to create an alternative to pre-existing mental health care systems dominated by large asylum-style institutions (Jones 1968; Clark 1965; Rapaport 1960 etc.). From the 1950s onwards, the mentally ill—and later substance misusers too—were increasingly placed, with and without their consent, in non-hierarchical bounded environments, often labelled therapeutic communities, where therapy was assumed to ensue by and large through internal group dynamics, supplemented by various forms of counselling and therapeutic activities (Manning

1989; Campling 2001). Maxwell Jones, a leading figure in the UK's post-WWII therapeutic community movement, defined them as specialised residential communities in which 'social learning' could occur (1968). 'Social learning', as implemented in early therapeutic communities such as Jones' Henderson Hospital, was ostensibly achieved through confrontations between members of the community regarding behavior; feedback mechanisms through which members could be instructed and critiqued; the actualisation of crisis theory; the existence of a living-learning situation; shared decision-making; and multiple leadership (ibid.). Rapaport's (1960) analysis of the Henderson Hospital confirms and condenses Jones' observations, as he characterised therapeutic communities as arenas of democratisation, permissiveness, communication and reality confrontation.

Later work on the subject teased out the commonalities among and differences between therapeutic communities, the variety and number of which had multiplied exponentially by the 1970s/80s. The definitions and typologies of therapeutic communities generated at this time were the result of careful study of existing therapeutic communities in operation, and as such were less instrumental and programmatic than their predecessors. I take Kennard's definitions as particularly instructive, as he writes that '[i]n a 'general' way, any hospital, correctional or educational institution that is trying to improve the lot of its inmates by offering them opportunities for participating in the day-to-day running of the institution, may call itself a therapeutic community,' whereas, '[u]sing the term in a 'specific' way, therapeutic community refers to a particular set of principles and methods used to help people with particular kinds of problems or disorders' (1983: 3-4). Sugarman's eighteen-point summary of the structural components also still serves as a good catchall characterisation of a therapeutic community. For Sugarman, who studied

Daytop village as a cultural anthropologist, in a typical therapeutic community there can be found behavioural limits and sanctions; positive peer pressure; an ethos of helping one another; confrontation; structures to facilitate the expression of feelings; modelling (as in role-modelling); constructive activities and achievements; living in a self-sufficient group; insulation from outside forces; use of pressure to recruit and hold clients; counselling; education and formal skills training; supervised community contact; organised recreation; preaching and public confessions; ritual participation; and finally, exposure to a 'higher power' concept (1984). Bloor et al add to this definition by stressing that therapeutic communities are 'locales where any and every mundane event and activity is potentially open to redefinition in terms of a therapeutic paradigm, with the nature of the paradigm and of the redefinition varying from community to community' (1988: 6). Finally, Richmond has expanded the definition away from an emphasis on therapy and towards an emphasis on healing that he deemed more cross-culturally applicable, redefining therapeutic communities as healing communities and subsequently submitting that '[h]ealing communities are small collectives (usually between 15 and 100 members) characterized by intense commitment to the group and by a common interest in healing of some range of psychological, behavioural, or spiritual maladies' (1974: xxi).

Therapeutic communities are particularly interesting, and in some ways particularly challenging contexts for social scientists to work within. I suggest that although the emotional and affective intensity and the exposure to social suffering certainly presented a personal and methodological challenge (see chapter 2), the most significant challenge was gaining an analytical handle on what was happening at Zajednica—not because there was too little data available, but rather because there was too much. Put simply, this challenge arose because of the high 'naval gazing' factor

in therapeutic communities. If effective therapy depends largely on what the community is like, then these communities are logically and understandably, and indeed exhaustively introspective about what communities are like. Untangling how the community *actually* operates from the voluminous production of statement on how it *should* operate, according to my informants, was challenging. To this end I will now use the '*Program rada Zajednica'* ('Zajednica work programme') and the '*Pravilnik o kućnom redu'* ('House Rules')—both of which I had access to as documents shared with me by informants—as a skeleton on which to build my presentation of the salient procedural features of the recovery programme at Zajednica; and will engage more critically with these features in subsequent chapters. However, this is not to suggest, as Tan (2010) has done, that such documents exert a Foucauldian disciplinary power over this residential-institutional community. Indeed, neither staff nor *klijenti* at Zajednica frequently referred to these documents, and in some cases they were not even noticeably familiar with or actively ignored the programme, or the rules and regulations—as evidenced in incidences of their contravention (see chapter 6). On the other hand, I wish to avoid fashioning a 'straw man' to rail against in subsequent chapters, but rather to paint, in the rest of this chapter, a picture of the treatment and intervention ideal in the broadest possible brush strokes.

Zajednica is, in its most immediate and physical sense, bewitching, breath taking; a sight to behold. The 'work programme' describes the location as a 'a peaceful environment which offers a view of the idyllic countryside' with 'a beautiful garden, a park with benches, flowers, a fountain, a small artificial lake, sports facilities and other amenities', which aids recovery by providing a 'nice ambience' (p3). This description, though on the right track, falls spectacularly short. Once I asked someone at Zajednica who had been involved from the beginning, why exactly they had chosen this spot for

their therapeutic community. "I think the land was cheap up here," came the disappointingly unromantic answer. But romantic was the word, on a clear, cold and unexpectedly, radiantly bright March morning, as raptors soared in the crisp blue sky overhead; or on a dozy oven-warm August afternoon as my *travarka* and I linked arms as she led me around the site, pointing out different herbs and their usage, before ushering me into the fields to pick armfuls of meadow flowers; or as the surrounding woods erupted into their autumnal blaze, or the hillside was muffled by a metre-layer of perfect, sparkling snow. Nature's bounty was always framed on the hill by the order that human life seeks so industriously to impose on in its surroundings. The two main buildings of Zajednica are '*kuće*' ('houses'); two-storey, red, pyramidal roof affairs, surrounded by gardens, the lake and water features, *šadrvani* (a winter and summer outside house), a sports pitch with an in-construction changing facility, then paths and fields as far as the eye could see. On arrival the only conspicuously 'institutional' features are the surveillance cameras, mounted on poles outside, and the manned barrier at the entrance to the car park, although other hints include the words 'Zajednica' formed in a pebble-based piece of artwork near the car park, the two Alsatian 'sniffer dogs', and the generally somewhat strange architecture; not a typical Bosnian village house (see Bringa 1995). Inside the first house there are bedrooms upstairs for *klijenti*, and downstairs there is a living room and office, chiefly used by social workers and psychologists, an office for the research division, and an office for the surveillance division, and a workshop in the basement. House two mirrors house one in layout, but with a library, workshop space and computer suite upstairs, and a kitchen and dining room downstairs, as well as a 'traditionally' furnished small meeting room, and a gym in the basement—all state of the art, immaculately clean, and well cared for.

According to the 'Zajednica work programme', treatment at Zajednica lasts 12 months and consists of adaptation, rehabilitation and resocialization, followed by another 12 months of community-based treatment (p1). Interviews are conducted by social workers from Zajednica to ascertain a suitable level of motivation and preparedness for the 'process of change in their life' (p7). Abstinence from psychoactive substances is then established through a detoxification programme administered by the Institute of Alcoholism and Substance Abuse (p7). A 'psychodiagnostic procedure' follows, which includes interviews with the *klijent* and their family about the *klijent's* history (p7). Admittance is granted once the proper documentation has been accrued (p7). The programme proper starts on admittance, and goes as follows:

1. The *faza adaptacije* ('Adaption phase')

This lasts one month, and includes at the outset the signing of an '*Ugovor*' ('Agreement') that outlines the rights and obligations of *klijenti* (p7). Contact with family is not allowed in this first month, as it is geared towards the *klijenti* transitioning to life at Zajednica. To this end, a '*pratilac*' ('companion') who has been in the programme for at least 4 months is assigned to introduce the new *klijent* to everyone and show them the ropes. The 'work programme' outlines the objectives of this phase as follows:

- isolation of the *klijent* from the negative influences of the external environment and protection from previously established unhealthy relationships with people
- adaptation of the *klijent* to the requirements and structure of Zajednica
- *klijent* assumes responsibility and active involvement in their own recovery through participation in the planned activities (p7).

During this phase, the *klijent* engages in individual therapy sessions but abstains from group therapy (p7-8).

2. The '*Rehabilitacijski program*' ('Rehabilitation' programme)

This phase lasts for 3 months and is the 'planned, organized, systematic and continual process which enables *klijenti* to work on themselves and gain insight into their past behaviour so as to work on its improvement' (p8). The objectives of this phase are realised through psycho- and socio-therapeutic processes, and are as follows:

- reducing emotional strain by facilitating the expression of strong feelings
- achieving insight into themselves, into their own unconscious or conscious motives and pressures, and unrealistic aspirations
- the development of the *klijent*'s capability for mature, rational behaviour, for taking responsibility for their actions, and the development of the *klijent*'s potential for personal growth and the removal of obstacles on their developmental path
- changing habits and the elimination of a specific behaviour, eliminating the symptoms that represent the biggest obstacle or cause the most harm to the *klijent*
- reducing especially painful feelings, the profound suffering of which is normally achieved by various relaxation procedures
- enabling the *kliient* to establish adequate interpersonal communication (8-9).

The psycho- and socio-therapeutic processes are delineated into 'groups' and 'therapies' in the 'Zajednica work programme' document. *Klijenti* must actively engage with the 'Groups' so as to attain their treatment goals, and these include the '*Grupa za lični rast i razvoj (iskustvena grupa)*' ('Group for personal growth and development')in which *klijenti* work on their interpersonal realtionships and to resolve their issues; the *Psihoedukativna grupe* ('Psycho-educational Group') in which *klijenti* explore new ways of thinking and new values and beliefs, and develop skills for dealing with everyday life; the '*Dinamička grupa ili grupa u kojoj se slobodno izražavaju osjećaji*'('Dynamic Groups' or 'Groups in which to freely express emotion') which allow for emotional unburdening; and the '*Didaktička/edukativna grupa*' ('Didactive/Educational Group') in which knowledge about recovery, addiction, relapse and health is provided (p9). The

groups are supplemented by seminars, round tables and lectures about special topics of interest, as well as '*radionice*' ('educational workshops') intended to educate *klijenti* further in new skills and knowledge, but also in terms of their personal emotional growth, and to develop group cohesion and establish a positive interpersonal climate among *klijenti*: 'Topics to be addressed within educational workshops with clients are: basic needs, self-esteem and self-confidence, emotions, opinions, communication and so on. 'Therapies' work in tandem with these 'Groups' and include '*Umjetnička ekspresivna terapija*' ('Artistic expression therapy') in which *klijenti* express themselves through art; *'Radna terapija*' ('Work therapy') where an individual's skills, independence and ability to function are cultivated through duties such as indoor and outdoor cleaning, on-site outdoor construction work, on-site internal renovations, other maintenance activities including gardening and so on; *Okupaciona terapija* ('Occupational therapy') in which *klijenti* negotiate tasks for themselves that agree with the Zajednica programme and also help them to master new skills that may help them in the future; '*Sportske aktivnost*' ('Sport Activities') through which *klijenti* engage in a variety of sports according to health status (taking into account physical disabilities including hepatitis B and C); and '*Muzikoterapija*' ('Music therapy') which includes passive listening and active making, both designed to treat a range of mental and physical illness by 'finding a way into the heart and souls of the *klijent*' (p10-11).

3. '*Resocijalizacija*' ('Resocialisation')

Resocialisation lasts 8 months and is oriented towards the reintegration of the *klijent* into life after Zajednica. The 'work programme' describes resocialisation as 'a general term for the procedures and processes that lead to socially desirable changes in attitudes, values and behavior of people whose socialisation has not been successful, as

is common in people who are abusing substances' (p11). It includes accompanied and unaccompanied visits home, and can include employment-oriented work towards aquiring skills, knowledge or qualifications. The objectives of this phase are described as follows:

- harmonization of the *klijent*'s behavior with the basic requirements of society

- the development of the *klijent*'s feelings of individual and social responsibility, social consciousness and self-discipline

- building a future concept and strategies for the prevention of recidivism

- enabling the *klijent*'s responsible participation in the social environment and successful affirmation in society through additional education or retraining that will enhance the *klijent*'s competitiveness in the labor market

- building quality and healthy relationships with family members through family therapy (p11-12).

Non-residential treatment lasts twelve months and is carried out subsequent to successful completion of the three-phase residential programme at Zajednica. In it, *klijenti* are encouraged to volunteer at Zajednica, seek employment, keep in touch with Zajednica staff including regular reporting to a Zajednica contact person, and to engage with self-help groups to facilitate social reintegration and maintain a change in social environment. The 'work programme' also mentions a continual monitoring process that lasts three years after the *klijent* has left Zajednica.

This 'work programme' forms the basis of the *klijent*'s therapy, and as such informs the roles and responsibilities of Zajednica's employees, too. The employees number around 70 people and, their engagement with the programme reflects their job title— occupational therapist, social worker, psychologist, sociologist, sports coach and so on

(p2). Being a Therapeutic Community, Zajednica is not conceived as a 'total institution' (Goffman 1961) and as such *klijenti* are encouraged to stay in touch with events and people in the outside world, which can include trips to accomplish administrative tasks, but also leisure trips including visits to family (p9). The day is structured according to this 'working programme'. It is bracketed by a group *klijent* meeting led by therapists in the morning in which the plan of the day is discussed, and one in the evening in which events of the day are reviewed (p8). A weekly timetable is included in the 'work programme' document and reads as follows (with English translation added):

PONEDJELJAK – SUBOTA		
07:00 – 09:00	USTAJANJE [wake up] LIČNA HIGIJENA [personal hygiene] ČIŠĆENJE PROSTORIJA [cleaning up] DORUČAK [breakfast]	09:00 – 13:00 RADNA TERAPIJA (UŽINA) [work therapy (snack)]
09:00 – 10:30	GRUPNA TERAPIJA [group therapy]	
11:00 – 13:00	INDIVIDUALNA TERAPIJA [individual therapy]	
13:00 – 14:30	RUČAK [lunch]	
14:30 – 16:00	INDIVIDUALNA TERAPIJA [individual therapy]	14:30 – 18:30 RADNO-OKUPACIONA TERAPIJA [work-
18:30 – 20:00	VEČERA [evening meal]	
20:00 – 23:00	OKUPACIONA TERAPIJA [occupational therapy]	
23:00	GAŠENJE SVJETLA U SOBAMA ZA SPAVANJE [lights out in the rooms for sleep]	
NAPOMENA: [note]	Svi koji nisu angažovani na grupnim, odnosno individualnim terapijama prisustvuju programu radno-okupacionih terapija. [All who are not engaged in the group or individual therapy programme	

	must attend work-occupational therapy]
NEDJELJA	
08:00 – 09:00	USTAJANJE [wake up] LIČNA HIGIJENA [personal hygiene] DORUČAK [breakfast]
09:00 – 11:00	GENERALNO ČIŠĆENJE PROSTORIJA [general cleaning up]
11:00 – 13:00	OKUPACIONA TERAPIJA [occupational therapy]
13:00 – 14:30	RUČAK (uz prisustvo posjetilaca) [lunch along with visitors]
14:30 – 18:30	OKUPACIONA TERAPIJA [occupational therapy]
18:30 – 20:00	VEČERA (uz prisustvo posjetilaca) [evening meal along with visitors]
20:00 – 23:00	OKUPACIONA TERAPIJA [occupational therapy]
23:00	GAŠENJE SVJETLA U SOBAMA ZA SPAVANJE [lights out in the rooms for sleep]
NAPOMENA:	Posjeta klijentima traje u periodu: 12:30 – 20:00 [visiting is from 12:30-20:00] Klijenti koji nemaju posjetu ili koji ne izlaze van Zajednica sudjeluju u okupacionoj terapiji. [clients who do not have visitors or have not left Zajednica participate in occupational therapy]

Figure 8: 'Weekly programme' timetable (p16)

The 'House Rules' of Zajednica, as set out in the 'House Rules' document, provide an optic through which to engage with many aspects of the therapeutic procedures at Zajednica—conjuring a sense of the ideal procedure, and giving a discreet list of rules and regulations that are designed to structure life and work at the facility. They are as follows:

➢ Article 1. The House Rules of the Therapeutic Community Zajednica of Canton Sarajevo (hereafter Zajednica) outline the rules of conduct of employees, users of Zajednica (hereafter *klijenti*), visitors and guests of Zajednica, the organisation of life, and property relations, and outline the obligations and rights of the *klijenti* of Zajednica.

➢ Article 2. The House Rules ensure the necessary order and organisation of collective life, respect of people, maintenance of cleanliness, peace, a pleasant stay, and regulate relations towards the property, equipment and premises of Zajednica.

➢ Article 3. On joining Zajednica, every employee and client is introduced to the provisions of these 'House Rules' and shall be obliged to comply with the prescribed standards, discipline and interpersonal relationships in Zajednica.

➢ Article 4. Visitors and other persons who enter Zajednica, regardless of their reasons for entry, shall report to the relevant person. The competent person shall receive, listen to, and give necessary instructions and direct visitors, and will be courteous and professional whilst performing tasks within their jurisdiction.

➢ Article 5. All questions, problems and information concerning activities at Zajednica are dealt with through direct contact with the relevant person.

➢ Article 6. It is the duty of every employee, *klijent* and other persons in Zajednica to take care of devices, equipment and other assets of Zajednica.

➢ Article 7. The living room space may be used from 07:00 to 23:00, and permission for the use of premises for longer must be granted by a duty staff member.

➢ Article 8. Wake-up time is 07:00 on weekdays, 09:00 on Saturdays, and on Sundays and holidays the time is at the discretion of the duty staff member. Work-occupational activities on Saturdays, Sundays and public holidays are determined at the discretion of the duty staff member. After waking up the *klijent* is obliged to clean up their room. The light in the dormitories will be turned off at 23:00.

➢ Article 9. Bed linen is changed every seven days, and more often if necessary. Linen is changed in such a way that each *klijent* delivers soiled linens to a specific place at a specific time.

➢ Article 10. *Klijenti* should keep their personal belongings and clothes neatly in the closets. Food should not be kept in the closets.

➢ Article 11. During treatment *klijenti* are allowed visits from people who are on the list of visitors. If a person is not on the list of visitors, the visit must be approved by the competent authority at Zajednica. Visits are permitted on Sundays and holidays from 12:00 to 20:00. A *klijent* can have a visit on other days of the week with the approval of the competent authority. Upon entering Zajdednica, visitors should contact the competent person who will confirm whether the person is on the list of approved visitors. Overnight visitors to Zajednica will be allowed by prior arrangement and if conditions allow.

➢ Article 12. All packages or other items brought into Zajednica will be inspected.

➢ Article 13. Smoking is permitted in designated places.

- Article 14. *Klijenti* of Zajednica can practice religious rituals, and are obligated to respect and not interfere in other *klijenti*'s performance of religious rituals.

- Article 15. In accordance with the treatment plan and individual needs, *klijenti* will be allowed out of Zajednica. Duration of stay and the number of trips away from Zajednica during the treatment determined by the competent authority at Zajednica.

- Article 16. The *klijent* undertakes that during the rehabilitation in Zajednica they will not:

- Possess, bring in, consume, share or resell psychoactive substances (opiates, alcohol, drugs, etc.), and can only use medication prescribed to him by the competent doctor

- Have and bring in firearms and cold weapons

- Have technical devices (cell phone, radio, TV, laptop, etc.).

Technical devices referred to in paragraph 3 of this Article may only be owned by the *klijent* with the prior approval of the competent person at Zajednica.

The amount and type of clothing and footwear, as well as goods for personal hygiene, which the *klijent* can own in the course of rehabilitation is determined the competent authority at Zajednica.

The *klijent* undertakes that he will not behave aggressively towards himself, other *klijenti* and personnel, and that his behaviour will not adversely affect people at Zajednica.

The *klijent* undertakes not to take away or borrow someone else's property without the permission of the owner. The *klijent* undertakes not to have sex at Zajednica.

The *klijent* undertakes that he will not leave Zajednica without permission.

The *klijent* agrees to be included in all regular activities that are provided by the work programme during rehabilitation treatment at Zajednica.

The *klijent* is obliged to undertake all aspects of testing for psychoactive substances (drugs, alcohol, opiates, pharmaceuticals, etc.) in the course of rehabilitation treatment at Zajednica.

The *klijent* is obliged to take care of their personal hygiene, and also the cleanliness of Zajednica.

The *klijent* undertakes to perform all the duties and responsibilities assigned by the responsible person at Zajednica, which are in accordance with the work programme.

➢ Article 17.

• Adequate accommodation, healthy and regular diet, work-occupational activities, individual and group work, as well as adequate personal hygiene

• Suitable approach to treatment, adequate and humane services regardless of religion, ethnicity, age, marital status, sexual orientation, etc.

• A visit from persons of trust who have been indicated in the therapeutic contract is allowed, unless it compromises the health and safety of the *klijent*

• The right to express personal beliefs, values and traditions, but these beliefs and activities should not harm others or interfere with planned activities

• Protection from physical, emotional and sexual abuse.

• The personal property of the *klijent* is sacrosanct and all use and borrowing without the permission of the owner is not allowed

• A *klijent* is free to quit the programme at their own risk, and the possibilities of return will be considered by the competent authority.

➢ Article 18. Provisions not regulated by these 'House Rules' shall be regulated by the 'Therapeutic Agreement'.

➢ Article 19. The provisions of these 'House Rules' are binding on all employees, *klijenti*, visitors and other persons who, on any grounds, regardless of duration, stay at Zajednica.

➢ Article 20. The 'House Rules' will be displayed in a visible place and will be available to *klijenti*, visitors and employees of Zajednica.

➢ Article 21. The 'House Rules' shall enter into force on their adoption.

In addition to setting out the programme and rules, these documents convey a sense of what I will term the 'philosophy' of this therapeutic community. Raikhel and Garriott argue that 'particular therapeutic regimens have their own historically and institutionally defined logics, which inspire trajectories based on the specific

technologies they employ' (2013: 19). The trajectories they describe are movements of drug users through therapeutic regimens. My ethnographic observation of these trajectories confirmed that indeed, Zajednica's work programme as a therapeutic regime had historically and institutionally defined logics. The 'philosophy' is these logics by another name. It is grounded in a specific approach to addiction and recovery which stresses that:

- Psychoactive substance abuse is a disorder of the whole person

- Addiction is a learnt behaviour

- Users of psychoactive substances show behavioral, cognitive, psychological, social and moral characteristics that are inadequate to support a well-regulated, functional and sober lifestyle

- Users of psychoactive substances are able to overcome personal shortcomings, achieve functional value systems and acquire behavioral, cognitive, psychological, social and vocational skills in order to maintain a productive lifestyle

- Recovering represents a change of lifestyle and identity which is much more than the establishment of abstinence from psychoactive substances

- Individual motivation, readiness to change, and commitment to a sober way of life are critical to the recovery process

- Recovery from addiction is a complex learning process that involves behavioural, psychological, social, moral and spiritual change

- Recovery is a developmental process that involves passing through stages, and which entails a process of change

- Relapse is a common feature of addiction, and multiple episodes of treatment are common before an addicted person is able to lead a sober life

- Abstinence from psychoactive substances and improving quality of life is a lifelong mission ('Zajednica work programme' pp3-5).

Many informants, *klijenti* and staff alike, reflected these understandings in their discussions with me about procedure at Zajednica, indicating to an extent an

internalisation of this philosophy with regards to their understanding of recovery (discussed further in chapter 6). It paints addiction as a holistic and relapsing condition, and recovery as a complex, cumulative and lifelong process of change. In so doing, it reflects mainstream 'Western' thinking about addiction and recovery (see chapter 1). I noticed throughout my fieldwork that the level of commitment to these principles reflected by and large the extent of training in 'Western' psychological methods and theory. As such, Dijala—who had recently been trained by Germans in Gestalt therapy—presented the most 'textbook' style answer to my questions about recovery, stating that:

> "Addiction is technically chronic and relapsing, but recovery is about adjusting your relationship with your surroundings, with your system, it's a matter of personality and some people inside themselves, they don't have protective factors and they don't have resilience, this is now a new idea in psychiatry that we can apply to addiction [...] but achieving abstinence, that's only the beginning, that's a symptom, I always say when I'm speaking about addiction that when you have a high temperature you take an analgesic, and then your temperature will fall but it will return if you don't treat the source of the temperature [...] it's a process, there are many aspects of the addictive period that you have to address and change in recovery. It's a process, and it's a process that never ends, it's long term and everyone is included, when I say everyone I mean the family, the whole environment and so on."

I recognise the principle of '*samopomoć*' ('self-help')as the second core component of this philsophy. The underlying logic of 'self-help' states that instead of relying on an intervention from a therapist as the source of treatment, the equal relations between members of a therapeutic community—staff and *klijenti* alike—allow for the individuals to help one another, thus helping themselves to recover (p12). As such, '*motivacija*' ('motivation') figured heavily in my the vocabulary of staff at Zajednica.

The need to encourage addicts to help themselves was tied up into moralising talk about a lack of general motivation in Bosnia and Sarajevo, and within the young generation specifically: "Young people just don't think about the future, they think *papir* (graduation certificate) is everything," "Addicts, like many young people, they don't have a purpose and a vision for their life," "They have no motivation—there are jobs available to work as a census worker, it's short term but why not apply?"

'Self-help' informs the third tenet of the philosophy, 'Community as Method'. Zajednica is described as a '*minijaturno društvo'* ('miniature society') with clearly defined rules and roles, in which people can feel safe and protected, and can pursue their own development and support the development of their peers (p2). As such, the 'whole space is set up like a family home, not like an institution' (p3). Both 'self-help' and 'Community as Method' are concepts lifted straight out of the text books, literally: the 'work programme' frequently cites De Leon's *The Therapeutic Community* (2000).

The fourth major tenet of this community is secularity. In the *National Report to the European Monitoring Centre for Drugs and Drug Addiction* (2014) the Ministry of Security of Bosnia and Herzegovina describe how out of the 11 rehabilitation centres in Bosnia, nine are religious (Christian and Muslim). By contrast, Zajednica is set apart as the only state-run facility in Canton Sarajevo. This state endorsement, then, sets it apart from the likes of 'Cenacolo' in Mostar—established by an Italian Catholic nun on the Marian pilgrimage site of Medjugorje—or 'Izlaz' in Ilijaš near Sarajevo—which focuses on Islamic spiritual and religious therapy. Religion, psychotherapy and addiction have a long history of entwinement in the region (as discussed in chapter 3). Jakovljevic wrote that the 'use of wooden shackles and exorcistic procedures in the treatment of the mentally ill can be seen on medieval frescoes in monasteries, and in old church

manuscripts,' claiming in the 1960s that '[s]uch therapy persists today in some monasteries in the Balkans' (1968: 91). Centuries later at Crna Reka in Serbia, physical torture against *narkomani* was being perpetrated in a religious rehabilitation community (Savelli 2015: 181). Pajević, a prominent contemporary Bosnian psychiatrist, suggests and indeed celebrates that psychiatry is entering a new post-secular phase: with the renaissance of religion at the beginning of the 21st century, psychiatry is being de-secularized and the spiritual needs of patients are becoming matters of serious clinical concern (2011). Yet at Zajednica, the treatment on offer is more in keeping with Nikolić's vision of a Yugoslav rehabilitation of *narkomani*, conducted 'in agreement with contemporary scientific principles' (1985: 151) and by a 'team of professionals' (1985: 152). And yet, secularity in the case of Zajednica did not mean an anti-religion stance, as the 'work programme' makes abundantly clear. Rather, the programme and my informants by and large stressed that a 'professional' and 'scientific' approach to treatment was best divested of religious elements (see chapter 5). Discussing Ilijaš, a practicing Muslim informant critiqued the programme: "they become addicted to religion—it is different, but it is still addiction' (see also Waldram 1997: 129).

Finally, a 'humane' approach to the problem of addiction underscores the procedures at Zajednica, emblemised in the principle of '*Humanost i znanje'* ('Humaneness and knowledge') that the Director of Zajednica highlighted through his introduction to Zajednica's recent publication under the same title (*Humanost i znanje*, 2011). An excerpt from this introduction goes as follows:

> 'In gratitude to [...]
>
> all those who were with us from the very beginning and those who are joining us in our journey to success
>
> anyone who would not let us fall, and those who thought that we would falter

[...]

In the name of humaneness and knowledge, without which we would not be who we
are' (2011: 6-7).

Again, the concern with humane procedures has its antecedents in Yugoslav psychiatry.
Jakovljevic described psychiatry in the SFRY as 'stimulated by contemporary scientific
currents in the world, on the one hand, and the humanistic and socialistic system of the
country on the other hand' (1968: 115), whilst on the *Zavod za alkoholizam i druge
toksikomanije* (Institute for Alcoholism and Substance Abuse) website, the wartime and
post-war work is described as 'following the pre-war humanist orientation'.[34] Taken
together, the procedure of treatment at Zajednica —as presented in the 'work
programme', the 'House Rules', and evident in their underlying philosophy—may be
considered as 'migration' to borrow the Hyde's (2011) phrasing. Referring to addiction
and rehabilitation in China, Hyde writes that 'migration is a useful rubric for
understanding how therapeutics and bodies become global entities and practices
through the movement of three things: heroin, humanistic therapy and political
ideology' (2011: 183). The historically and institutionally derived and defined logics
(Raikhel and Garriott : 2013) of Zajednica's healing practices, then, could be similarly
accessed through the rubric of 'migration'.

If Zajednica self-conceives as being built upon the migrating logics of a 'Western'
therapeutic community complex, then Oporavak's foundations may be found in the
domestically and internationally sponsored post-conflict and post-socialist 'boom time'
for NGOs in Bosnia. Encouraged as a silver bullet method of fostering civil society—
often uncritically promoted as a *good thing*—Sarajevo since the siege has become a

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[34] www.zalcarnet [accessed June 4, 2013]

hotbed of NGO activity. Oporavak couches recovery as a special interest in NGO terms, and seeks to protect and promote it through various NGO-type activities. Fischer, in a provocation to the anthropological community in the later 90s, argued both that the 'local and global forms of collective action intersect with issues of vital concern to anthropologists' (1997: 441), and that 'while the associational revolution has generated tremendous enthusiasm and a large new interdisciplinary literature, anthropologists, to date, have made relatively limited contributions to it [...] There are relatively few detailed studies of what is happening in particular places or within specific organizations, few analyses of the impact of NGO practices on relations of power among individuals, communities, and the state, and little attention to the discourse within which NGOs are presented as the solution to problems of welfare service delivery, development, and democratization' (1997: 459). This is emphatically no longer the case, with a highly engaged and critical anthropological and social scientific literature on NGOs and 'NGO-ization' in Bosnia alone (Sampson 2002; Stubbs 1997; Locke 2010). Since Oporavak's procedure for intervention into the addict's life is conducted in the manner of an NGO, this organisational form must be unpacked at the outset. Situating it within the local historical context, it is important to note that while many commentators have decried NGOs and civil society as an alien import into the Balkans, when loosely encountered as a non-state welfare provision-oriented collective, we can see that in Bosnia there is a history of NGOs spanning back to the *vakuf* system of the Ottoman era, which was a charitable system through which the Islamic community redistributed wealth and provided material assistance (Friedman 1996; Sampson 2002).[35] From the perspective of this thesis, a particularly interesting article from the *Kalendar SPKD Prosvjeta* published in 1924 highlights the role of teetotal societies in the region's extra-state public life. In it the author, whilst discussing the development of teetotal societies in the region, forcefully argues against

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[35] see also http://vakuf.ba/ [accessed June 4, 2013]

critics who suggest that if the state were to legislate so as to curb drinking, the problem of alcoholism would be solved. This is emphatically not the case, the author argues, 'which is why we need anti-alcohol societies' (*Kalendar SPKD Prosvjeta* Miloš Đuran 01.01.1924).

Within the international historical context, we can see that while people have been associating according to shared interests and concerns since time immemorial, NGOs arguably rose to the heights of their power as an internationally promoted 'good' after the UN Congress in 1968 adopted the Charter of the United Nations framework, Article 71 of which qualified NGOs with recognition and power as consultative bodies. Their power and prevalence has grown in tandem with the entrenchment of civil society as the solution to the crises and global democratic deficit that shaped geopolitics of the twentieth century; especially in relation to the genocides and the fall of Communism that characterised its final decades. As Jeffrey (2007) has described, the portrayal of the Bosnian war as a 'humanitarian nightmare' cemented the central role of NGOs and aid agencies, rather than military forces, in international interventions. Key international presences in Bosnia continue to promote a strong civil society as the solution to the country's democratic deficit: 'empowered civil society is a crucial component of any democratic system and should be recognised and treated as such by state institutions'

(http://ec.europa.eu/enlargement/pdf/key_documents/2014/20141008-bosnia-and-herzegovina-progress-report_en.pdf 2014). The UN has estimated that there are over 12,000 registered civil society organizations in Bosnia, most of which are without employees, or with less than six employees, and 6,600 are thought to be 'active'. (2011:

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http://www.unv.org/fileadmin/photodb/Bosnia%20&%20Herzigovina/Seeking%20t

he%20Way%20Forward%20-

%20Civil%20Society%20in%20Bosnia%20and%20Herzegovina.pdf). These

organisations are couched as encompassing a diversity of actors ranging from

individual citizens and organizations, 'Western'-style NGOs, community service

organizations, informal grassroots organizations, sports, cultural and arts

organizations, veterans' groups, political organizations and unions to NGO – CSO

coalitions and networks operating in some parts of the country,' that address, 'a range

of areas including youth, children, women's issues, education and volunteering' (ibid.).

If Oporavak's healing practices and recovery procedures were couched in NGO-speak,

they were also phrased in the—often intimately related—international language of

Evangelical Christianity. Evangelical Christians emphasise born-again conversion,

biblical study and biblical literalism, missionary work and, of course, evangelism

(Bebbington 1989). As Pelkmans has noted for the Former Soviet Union, through their

ability to sidestep the 'centralized bureaucratic clerical structures' in the region, 'the

'new' religious movements balance and prosper on the junction between forces of

globalization and localization. They are embedded in wider transnational networks yet

vigorously adjust religious messages to local concerns and translate them into a locally

contextualized vocabulary' (2009: 9-10). Globalization, arguably the driving force

behind NGO-ization, has also been credited as both the conduit for Evangelical

Christianity's dissemination outside the US, and simultaneously a major source of

contemporary existential insecurity which leads people towards Evangelical faith

(Micklethwait and Wooldridge 2009: 242; Pelkmans, 2009: 2). Evangelical Christianity

had been established in Yugoslavia in the 1980s and had more than 40 ministers

throughout the region before the war broke out in Bosnia (Perica 2002: 13), and prior

to that a Protestant community existed in Sarajevo (Branković 2006). However, neither of these presences could be considered significant numerically.

My first impression of Oporavak was of warmth; a damp, orange blast of warmth that fogged my glasses and persuaded my coat hurriedly off my back as Dino, the organisation's President, opened the door of the office and workshop space on a winter evening. Whilst the heat thrown out by the gas radiator was a welcome one, the vague smell of drains made for a less appealing assault on the senses; a consequence, I would learn, of this building's Austro-Hungarian era provenance. Against the dank smell and peeling wallpaper of the staircase, coming into the office was to be embraced by a neat and ordered world. Oporavak HQ includes an office of its own, the furnishing of which—sofas, desks, bookcases, tables, paint—had all been donated through a scheme that delivers factory cast-offs to worthy causes. Other than the office, Oporavak had access to a workshop with a large meeting table and whiteboard, a kitchen and a toilet, all of which it shared—revealingly—with an Evangelical Christian student organisation (see chapter 5). At that first meeting with Dino I learnt that Anita was the only staff member, but that a handful of other people—all who had recovered from addiction after a spell in the same Croatian rehabilitation centre—were also active on behalf of the NGO. Again, to utilise 'official documents' as a skeleton on which to flesh out my description of procedures, Oporavak's 'Information about the Organisation' document—which I helped format whilst working on a funding application—and the 'Articles of the Organisation'—the translation of which I embarked upon as an administrative task during my fieldwork. The 'Information' document describes the organisation as follows:

'Association "Oporavak" is a non-governmental organization that deals with issues of addiction and has re-socialization or return into society of former addicts as its primary activity.

It was founded in the summer of 2008 by former addicts who, having themselves successfully found a way out of the addiction problem, decided to invest their effort and experience to help other addicts to do the same.

Relying on our own experience we believe in the possibility of complete recovery from drug addiction and advocate for such an approach to the problem.

The mission of the "Oporavak" is to create conditions that will help former addicts to engage in the community as productive members that with their positive example of living will witness that recovery is possible and motivate other addicts to seek help.

Our vision is to contribute to reducing the number of addicts and creating better social conditions in Bosnia and Herzegovina by providing quality support to addicts in treatment and return to society' (p1).

Sampson, as well as engaging in a nuanced way with NGO politics in the region, provides an excellent introduction to the Balkans as a 'world of projects' (2002):

'The Balkans may be a world of kinship, clan, and ethnicity, of peasant families trying to make a living, of folklore, migration and violence; but the Balkans are also a world of projects. By "project" I mean a special kind of activity: short term activities with a time plan and a budget, an activity conducted by donors and their contractors, an activity aimed at a target group, and which takes account of the various stakeholders involved. Projects always end, evolving into policy, or being replaced by new projects. Project society entails a set of special structures and practices: The world of projects has the project identification mission, the implementing partner, the project unit, the board, the staff, monitoring and evaluation, and of course, the magic giver, the Donor. Project life entails a special kind of language, almost like the wooden language of Stalinism. Learning something is called "training of trainers". Getting better at something is called "capacity building". Giving some control to someone else is called "empowerment".

Articulating the project goal is a "mission statement". Communicating information is called "transparency". Trying to find out what's going on is called "networking". Finding the money is called "fund raising". Surviving after the money runs out is called "sustainability". Taking your money somewhere else is an "exit strategy". And when donors are unable to utilize their money, one gets what a Danish report termed "donor constipation"' (ibid.).

His insight plays out in Oporavak, for which project work is raison d'etre, as the 'Information' document goes on to show:

'Since the establishment of the association from 2008 to today, there are three permanent projects which are as follows:

- Project "New Beginning", in which we are working on reaching, motivating and referring active drug users to rehabilitation centers:
  In cooperation with the Institute of Alcoholism and Substance Abuse of Canton Sarajevo, we maintain monthly meetings with addicts passing through detoxification treatment at the department of detoxification. So far we have held 60 meetings with over 600 addicts.
  Over 130 people have passed through the association seeking assistance, of which 70 were sent to rehabilitation centers
- Club "Oporavak"—preventing relapse and helping recovering drug addicts to become productive and responsible members of society (psychosocial support, practical re-socialization, assistance with gaining qualifications and job searches). So far, 49 people have passed through re-socialization program, of which 29 of them successfully maintain abstinence—more than 50%
- Restore the broken—providing material and psychosocial support to families of addicts who are in the rehabilitation process, including provision of food and services including the whitewashing of houses. The project of material assistance has so far included 11 families. Twice monthly we hold meetings

with parents of users of methadone therapy at the premises of the Department

for Methadone Therapy of Institute of Alcoholism and Substance Abuse. So far

we have held 70 meetings with 350 parents.

In addition to these three regular projects we organize an annual conference of former

addicts which is attended by medical workers, representatives of relevant

organizations and former addicts from all over the region (Macedonia, Serbia, Croatia,

Montenegro, Bosnia and beyond). Until now, over 700 people have participated in 7

conferences.

We are members of the informal regional organization "Union Against Addiction"

which gathers similar associations from the Balkans, and of EURAD (Europe Against

Drugs)—an umbrella organization based in Brussels, which brings together more than

50 organizations from all over Europe and in which our President is a board member.

Our organization is a signatory of protocol on cooperation between the Ministry of

Internal Affairs of Canton Sarajevo and NGOs in the field of human rights especially

vulnerable and marginalized populations. Along with seven non-governmental

organizations, we will work on the implementation of the action plan on the protection

of marginalized groups (p1).

Through project work, conducted within and constitutive of a 'world of projects'

(Sampson 2002) in Sarajevo, Oporavak pursues goals that reflect what I will again refer

to as the organisation's 'philosophy'. The approach to addiction and recovery as

outlined in the 'Articles of the Organization' stresses that addiction is an illness and

recovery is possible:

'The Association was established with the aim of helping those afflicted with the illness

of addiction through adjusting recovered addicts to the general social values and

standards of the community in which we live' (Article 6, p2).

Furthermore, the 'Articles' hint at both the importance of the figure of the 'recovered person' and of the Evangelical Christian faith to the organisation in the clauses that describe:

- Witnessing positive behaviour and changed way of life in relation to drugs in everyday life
- Providing spiritual support (for those who have this need) on the basis of the Christian worldview (Article 7, p3).

Before meeting Dino at the office for the first time, I had in fact encountered Oporavak. Using money donated by an Evangelical pastor in the US, this NGO had printed and displayed a poster which urges its reader to '*Pobjedite ovisnost*' ('Defeat Addiction') . '*Oporavak je realnost*' ('Recovery is a Reality') the billboard announces to motorists and tram passengers alike as they rumble along the clogged main artery of traffic in and out of town. This billboard campaign hints at the intertwining of Evangelical Christianity and recovery at Oporavak, where procedures are inflected by both imperatives in a material and 'philosophical' sense. Evangelical Christianity has long been associated with addiction treatment through the promise of rebirth and a subsequent rupture from the damning chronicity of addiction (Garcia 2010), and as such has served the key members of Oporavak—all recovered addicts and Evangelical Christians—in their desire to become fully recovered. Finally, the 'Information' points to a third plank in Oporavak's 'philosophy':

> 'We have been selected by the European Commission to be a full member of the Civil Society Forum on Drugs in the next two years, which means that we will participate in the creation of a strategic plan to combat dependence on the level of the European Union.
> Together with five different European organizations, striving to give a voice to recovered drug users, we have established the Recovered Users network—RUN.

The vision of RUN will be to raise the voice of the recovery movement, by contributing

to constructive and respectful drug policies, for individuals, families and communities.

The mission of RUN is to be a network which provides a voice for recovered drug users

to promote and share experience of recovery, on both the political and practical level'

(p2).

In my time with Oporavak, I found myself listening with pride to Dino as he spoke as a

recovered person and recovery advocate to a meeting at the European Parliament in

Brussels, and—quite to my amazement—crying and being embraced at an Evangelical

conference as a room erupted in spontaneous, euphoric prayer. Within the context of

the organisation's outlook and procedure, both of these experiences made sense, and in

fact informed one another. As such, I encounter Oporavak's philosophy as intimately

shaped by the 'migration' (Hyde 2011) of Evangelical Christianity and EU-oriented

interest group activism; its procedures and members caught between Brussels, and

being born again through Jesus Christ.

4.3 In Pursuit of Narrative

Figure 9: A meme taken from a social media posting by a key Zajednica informant.

Having outlined what is done in a procedural sense, and engaged to some extent with the 'why it is done' rationalisations that underlie these procedures as they become apparent in the 'philosophy' of these organisations (to be explored further in chapters 5 and 6), I turn now to highlight what I argue, based on ethnographic experience, are the defining procedural features of both organisations. Returning to my opening distinction; to make recovery in these fieldwork contexts was to address (a) the lived syndrome and then to convert it into (b) the remove. When compared against the healing a of broken leg, for example, we can see that the recovery procedure after addiction is distinctive in its reflexivity: where fixing a bone does not require the patient to be conversant in orthopaedics, recovery from addiction in these contexts is predicated to a large extent on the addict in question, in conjunction with others around him or her, forming a new understanding of addiction and the addicted life. This, above all, is a narrative procedure. As such, narrative analysis offers a window

into this procedure. Though concentration centres upon the individual narrator in this method, the narrative approach spans multiple levels of analysis since it 'explicitly recognizes that communities, organizations, and individual people have stories, and that there is a mutual influence process between these community, organizational, and personal stories' (Rappaport 1995: 796) and in so doing, allows the researcher to encounter 'individual experience as part of general social relations and cultural values, making them useful as cultural data in general' (Steffen 1997: 99; c.f. Peacock and Holland 1993). Steffen, noting that narratives often become the focus of ethnographic research because they have been artificially instigated by the ethnographer's questioning presence, highlights the advantage in mutual-help or self-help groups, where narratives are the common currency even before the anthropologist's intervention into the fieldsite (1997: 99-100). This was certainly the case in my fieldwork, where I was exposed to a multiplicity of official forums of narrative construction and communication: group therapy sessions, family therapy, workshops and staff meetings at Zajednica, and Club 'Oporavak' meetings, family meetings, women's workshops, meetings, conferences, and *svjedočanstvo* (Evangelical Christian testimony) at Oporovak. Furthermore, I stress the narrative aspect of recovery procedures in this context because even the most banal of daily encounters at both organisations could be, and often were, shot through with narrativisation. Finally, I distinguish between the process of narrativisation and the content of narratives in these contexts, and explore both.

Recovery has long been recognised as a narrative process, not least in relation to the rise of Alcoholics Anonymous. Taken as 'normative narrative communities where identity transformation takes place' (Rappaport 1993), AA and NA groups subsume an individual's history of substance misuse and attempts at sobriety into the general history of the fellowship or programme (Swora 2001a) in such a way as to impose a

coherent narrative thread on someone's loss of control and descent to 'rock bottom' (Cain 1991; Pollner and Stein 1996; Rafalovich 1999); they somewhat paradoxically encourage their members to self-identify as addicts so as to retain their sobriety (Swora 2001b); and they draw a narrative line between the addicted life 'out there' and the sober life 'in here' (Weinberg 2000). What is more, approaches that recognise the 'mutual influence process between these community, organizational, and personal stories' (Rappaport 1995: 796) have come to interesting conclusions in light of Foucauldian theory: Lyons, for example, used Foucault's modes of objectification to argue that 'NA is a technology of the self that requires 'addicts' to transform their selves, through techniques of the self, into 'recovering addicts' in order to achieve recovery' (2005: ii).

In recovery communities, narrative procedures have come under plenty of scrutiny, especially in respect of the imperative to speak authentically and to be authentic, with inauthenticity being linked to stasis or relapse. Weinberg, for example, uncovers concern with inauthentic progress. As such, he observes that the TC leadership were vigilant for people, 'feigning a desire for sobriety in order to enjoy the benefits of "three hots and a cot" (three meals and day and a bed), to satisfy court orders, or to escape the myriad other adversities of skid row street life' (1996: 139). Paik describes how initial inauthenticity in narratives and in recovery was addressed by staff who would 'tell clients to "act as if" they are committed to the self-construction process, because they believe that clients may eventually embody the new self by going through the motions' (2006: 214-215). In her study of an outpatient's program, Carr examines the notion of Honest, Open and Willing (HOW) talk which for her denotes an ideology of inner reference, according to which 'language works when the radical split between signified and signifier is bridged by the process of signification as the speaker chooses the words that correspond to discrete, pre-existent inner referents' (2006: 634).

At Zajednica I was interested to discover that the narrativisation process was not concerned particularly with coherence or eliciting authenticity. Instead, it was distinguished by the overwhelming presence of some voices, underscored by the near absence of others in the therapy sessions and other officially narrative-oriented procedures I witnessed. Individual therapy sessions were sacrosanct, and a key part of daily life at Zajednica consisted of exchanges between therapists and *klijenti* as they tried to organise a time and location for these sessions to take place. Their sacrosanct air was achieved through the privacy that this wrangling was intent on achieving. In these moments, the *klijent* and therapist wanted to be out of earshot of everyone else. If someone unwittingly barged in on an individual session they would excuse themselves quickly and apologise profusely. I was not invited to attend any of these sessions, nor would I have asked to attend: thus, as a caveat, I must stress that I cannot speak to the narrative procedures that may have occurred in these sessions. Group sessions, to which I was invited, were also the subject of protracted wrangling about time and place, but they were considered public and therefore could, and often did happen in contexts such as the *šadrvan* while other *klijenti* played table football in the background. In group sessions, two members of staff would prepare a theme together in advance, and would present their theme to a group of between two and five *klijenti*, before trying to instigate a discussion. In practice, these attempts at dialogue were overwhelmingly met with silence. Into this void, my staff informants would pour their own thoughts, opinions, life experience, knowledge and advice. One stand-out session occurred in September 2012, when a relatively new member of staff was encouraged to prepare for and lead a Group session. Being September in a south-east European country, the weather was gorgeous, so the session was held outside, with staff and *klijenti* sat along a wooden bench, squinting slightly in the midday sun, passing cigarettes and lighters back and forth and batting dogs from underfoot. There were

rumblings of complaint about the absence of any water to drink. Amina began by introducing herself to the group, and by asking the *klijenti* to introduce themselves and tell her how long they had been at Zajednica. She spoke confidently, and they replied simply and monotonously, but accurately and politely too. Moving on, she began to outline what she had decided would be today's topic: restorative justice [*restorativna pravda*]. At the time my face almost certainly mirrored the confusion on those of the *klijenti* around me. When I got home I had to research the concept for clarification, and was able to confirm the gist of what Amina had been saying: restorative justice is a victim and community-oriented form of justice, whereby the perpetrator and victim are encouraged to reconcile through mediation. She explained that it is a "European philosophy" that "has been happening all over Europe, and now it's here." For the purposes of understanding the 'international' flavour of recovery procedures in this context, it is worth noting that it was "here" because of 'Western' intervention into transitional justice in Bosnia. Acknowledging the blank faces, Amina went on to explain that "You'll know it as mediation," and that "It's an opportunity to address the wrongs that you caused so you can then say I'm an *ex*-addict, I am *vrijedan* (decent), there's no more guilt, there's no more shame." Her session lasted over forty minutes, with minimal interjections from *klijenti*. Their contributions were along the lines of "Do you mean x?"or "What's the point?" to which Amina would answer, "No it means y," or "Well the point is..."

Steffen has described narratives in AA as 'taking place in a continuum between autobiography, case history, anecdote and myth, tying individual experience up with common cultural themes and therapeutic goals' (1997). When I asked one staff member how she decides what to speak to *klijenti* about, she said—alluding to the fact that her degree subject was in no way related to therapy—that she spoke from "My life

experiences, and the way that I know how *not* to be an addict." At Zajednica, I suggest, narrativisation procedures took place on the continuum that Steffen describes, and similar attempts at 'tying individual experience up' were made (ibid.); the important difference being that they were by and large the narratives of professionals, many of whom had never partaken of intoxicating substances, and certainly had not been addicted to drugs. After a while in our 'restorative justice' session, Semira and Alma came to Amina's rescue, announcing that the Group therapy was done for the day. Asking them how it went on our journey home together, Semira said something to the effect of "what can you expect, she is a criminology graduate not a therapist, she was speaking from her own expertise and really about herself, no wonder no one could understand it, the *klijenti* did not have a chance." In so doing, of course, Semira provided the summary of narrativisation in this therapeutic context.

Rappaport highlights the normative function of narratives in when he states that they 'communicate to members and others what the community is like, how it came to be that way, and (sometimes implicitly) what behavior is expected. Narratives are powerful devices for effective communication' (1993: 249). At Zajednica, a second feature of narrative processes outlined above, I argue, is their pedagogical bent. Group therapy sessions were peppered with the modal verbs 'you must' ['*morate*'] and 'you need to' ['*trebate*'] and verbs in the imperative form '*slušajte*!' '*razmišljate*!' [listen! think!]. These trends came across all the more forcefully when I noticed that in general chitchat, staff could and would quickly transform the encounter into a teaching moment. For example, during Ramadan at Zajednica I asked one *klijent*, who was lounging about watching television, if he was fasting (which would explain why he had been given leave not to go outside and do some work). Before he could answer, Elmina, a social worker, came wading into our conversation: "You've been here a matter of

weeks and you're fasting, is it not enough that you are abstinent? You have to take small steps! You are in no position to fast, mainly because fasting is not just about not eating you know. You've got to have good thoughts, good intentions, a good mind-set. That is what fasting is about, and it is unattainable during treatment!" This tendency, conceivably a demonstration of 'Community as Method' philosophy in practice, was arguably instead evidence of the hierarchical and pedagogical nature of narrativisation processes at Zajednica. I heard the same therapist firing out the line "*Od šanka do djanka, linija je tanka*", meaning more or less "There's a fine line between alcohol *šank* (colloquial: alcohol) and *djank* (colloquial: heroin)," at *klijenti* almost at random, ramping everyday up exchanges into moments of instruction.

In the process of writing after fieldwork, I came across an article in which an informant had shared his addiction and recovery story. As well as finding the online comments on the article a little upsetting ('cretin' ['*kretin*'] being by far the mildest term of derision employed against my informant and friend),[36] I was astonished by the content. Whilst reading critically enough to realise that the reporter's influence may have shaped his words and the coherence of the narrative, I was nevertheless shocked by the clear, progressive and full account: here, finally, was a narrative from Zajednica that resembled those I had read about and indeed experienced first-hand as a visitor to AA meetings in the UK, a narrative that eluded me in my fourteen months of being at Zajednica; a proper 'drunkalog':

> "I also have a younger sister, and my mother was always with my father in the hospital [who had been injured in the war], so I often stayed home alone. I fell into bad company. I started experimenting. I started drinking alcohol, smoking weed, and that

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[36] http://www.avaz.ba/clanak/151026/ispovijest-bivseg-ovisnika-bio-sam-zivi-mrtvac?url=clanak/151026/ispovijest-bivseg-ovisnika-bio-sam-zivi-mrtvac [accessed April 20, 2014]

lasted several years. I thought I'd stay on the weed, but that was just a lie that everyone

falls for. Then my addiction developed, and then came a little harder drugs, like speed

or ecstasy. I took them, not even realising that I had a problem. It was all good with me,

and nothing else interested me. I hid it all for a few years; parents are, of course, the last

to know. Then came the first problems with the law. Several times I have been

sentenced to prison. I was in prison a year and a half, then ten months, and then seven.

There my horror story began. My first time in prison I tried heroin. I was hooked like

the biggest *seljak* [villager; peasant], at the age of 31. I was hooked on strong drugs. All

the worst things were happening to me. I do not like to recall that period of my life,

because it's got me where I am now."

Absence is a matter of anthropological concern as much as presence (Fowles 2010); as

such the silences of my informants constitute data as much as and in the same way as

their utterance. Furthermore, it must be noted that when they did speak during group

sessions, *klijenti* were not sharing their stories, or constructing narratives at all. Rather,

they spoke to contradict the staff, they almost always spoke to ask for a clarification: "I

don't understand that," or, "What do you mean?" The occasional, "Yes but it's hard

when you're in the moment," or, "This is easier to talk about than to do," stood out as

moments of great eloquence. Yet when compared against the effusive speech of the

overwhelmingly female team of therapists, and seen within the matrix of performed

masculinity in this context (see chapter 5), I suggest these silences were eloquent in

their own way; they preserved a masculine distance and left room for scepticism. In

truth, to experience a group session put me in mind, more often than not, of maths

lessons as a teenager: a committed but high-handed performer and a bored, petulant

audience.

The trends in narrative content at Zajednica reflected the pedagogical bent of the

narrative process and its overwhelmingly staff-led production. It is interesting to note

that in recorded interviews, when an incitement to narrativisation had been made through my questions, including the open-ended oral history style question that I liked to begin my interviews with—something along the lines of "*reci mi o tvom životu*"— ("tell me about your life") *klijenti* and staff did respond alike with a narrative version of their lives. I noticed, however, that when an earlier-stage *klijent*'s words—"Addiction is slavery" and so on—are compared against the narrative of a 'volunteer' who had passed through Zajednica's programme years before, the absorption of the key narrative themes that the staff present during therapy sessions was much more profound in the former than in the latter. The themes in interviews with volunteers included: a new understanding of addiction as a disease of the whole body, mind and spirit; an understanding that addiction could happen to anyone, and that people were addicted in many ways to many different things; some form of understanding that they were not entirely to blame for their addiction, but that they had to take responsibility for it; the importance of socialising with 'clean' people; a conviction that alcohol was a gateway to relapse; and the importance of 'having a plan' in any situation. As such, I argue that through these themes, and their pedagogical communication in narrative form, that the staff seek to address (a) the lived syndrome of addiction and then to convert it into (b) the remove.

Throughout my time at Zajednica I saw staff and *klijenti* in therapeutic exchanges in a myriad of contexts, but often drawing from exactly the same well of narrativisation. *Klijenti* were asked to live their future life through the careful approach: to this end, "*polako, polako*" ("slowly, slowly"), "*korak po korak*" ("step by step"), ["*mali koraki*" ("baby steps") and "*ne žuri*" ("no rushing") rang out across Zajednica. As such, narrative content, through its concern with futurity, was rather at odds with conventional wisdom on recovery narratives. These were stories told in public about how things

were *going to* be, not how they *were* or *had been*. Furthermore, by narratively

demonstrating means of "having a plan", staff were able to fit addiction within a

general narrative of human nature and the brokenness of adult life; the background to

all of our future fortunes: "It's human nature to want more"; "It's human nature to

rush"; "It's human nature to be dissatisfied". In so doing, they took addiction out of (a)

the specificity of the lived syndrome and remove it into (b) the realm of the remove;

the more generalised and generalizable human condition.

As Ricoeur notes in *Time and Narrative* 'Time becomes human time to the extent that it

is organized after the manner of a narrative; narrative, in turn, is meaningful to the

extent that it portrays the features of temporal experience' (1984: 3). The second

distinctive and important aspect of narrative content at Zajednica, then, was its

temporal trajectory. Discussing the healing of memories in AA, Swora writes that the

'point of remembering the past is to remind the alcoholic of the gifts of recovery,' and

that the fashion in which AA 'heals a wounded memory is by giving the alcoholic a

narrative framework in which to account for his or her past, to make sense of it, and to

create an apologia' (2001: 65). In a similar manner, the 'work programme' insists that

at Zajednica 'the reflections of the *klijent* during therapy are directed at the current

situation and the time before that' (p6). However, I argue that the narrativisation I was

exposed to, especially in Group sessions, was of a different temporality. As previously

alluded, 'having a plan' was a key feature of the pedagogical narrativisation at

Zajednica; in fact, I would argue that it was the main component. In a fairly typical

therapy session, for example, Alma wrapped the table with her fist: "You must be on

here," she exclaimed, "Not here," and with that, she flung her arms up to the sky. In

another, she imagined herself into the position of a former addict who had just taken a

job at a construction site, and explained all the ways in which she would plan to avoid

drinking with colleagues after work: "I would not do x," or "I would not go to y," and on,

and on. These lessons were offered with sincerity and feeling to be sure; again and

again staff would explain that everything gets better in time, furnishing their stories

with this or that ex-*klijent* who was now a successful family man. An unguarded

exchange between a married couple within the staff at Zajednica caught my attention

one day when, discussing their life going forward, the husband stated that "we must

have a plan otherwise we are like an addict, only living in the moment". As such,

narrative content was radically future-oriented, and 'having a plan' an orientation

towards the future that distinguished the non-addict from the addict.

Figure 10: A meme shared on social media by an Evangelical Christian recovered heroin addict, with whom I had discussed C.S. Lewis' Christian writing.

Narrativisation at Oporavak represented a striking departure from what is outlined in

the AA/NA social scientific literature, and indeed from narrative processes and content

at Zajednica, for one simple and immediately obvious reason: *Isus/Bog* (Jesus/God).

Jesus/God transforms my informant's stories from narratives into *svjedočanstvo/a*

(testimony/testimonies), making them qualitatively different in terms of content and process. Sremac, discussing his work on narratives at rehabilitation centres in Serbia and the Netherlands, uses Ricoeur's work on the hermeneutics of testimony (1979) to argue that, 'testimony is understood not as cognitive assent but as a narrative dialogue with the narrator's audience and the divine,' and as such, 'testimony is understood as a transformative discursive practice of self, and it is always linked to the transformation both of individuals and of faith communities' (2013: 12). Sremac further notes that 'conversion here is seen as the prototypical form of spiritual transformation, which leads to radical changes in a person's religious beliefs and it is a key factor in the meaning making process, faith development and reconstruction of one's biography' (2013: 13).

My informants at Oporavak largely talked about their recovery in terms of 'conversion', and presented their stories as 'testimony'. Furthermore, evangelism made for an excellent starting point in my research with these people, who were very keen to talk about their conversion as a way of evangelising to me. A very typical example from the vast array of narratives, taped as part of an interview, went as follows:

> "I didn't know in my early years that the punk rock style isn't about just music, there's another element of the lifestyle, and a lot of it is to do with drugs. And so through that I was introduced to drugs, tablets, marihuana, some glue, and drinking of course, I mean it was a package, we started with the punk rock concerts, visiting the clubs where those kind of people would hang around, and er, some of us had the ability to control that and to, to use some drugs and to drink to some extent and some really went over the line you know and we really liked it and we become more and more and more sucked into the, into addiction, and er I, since I was 15 years old I was constantly on drugs and er and drunk, and then I was 19 years old I came to heroin. I was on heroin for two and er, maybe a little bit more years, then I was 21 and a friend of mine, actually he wasn't a friend of mine he was a friend of my cousin, he was around 12 years older than me but

he was a guy from the neighbourhood I'd been living in all my life, he realised that I was in a bad condition, he told me that Jesus can help. Immediately I started to hate him because I hated all thoughts about religion I was, my philosophy of life was existentialism I was thinking that, you know, there is no God, live for the moment. I really didn't look for any help, erm, to stop that life even though it was, there were periods when it was really hard, and the period when this guy approached me and said, and told me that Jesus can help me was the period just before the war, maybe six months before the war started, and at that time I was heavily into drugs, I was a drug dealer, I was buying drugs like softer, lighter drugs in Croatia, bringing them to Sarajevo, selling them and I was buying heroin with that and er, but that was the time of war in Croatia [interrupted by phone call].

Because the war was on in Croatia I had a hard time to access the people to go there to buy drugs so then I was in quite a lot of trouble, I didn't have any money or a house, that was the situation where well I was then more open for let's say maybe to think about things anyway long story short after several conversations with this guy where I tried to persuade him there is no God I decided to go to church to convince myself this is not true. Because I am thinking about the church that it is full of hypocrites you know, full of people who are nice in church but outside they live like everybody else you know, but then when I, when I come to the church it was to my surprise it was not like a church building—church for me was always a building you know—it was an ordinary house, he explained to me that church is people, it was like a new concept for me at that time. And er when I entered the church building I had an experience, a strange experience with God where under strange circumstances I changed my mind, from an atheist to a believer I believed that there is a God, not any specific God, but they gave me the Gospel of John to read and I read it and I fell in love with Jesus. Two months later I decide to try, to try to follow Christ and er, and that was, that was two months before the war started, 1991, end of 1991. But to my surprise I was delivered from my addiction in the process, I didn't go to rehab and I didn't go to, I didn't even go to church regularly, I just prayed that if God exists that he would help me to get rid of heroin. I started to wake up in the morning without any desire to do drugs, and er, no, I didn't

have that drive, that drive that pushes you to go out to steal, kill, destroy, whatever you know to get drugs I just didn't have that, I had some physical crisis I had some mental problems but it was, it was manageable, so that's my story. After a while, before I was baptised in 1995 the whole church it stopped working, and it was er a long story we didn't go to church or anything, and I wasn't living an exemplary Christian life but I didn't return to heroin, I did smoke pot, a joint you know, but deep inside I knew that I was delivered by God, and that one day I will live a kind of Christian life."

Falling in love with Jesus was a common theme amongst my informants at Oporavak, and coming into the church—physically in the sense of a building, but also in the sense of a community—was identified time and again as a key moment in conversion narratives. Although many members of Oporavak had been to rehab, usually the same Evangelical Christian rehab in Croatia, many too testified that they simply stopped using drugs after experiencing God and becoming believers. Miracles littered these narratives too—with one informant testifying that God saved him from a car crash, whilst another explained that she "prayed to God throughout my pregnancy that my son would be fine and even though I was on drugs all that time, when he was born he tested negative, it was a miracle."

In so doing, I saw that the onus of responsibility shifted somewhat in their narratives—away from them as an addict, and towards Jesus/God who saved them. At the same time, in agreement with Zajednica, a strikingly similar preoccupation with futurity manifested over an over-emphasis on coming to terms with the past, or even on the present as is evident in the 'just for today' imperatives of AA and NA. At Oporavak, this was abundantly clear in workshops and other intensely narrative events, where focus on the addict life was discouraged. When conceiving and planning the women's workshop with Anita, for example, she stressed that we would have to stop the women

talking about what had happened in their pasts. I had already noticed that in the office,
when Oporavak members met with people who had come in 'off the streets' so to
speak—addicts, or people on the methadone programme—they would soon slip into
conversation about the people they knew in common. Some phrased this in terms of
Sarajevo being a "village", but of course it was the population of addicts that was the
"small world" that many referred to. On one notable occasion, Monika met this with
"*mali svijet, veliki Bog*"—small world, great God. Anita explained that we had to
discourage any kind of "drug talk" because:

> "When I was taking drugs I was some kind of hero, I was respected because I was in
> prison, if you take five grams not one gram they respect you, addicts have this terrible
> value system and we need to change this, so no talking about drugs like that during the
> workshops."

Furthermore, the future was not a source of fear or apprehension in the narratives of
Oporavak members. Although Anita worried about many things—for example her
husband being in prison, her bad relationship with her parents who were housing her
and her son, whether Dino would be able to continue paying her salary—her narratives
about the future emphasised trust in God instead. At the 2013 *Kršćanska druženja*
(Christian Gathering) in Sarajevo, the annual *[Međunarodna konferencija bivših ovisnika](#)*
(International Conference of Former Addicts)[hosted by Oporavak in partnership with
other similar NGOs in the region, I was thrilled to hear testimony after testimony in the
plush settings of a hotel ballroom in Ilidža as over 150 delegates—with a huge
proportion of recovered people—descended from the various Evangelical addiction
organisations of the former Yugoslav countries. This three-day event sped past in a
blur of name-tags; excited embraces of old friends; arms raised in sung prayer as a live
band blasted out worship music; chats over coffee that began "So, when did you find
God?"; workshops where the deepest matters of life and faith were discussed with

strangers; and a sea of pristinely covered Bibles that were eagerly and often consulted by searching fingers and minds. From my perspective, however, it provided above all a fascinating insight into the future-making qualities of recovery narratives in this setting, such as in the excerpt from an extremely well received *svjedočanstvo*:

> "We've been talking about fear, why we have fear. I know why I had fear, because of who I was. And then the voice of Jesus Christ came to me and said son, you are who I love, who I like, and it was amazing. Have you heard this voice in your life? [crowd speaks together in assent]. And what comes next? Joy! [...] We know who we are, we've heard that voice, we were born again, tomorrow is a new day, we have a vision, we have an invite: what is the invite? To do as Christ does!"

The duty of the convert, as communicated in conversion narratives, was to testify to Jesus/God's transformative work in their lives, to trust in Jesus/God, and to follow him. Yet, if the narrative content was largely or even exclusively testimony to God's plan, the practice of narrativisation at Oporavak was the product of religion. Incitement to narrativisation was a central plank of Evangelical life in this context, for the recovered addict, but for everyone else too. At the *Kršćanska druženja*, questions at the workshops were used to incite narrativisation through which delegates could filter their life and their faith through the same lens: "Did you ever run away from home? What happened? In retrospect, where these moments when you were running away from God?" This practice was a common feature of Evangelical events I would attend, including a women's workshop at Oporavak where we were invited to ask "What does it mean to live in harmony with God?" and "What does it mean to live in harmony with yourself?"

In terms of its narrativisation at Oporavak, future-making owed a debt to NGO-speak too. In one afternoon, Anita was explaining how to write project proposals:

> "I went on went on a course and they told me that you must say, this is the present
>
> situation [points to the wall] and this is the future [points further along] and your
>
> project has to be a bridge [makes a swooping huge arc with her arms]."

She then went on to disparage the other organisations at the event: "We were the only visionaries there, the others were just wanting to get money". Later in the day an American friend asked Anita how long she had been "sober". Her reply was emphatic:

> That's the difference with us, AA people are all like 'three thousand days two hours',
>
> and I just don't know. *Samo naprijed*—only go forward—we say it a lot like as an
>
> encouragement.

Reflecting two important imperatives in the organisation's 'philosophy'—Brussels and being saved—these future-oriented narratives in Oporavak were further 'internationalised' in terms of content and process through involvement in European advocacy activities. Through their work with RUN, members of Oporavak gave full narrative accounts of their lives after addiction in their advocacy work. As such, the "potential" and "positive contribution to society" of a "fully recovered person" were modelled and championed by my informants at meetings and conferences across the EU, and valorised as alternatives to the damning chronicity of the harm reduction model. Taken together, a striking commitment to the figure of the recovered person, and an orientation towards the future over the past or present were shared features of narrativisation at Oporavak—whether in testimony or at the EU parliament presentation. *Samo naprijed*, indeed.

4.4 Therapeutic Relationships

Recovery in these fieldsites was a relational as much as a narrative procedure. The profoundly social nature of healing, and the healer-patient relationship at its axis, has received robust attention by medical anthropologists. Ethnographically encountering the therapeutic relationships within these recovery procedures leads me to consider the subject and subjectivity 'not as original forms but as dynamically formed and transformed entities' (Biehl et al 2007). A self formed through dynamic and transformative imperatives could bring into play Foucauldian theorization of governmentality and techniques of the self, which in turn informs Rose's assertion that '[o]ur personalities, subjectivities, and 'relationships' are not private matters, if this implies that they are not the objects of power. On the contrary, they are intensively governed' (1989: 1). Rose writes that '[t]hrough self-inspection, self-problematization, self-monitoring, and confession, we evaluate ourselves according to the criteria provided for us by others' (1989: 11), and '[t]hrough self-reformation, therapy, techniques of body alteration, and the calculated reshaping of speech and emotion, we adjust ourselves by means of the techniques propounded by the experts of the soul' (ibid.). Furthermore, insofar as many NGOs and institutions in Sarajevo since the siege have addressed themselves towards the 'psychosocial', they have further come under critique couched in both biopower and governmentality terms: 'Therapeutic governance links psychosocial well-being and security, and seeks to foster personalities able to cope with risk and insecurity' (Pupavac 2005: 161), and as such psycho-social intervention is 'a new form of international therapeutic governance based on social risk management' (Pupavac 2001: 358).

I step out of the confines of this Foucauldian determinism by suggesting that these terms do not particularly further an understanding of the healing work entailed in these therapeutic relationships. I wish to (re)state and (re)stress the 'human' and the

'relational' aspects of these therapeutic relationships. Simply put, these encounters were genuinely, affectively moving. This affective aspect should be taken seriously. To reduce these encounters to techniques of the self—even though undoubtedly some level of discursively driven self-reformation was occurring at the same time—would be to offer a hollow and incomplete account of these procedures. This is not to speak of 'dramatic episodes' (Laderman and Roseman 1996) or 'healing dramas' (Mattingly and Lawlor 2001) within the healing procedure, but rather to simply stress the care involved when people sought to heal through support, motivation, friendship and prayer.

This care manifested in practical support, as evidenced in the renovation of Vanja's flat. Vanja was a patient of the methadone clinic who would come to Oporavak events now and then, and turned up to show her methadone receipts to Anita, receiving care packages of food in return. One day we visited Vanja's flat where she lived with her two young children and her mother, as well as her husband who was still using. Anita and I went to visit the flat one day during restoration work organised by the Sarajevo Evangelical Church alongside Oporavak. The day stood out because it was the first time, in Vanja's skeletal mother, that I was certain I had seen someone who was about to die. I also saw and felt the truly therapeutic power of helping in a truly practical way. Anita told me afterwards that it "gave her life" to see the family receiving help, and I could not have agreed more. Material assistance was also an explicit part of Zajednica's programme, and chiefly manifested in efforts to get the *klijenti* to sit various relevant educational and professional exams; efforts in which certain staff were highly involved and invested.

Emotional support was crucial to the way in which staff envisaged and communicated their own roles at both Zajednica and Oporavak. "Feelings" were what was at stake in

many therapeutic exchanges at Zajednica, with one social worker earning herself the nickname of "Feelings" amongst staff and *klijenti* for the sincerity of the emotional tenor she could and did maintain in exchanges with *klijenti*. Being caught up in one of her hugs, too, was an undoubtedly therapeutic experience, and she gave of them freely. She herself emphasised the need to reteach the *klijenti* about feelings, stressing that much of their dysfunctionality came from problems with the way they managed and expressed their emotions. In a striking parallel, Zigon reports that addiction is referred to by the church in Russia as a 'disease of frozen feelings' (2010: 326). Emotionally connecting with *klijenti* was a hot topic, with Alma telling me again and again "don't be reserved, give what is inside of yourself"—to combat what she disparaged as my "cold British nature." Elvira, however, stressed that too much could lead to burnout—a matter of grave concern amongst Zajednica workers (see chapter 6). "You cannot take it personally, and you must keep back some of yourself," she warned, whilst relating how she was "inspired by a friend who told me to listen more than I speak." Anita's emotional investment was also a hot topic at Oporavak, when Anita herself, along with Dino and other members of the organisation would caution her not to get too caught up in the problems of addicts, because they were too volatile and she would end up hurt. She wore her heart on her sleeve, and often felt disappointed by addicts who promised to show up for workshops but then bailed, or who talked behind her back, implying Oporavak was corrupt and that her motives were not pure. On one occasion Anita spent the day in the office in a terrible mood, brought on by the death of her friend's sister, and her daylong lament about it went along the lines of:

> "She shot herself, she lived a junkie life and will go to hell—it's terrible—she was
> prostitute, a schizophrenic, she lived a senseless life, she went off with guys, stopped
> taking her medicine. Proper professional care for her would have been 50KM day—
> what is the value of life? I don't know why I am so affected by it. Her father won't come

to the funeral. What is the value of life—what is the point of such a life? My pastor went

to the funeral of a guy who killed himself two days after rehab—it was the saddest

thing ever because no one came. "

Later, whilst we were discussing an aspect of NGO language for a grant proposal Anita

exclaimed, "*Ravnopravnost*! (Equality!) What about the value of a junkie's life?" The

tenor of this emotional investment, however exhausting for Anita, was clearly an

important part of her therapeutic influence on the men and women whose recovery

she could, and did, positively influence.

Motivation, and the incitement thereof, was often presented to me as the biggest

challenge to recovery, with the therapeutic relationship being a key and transformative

motivational force. The need to encourage addicts to help themselves was often tied up

into moralising talk about a lack of general motivation in Bosnia and Sarajevo, and

within the young generation specifically: "Young people just don't think about the

future, they think *papir* [graduation certificate] is everything," "Addicts, like many

young people, they don't have a purpose and a vision for their life," "They have no

motivation—there are jobs available to work as a census worker, it's short term but

why not apply?" At Zajednica, staff hoped to motivate their *klijenti* through encouraging

words and by trying to "show a good example of the recovered life." Semira, for

example, understood her discussions about video gaming as part of this motivation

process, as through them she demonstrated sober enjoyment of life. At Oporavak,

motivation was explicitly project work, with Dino taking frequent trips to "the

hospital"—the methadone clinic—to try to engage with addicts and encourage them

into rehabilitative treatment.

Small acts of friendship in both contexts had powerful therapeutic attributes. Sharing food and cigarettes with *klijenti*, for example, was the bread and butter of relationships in Zajednica, whilst at Oporavak friendship was everything and everywhere, and manifested in birthday parties, coffees, house visits and more. Staying in touch with *klijenti* for years after they had left the programme and Zajednica was viewed by many staff as an important part of their role, and keeping in touch at Oporavak had the same significance, to the effect that Anita was barely ever off the phone. Furthermore, I suggest that there was a certain common therapeutic habitus (Bourdieu 1999) in both fieldsites that I soon came to emulate—a way of smiling in a constant, encouraging way during exchanges rather than smiling on and off in response to what was being said, a way of holding eye contact, and a gentle, measured, and firm way of speaking.

The key distinguishing feature between Oporavak and Zajednica, then, was to be found in prayer. Prayer was played an incredibly important role in therapeutic relationships at Oporavak, and was attributed much power and importance. Usually it took the form of two or more people sat together, sometimes hugging, with eyes closed. Prayer was free form, with one person taking the lead at times then another, and sometimes with two or more people speaking at once. Sometimes people in prayer would greet each other's words with "Hallelujah" or another response; sometimes tongues would be clicked continuously; some would rock throughout. The themes were a combination of praise—"God you are so good," "Jesus, help us, protect us," "Nothing is possible without you, Lord"—and petition. These petitions reflected key concerns of Oporavak members, and thus were included as part of Oporavak's daily work. One day we would pray for Kata's husband, for my mum (who was facing suspension at work), or for the success of this or that endeavour; we even prayed once for a Bosnia win in the 2014 World Cup (see chapter 7). One striking example was that of a heroin-addicted lawyer who came to visit Oporavak for advice. Anita explained what happened next to me:

"I gave him my testimony he says God doesn't listen to him, I said I will pray in my Bible study group and tonight you will sleep well.

Lawyer- no sleep- crisis when you transfer from heroin to methadone.

Texted- did you pray for me because I slept so well? [Anita smiles from ear to ear]."

Crucially, however, as well as believing that recovery was in God's hands, my informants at Oporavak saw that their role was essential, and that prayer alone would not cut it: Jesus/God worked, but He worked through man. One informant put it this way:

"People here need, they need more than 'pray and read your Bibles more' they need somebody who can really help them process through the stuff that has them broken the stuff that leads them to addiction, the traumas."

Therapy providers at Zajednica were in many cases motivated by a desire, often born decades ago in their childhood, to 'help people'. At Oporavak, this same will to help was refracted through the concept of a 'calling', with members of the organisation understanding themselves to have been called to this work by God. One Evangelist therapist who worked with Oporavak's members whilst in Sarajevo on missionary work explained her role in her own words as follows:

"That's why I love what I do, the whole mental, emotional, spiritual help. I believe if you find help in those areas then you can stand in the midst of anything and thrive. But probably the negativity here is, is something I have to work against. Fortunately I'm blessed with a pretty optimistic and I'm an encourager myself and so its, its, it's rare that I get down sometimes I get periods when I am talking to people who all have very heavy stories at one time, erm, I'm a profound optimist that God can work in the middle of things and if, if people want to they can overcome they can heal they can grow they can thrive so, yeah. There's nothing like seeing people grow, there really isn't. I, I love what I do and its, there's nothing like seeing people grow there's nothing like seeing the

light bulb go and people realising 'Oh I do matter!' or I was talking to somebody

recently who said to me 'I, I just thought this is the way it was, I thought I would be this

way my entire life and all of a sudden I realised 'Oh my Gosh, I see life differently, I see

myself differently, I don't have to be that way forever and so to see people grow, erm, to

see people find a sense of freedom in who they really are especially in divinity in Christ,

to see people find healing from some of the profound traumas here, and be more driven

by that than by their woundedness, seeing people overcome addiction seeing people

overcome old patterns and people overcome, er, co-dependencies and people overcome

all kinds of things. There's just nothing like seeing people grow, and knowing who they

are and having a sense of being okay about who they are."

4.5 The Unmade Family

Healing procedures have long been considered family affairs, with the kinship group

being the locus, modus, and rationale for both illness and treatment (Connor 1990).

Mehić-Basara and Cerić write that the introduction of drugs into the body 'in any way

causes distortion biopsychosocial balance of the individual and the development of

addiction disease, with the harmful consequences in the family and the community in

which that person lives' (2012: 392). In so doing, they underscore the link between

addiction and family breakdown, which was a major concern in the framing and

implementation of recovery at both fieldsites. Certainly, a vast corpus of international

professional literature exists on the role of the family in addiction and addiction

treatment (e.g. Lavee and Altus 2001). The family was emphatically regarded by my

informants as a core, if not the core component of Bosnian society (see fuller discussion

in chapter 5). The family was chiefly encountered in recovery as (a) the cause, or part

of the cause of addiction and (b) a crucial component in the achievement and

maintenance of recovery. Hasanovic, for example, writes on (a) the cause of addiction by stating that 'the basic unit of society is the family. In the family, people smoke in front of children. New-borns are forced to breathe in tobacco smoke, and in this way are passive smokers from the very start of their life' (2001: 170). Staff at Zajednica were quick to frame addiction as a family problem, with Elmina stating that, "these guys, they have parents who had PTSD or alcohol problems. 90% of the guys here have dads who are alcoholics. Parents are cold to their children, people are traumatised."

And yet, my informants were not of one mind on this issue with staff, *klijenti*, recovered people and family members in both fieldwork contexts often stressing the lack of dysfunction in their families. In one family meeting at Oporavak, for example, a mother was agonising that her son was "perfect child," and therefore she could not understand how he started taking drugs. Vladan, an Oporavak member, interrupted her forcefully: "I was a perfect child. I became an addict! It happens!" Another Oporavak member, Irina, always stressed that she had the perfect family, with all the money, status and connections she could hope for, as well as love. In a similar vein Salihović et al, writing on the parental role in addiction prevention, states that:

> 'Parents are often are under the mistaken impression that if they have a good
> knowledge of your child, or they have a normal family, then "it cannot happen to us." It
> is true that a disordered family with many communication problems may favor the
> orientation of the child towards bad company and the street, but analyzing the social
> environment and the family background of registered drug addicts, one cannot say that
> children from well-off and healthy families are spared these ordeals, nor that children
> from broken and poor families are destined to be delinquents' (2001: 23).

The family is championed at both fieldsites as a crucial component in the achievement and maintenance of recovery, but it is widely recognised amongst staff at both organisations, and indeed some addicts and *klijenti*, that massive barriers exist which

undermine family-oriented healing procedures. One informant at Oporavak put it this way:

> "It's interesting, the addiction issue and the abuse issue and the divorce issue. I mean they will say in this culture that you just don't do that, I think this persona of a working family or everything being okay or the issue of putting on a good face in this culture, how would I say it, impression management is very big in this culture. Everybody thinking that your family is great, everything's okay is big, so to admit that there is a struggle with alcohol, or that there's sexual abuse or trauma, that there is an emotional struggle or that there is divorce, I think they try to save face so they don't talk about these things they don't own these things, there's no open conversation, at least that's what I've experienced here. I think it's a very shame-based culture where you just keep all that stuff to yourself, it's a private family matter, it's a private personal matter, you just don't put that stuff out there. I talked to a couple people who, who came out of heroin addiction, and there family was supportive for them, but the family then wanted them to be very hush hush about it."

At Zajednica, the important role of the family and family therapy is made abundantly clear in the 'work programme' document, in which it is stated that:

> 'It is very important to us that we work in parallel and with the *klijent*'s family, in order to improve its functioning and to prepare the family for the *klijent*'s return. This is achieved through continuous family therapy, which involves members of the *klijent*'s family (p6).

Family therapy, according to the 'work programme' is 'focused on the level of functioning and the recovery of the family' (p14):

- disengage families from providing psychoactive substances, work on their boundaries
- work on their strength and complementarity

- work on their imbalances and resistance

- work with 'split up' parental pairs and their hierarchical position (ibid.)

The rationale behind it, as outlined in the 'work programme' is linked to (a) the recovery outcome as much as it is to (b) addressing the causes of addiction:

> 'Since the client usually returns to the environment from which he was isolated, at this stage a lot of work is done to rebuild relations with family members in order to establish good communication that will lead to better relations. In this way the family is prepared for the arrival of a recovered member and learns new patterns of behaviour, ways of thinking, and establishes new values and rules that are consistent with those which the community [Zajednica] teaches to the *klijenti* (p12).

I attended many family therapy sessions (technically *multipla porodična terapija* (multiple family therapy)), and they shared some typical features. On a family therapy session day, parents would begin arriving up to several hours before the appointed afternoon time. Slowly they would filter up into the seminar and library room—often after having spent time with their sons—to take their seats in comfortable chairs arranged in a huge, somewhat impersonal circle. The staff, usually at least two people, would take seats too, and the session leader would begin. As with group sessions, family therapy would start with a theme, but unlike group sessions it would soon break down into back and forths between attendees, a characteristic exchange being as follows:

> Alma [Zajednica staff]: We want to relay to you a message and that message is, forgive yourself, forgive him. We want to show you, everything he did, he did because of drugs. Come on let's say of this period, let's see it as the past
> Mother: [shouting] I can't do that! [a general uproar follows, a cacophony of voices, mothers, fathers and staff]

Mother 2: You need to teach him not to lie! [uproar]

Alma: Look I'm a mother too!

Mother 1: [interjecting] Yes I know that's why I'm ashamed!

Alma: We want to believe what they say, every word and every second, and drugs destroy that, but you can work on trust again. After a year here, look how he has changed, he has a different orientation, you need to start looking at him differently too, you need to give him a chance to show you how he has changed. We had the war [general outcry, mostly just reactions to this like '*Katastrofa*!' ('A catastrophy!')] The most important moment is when you talk to yourself, your heart, you say here I am. We don't need to worry about the details, about shame, reputation. We don't need to worry about other people. Our children are us, and they are ours.

As this excerpt demonstrates, a pedagogical style, akin to that employed in group sessions was also used in family sessions. However, they too were argumentative, volatile, tense, and tearful encounters. To an extent, family sessions had the tenor of family arguments.

At Oporavak, family meetings constituted the main formalised intervention into family life, although 'material assistance' was provided in the form of home improvements and food packages through the project 'Rebuild the Wrecked'. Living near the meeting place, I was able one day to rush back home and reconstruct ad hoc the exchanges that had happened at the meeting. The meeting was led by a member of Zajednica who had a 'good relationship' with Oporavak and so was acting as a visiting meeting leader in the usual leader's absence, and is presented in my notes as follows:

➢ Elvira is leading the parents' meeting

➢ She's talking about the importance of taking time for yourself while your son is in the *komuna* [commune; rehab]: develop routines, have coffee on the balcony—motions to a

Dad—enjoy nature, you have been saying you've been walking in Vrlo Bosne [a scenic walk in Ilidža to the source of the river Bosna]; I'm basically saying take time for yourself

➢ Elvira: So let's go around the room and say our *strah*, our biggest fear [members of group reticent]

➢ She asks a woman [50s/60s, white hair, speaks very fast] to speak since her son has been out of the *komuna* for one month

➢ She answers that he has been out for a month, she still has fears but he seems to have changed

➢ Elvira: [addressing the woman] By the way, it's great that you're still coming to these meetings, you can't think of it as 'he's in the *komuna* then he comes out and that is that', it is a long term process of growth [then she invites other attendees to speak]

➢ A Dad introduces himself and volunteers to speak, says that his son is in Zagreb, his story emphasises the theme of 'we gave him everything, there was nothing he lacked, nothing denied to him' but says son is making good progress

➢ Elvira brings focus on the issue of trying to trust your child again in the period immediately after the *komuna*. She tells the story of speaking to the mother of one *klijent* after he left the *komuna*, the mother said one day he went out and she got in a flap about where he was and went looking for him, only to find that he had gone out to buy juice and was sitting on the front stoop drinking it when she got back home

➢ Elvira then tells another story: her *klijenti* have to get out of bed at seven every morning at Zajednica and they say they look forward to going home for the weekend because they get to lie in and get breakfast in bed

➢ Commotion from a husband and wife pair: the husband points with long arm to his wife, teasingly but also accusingly

➢ *Nemojte*! *Nemojte*! *Nemojte*! [Don't! Don't! Don't! Elvira repeats, laughing]

➢ The mother in question is a woman in her 60s with brown hair, she says she knows she shouldn't but that it is hard, and then reprimands her husband saying that he's only jealous

- Elvira explains that it is a *komuna* and they must take responsibility for themselves, and they have a schedule, and that they have to be treated as adults when they get out

- Elvira gives another example of a *klijent* whose mum does everything—it's just him and her—and how does that make him feel? Guilty!

- Elvira talks about everyone feeling guilty; kids and parents alike

- Elvira gives the example of her mum who is pensioner, she lives with her mum and her mum makes her a white coffee each day for her in the morning, to feel *potrebna* [needed/useful]; Elvira tells her she doesn't need to, but she wants to; so it's understandable that if your son is clean [abstinent] then you want to show your appreciation for that but *nemojte*! He must have responsibilities!

- Vedran adds that he is not a parent but he sees in the context of his own family that parents do what they think is best for their child in that moment

- Elvira turns to the married couple, says it's great that you are here together [at this a dad interjects to explain that his wife works which is why she is absent]

- The husband says there is much *strah*, they don't talk much on the phone with their son who is at the *komuna*, only ten minutes here and there, but the wife says she has noticed a change, her son now asks "how are you?" and *bas mi dragi* [how precious that is to me] and when he is on speakerphone he asks who is there and greets everyone

- Elvira enthusiastically greets this change as does the rest of the group

- A quiet and manicured blonde woman takes her turn and talks about looking at other parents and thinking 'what did I do differently to them?'

- Elvira says *mali koraki* [baby steps] rehabilitation is about repositioning yourself in relation to others/the world around you and family

- Elvira talks about need to take things slow: *klijenti* often think that a job, a wife and a family will solve all their problems, but these things are all *izvori stresa* [sources of stress]

- Vedran enthusiastically agrees with this: you need to get your whole life right and a job is just a small part of that. People think *kuća-posao*[37] [a house and job] is the sign of full

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[37] *kuća-posao* [house-job] is a phrase that was used by my informants to indicate a busy, uneventful if obligation-filled life.

> recovery [and he did too] but it's not, it's your relationship with all parts of your life that needs to change

➢ Elvira wraps up by talking about not treating them like children because they are adults

➢ One dad interrupts: yes they are and we are the children in this situation

➢ The meeting descends into general chat and finishes

These sessions at Zajednica and Oporavak shared a number of features, chief amongst which being the extreme politeness and respectfulness that characterised conversations before and afterwards, and the care that parents and family took over their appearance: they did not want to be seen as struggling or dysfunctional in any way. The sessions both revolved around a theme, 'forgiveness' and '*strah*' respectively; they both saw the therapists reacting dynamically to the directions that family members went in their thinking and verbalisations; both session leaders drew on their own life experiences and combined this with a pedagogical style. Unpicking the major themes, we may again see much overlap: trust; fear; guilt; impression management; hopes; the need to re-work relationships. Furthermore, we may note that the family once again is approached therapeutically as (a) the cause, or part of the cause of addiction and (b) a crucial component in the achievement and maintenance of recovery.

4.6 Community Making

For the purposes of making recovery in this context, the addict is a social person; addiction is a social problem; and recovery is a social solution. To overstate the case, of course, would be to unforgivably Orientalise or to Balkanise (see chapter 5). And yet, it is certainly worth stressing that life in Sarajevo is radically shaped by the imperatives

of the family and community. Donia (2006) has argued that on the continuum between an experienced and an imagined community, Sarajevo is more to the experienced end, and whilst I am not entirely in agreement with his phrasing—Sarajevo is imaginary in many senses; furthermore, a more literal deployment of Anderson's (1982) thesis would also find the city to be an 'imagined community' in many respects—I must recognise that my informants' certainly encountered their city and experienced their addiction, recovery and professional lives in a highly relational and community-oriented manner (as discussed in chapter 2).

'Remedies for human affliction […] will depend on what concept of the person is being summoned' (Strathern 2004: xiv). In the 'Zajednica work programme', the addict is basically portrayed as a pack member, '*Ovisnik je član grupe*' ('a group member'), and this group mentality includes, 'certain defensive mechanisms that are activated when they feel threatened' (p7). If sociality is implicated in addiction, then addiction is also a social problem, and accordingly—as previously stated—Mehić-Basara and Cerić write that the introduction of drugs into the body causes 'harmful consequences in the family and the community in which that person lives' (2012: 392). The answer to this problem is social in two senses: firstly, it has a community locus and secondly, a community focus.

This begs the question, then, of exactly what kind of communities are Zajednica and Oporavak? At Zajednica, as we could expect from a therapeutic community, the community locus and focus are combined on paper in the 'Community as method' bent of what I have independently termed the 'philosophy'. Kleinman and Fine (1979) would describe therapeutic communities as moral organizations; that is, organizations which use moral social control in an attempt to shape and thus control an individual's

core self by encouraging the internalisation of certain sanctioned doctrines. Contrasted against the asylum as described by Goffman, wherein the institutional self is imposed on inmates through degradation and mortification, it can be suggested that whereas the asylum is a physical hard power approach to deviance, the therapeutic community is a discursive soft power approach to controlling and transforming the same deviance (Goffman 1961). For instance, Goodman describes the 'mimesis of cultural ideal selves' as the goal of therapeutic interventions in the context of an Israeli Ultra-Orthodox rehabilitation site (2009: 118). Similarly, in her appraisal of Quaesta, a North American community-based holistic therapeutic community for schizophrenics, Wiley discusses how group norms were dubbed 'The Culture,' and this 'Culture' was reified to the extent that it seemed to exist independently of community members, whilst concurrently acting upon them as a re-socializing force (1991: 144-145). Others have taken a different line, and have highlighted the hard power and dictatorial practices of certain therapeutic communities (Skoll 1992); healing through charisma, and through charismatic authority (Wiley 1991; Richmond 1974); or the distinctive characteristic of intra-group disciplining (Richmond 1974; Paik 2006).

Zajednica did not employ any particular model of intra-group moral social control; there was no 'Culture', and no hard power to speak of. These facts were thrown into relief when two members of staff at a Dutch therapeutic community came to Zajednica to give a presentation to staff about their methods, which included a level of peer-on-peer support and also peer-on-peer confrontation. "That wouldn't work here," said Damir when I asked him whether the presentation had inspired him. To faithfully portray this community then, I must draw upon affect more than structure. To do so I will recall events such as the Pale/Swedish visit, and Iftar. During the visit, students

from Pale in East Sarajevo[38] came to visit Zajednica as part of their degree course. It was a glorious summer day, and almost everyone gathered outside, staff and *klijenti* alike basking on benches. Presently, the member of staff in charge of music therapy lugged out a sound system and mic, and began to sing. Suddenly Elmina grabbed my hand and pulled me to my feet, and with everyone clapping us on (and laughing at us too), she showed me step-by-step how to dance the *kolo*.[39] One evening during Ramadan, Iftar was prepared at Zajednica and I was invited along (see chapter 6 for further discussion). As I stood unwrapping *ćevapi*[40] meat the sun finally started to melt down into the land around us. A *klijent* was helping alongside me, and we joked about "*sevap i ćevap*"—good deeds and *ćevapi*—amongst other things. Children ran about, the barbeque oozed savoury smells: Yes, I thought, this is a community.

One middle manager explained that from the offset, Zajednica was designed to give addicts—many of whom came from single parent families—the experience of a normal Bosnian family and traditional Bosnian home. At stake in Zajednica's vision of itself as a Bosnian family and home was therefore its ability to (re)create 'homeliness'. This is an elusive quality in institutional settings such as nursing homes and childcare homes. Aarre, reflecting on the Portuguese care home, notes that '[a]lthough many of the children live in the Lar for several years and develop the feeling that it is their home, all children I spoke to were very aware of the fact that they were not living with their families' (1998: 67; see also Dorrer et al 2010; Gustafson 1972; Froggart 2001). Whilst a sense of community was especially evident at gathering such as Iftar and the Pale/Swedish visit in an 'effervescence' about which Durkheim (1912) would certainly have had much to say, *klijenti* never referred to Zajednica as their home, or its

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[38] East Sarajevo is made up of six municipalities and is part of Republike Srpska, whereas Canton Sarajevo is part of the Federation of Bosnia and Herzegovina.
[39] A folk dance usually including a circle formation. Most people in Bosnia know one step of the *kolo*, which they perform to any song.
[40] A sausage-shaped minced meat eaten with onion and bread, and seen by my informants as 'traditional Bosnian' food.

members as their family—except in cases when they were in fact related (see chapter 6).

Oporavak was not regarded by my informants as a home, but it was a 'team' ['*ekipa*']. As an NGO, Oporavak was also oriented towards the 'community'. The prevalence and activities of community-building NGOs have been roundly critiqued in an intellectual landscape shaped by concerns over NGO-isation, the post-colonial subjugation of populations through exported technologies of 'Western' governance—a form of 'Empire Lite' in the Balkans (Ignatieff 2003). NGOs stand accused of entrenching gender essentialisms (Helms 2003), for example, or failing in their provision of humanitarian aid (Brković 2014). Above all, they are accused of being politically damaging: through having 'channelled the reconstruction of Bosnia-Herzegovina into a peculiar, normative trajectory of postsocialist neoliberalisation' (Jansen 2007); by enabling unaccountable parallel international presence to undercut a formally sovereign and yet practically impotent state, (Chandler 2006); by contributing to a 'new feudalist' social formation in which the common citizenship model of 'normal' welfare regimes does not apply' (Deacon and Stubbs 1997); and by being 'secretive, manipulative, ineffective, nepotistic, of being an "NGO mafia" who reward each other with trips, computers, and other benefits' (Sampson: 2002). However, in inviting us to look *Beyond NGO-ization* (2013) in Central and Eastern Europe, Jacobsson and Saxonburg highlight the important everyday practices that are glossed over the NGO-ization critique. Although Dino and others always strived to keep things "on the official level" and to be "professional," everyday practices of face-to-face sociality at Oporavak constituted the lifeblood of the organisation. For instance, Dino and Anita erupted into song one day, and asking what it was they said "It's Hair, it's from the musical Hair, don't you know it?! It must be a drug addict thing!" Humour about the old life bonded the group on many occasions, such as when on a trip to Zadar for a RUN meeting, Anita

pointed out a place where she said she first tried drugs. "Ah, memories" said Dino, dabbing fake tears away from his eyes. Later on that day we would take a group picture on the beach and instead of "Cheese!" we all shouted "Hepatitis!" As such, this *ekipa* was a team of friendship and loyalty; bonded deeply by the fact that Dino or other leaders in the organisation had often played a role in "saving" the other members from addiction. For this reason, Anita took particular offence when her old friend accused NGOs of being on a "wild goose chase" (see chapter 1). Furthermore, this *ekipa* confirmed its own value and purpose through links to the irreproachable morality of the Evangelical Church, and to the recognition and endorsement the organisation had received "at the European level" as Dino described it.

If a 'sickness' such as addiction marks the sufferer through 'either stigma or social death' (Kleinman 1988: 26), then the efficacy of healing interventions will be determined by their ability to de-stigmatize and to reinstate the healed person into 'normal' sociality (c.f. Herzkovits 1995; Finkler 1994). As such, the recovered self is a socio-centric self, produced through social interaction and aspiring to immersion in 'normal' sociality, and the self that is produced will be determined by the nature and vision of that sociality (Kusserow 1999; Mageo 1995; Murray 1993; Sokerfield 1999). At both Zajednica and Oporavak, my informants were adamant that successful recovery depended on a change of community after the *komuna*, with a return to old friends instigating a return to old habits and relapse. As Alma at Zajednica was always quick to point out, "after rehab is the hard part.""*Kud svi Turci, tu i mali* Mujo," one informant at Zajednica told me. In so doing, she was pointing out—as the phrase does through the specific Ottoman era example of how 'Mujo', the Bosnian Muslim everyman, wants to hang around with the Turkish ruling majority—that humans are social, and want to be where everyone else is, and do whatever they are doing (discussed further in chapter 5). Changing friendship groups, spending time with people from Zajednica, avoiding

your old haunts; these were all key pieces of advice that the staff tried to hammer home. At Oporavak, of course, this was even more pronounced, due to (a) the defining role of 're-socialisation' in the mission, vision and project work of the organisation, and (b) the radical shift of community focus, and the new source of community life that was entailed in conversion. One day, for example, Dino was in the office chastising Anita for being on social media at work: "This is not Christian behavior," he shouted. Later on, he had a visitor and spent time encouraging this man, who was really worried about keeping clean: "The street's a jungle," he repeated again and again. After reassuring this man, Dino explained to me that the key to recovery was establishing "A Godly way, not just an environmental way of acting."

4.7 Conclusion

To conclude, in this chapter I have outlined 'who does what to whom' (Csordas 1988: 121-122). That is to say, I have teased out the key imperatives and practices that I ethnographically observed being lived out at both fieldsites. At Zajednica and Oporavak, people seek to change others and themselves through narrativisation, therapeutic relationships, family interventions and community practices. These procedural features are informed by, and to some extent are expressions of, the structures, programmes, rules and 'philosophy' in both contexts. In this chapter, the procedures of giving and receiving help are presented if not in ideal form, then in their best light. The underlying, unexamined supposition here—to be critically engaged with in in chapter 6 through complicating ethnographic detail—is that help, in the guises it takes at Zajednica and Oporavak, helps. For now, I turn to a consideration of the capricious simultaneity of 'Western' influences and 'local' influences that transform 'who does what to whom' into a complex, situated recovery process.

5. Recovery, the Bosnian Way

5.1 Introduction

Zajednica is, as previously discussed, bewitching, breathtaking; a sight to behold. It is a place of romantic natural beauty; raptors wheel overhead, flowers flourish in the meadows, leaves change colour, snow falls. It was this beauty, and the strangeness, seriousness and foreignness of being in a rehab centre in Sarajevo that immediately cowed me during the first few visits: when meeting with various managers to arrange the terms of my being in the community as an English teacher, and then on my first few trips where I was escorted to lessons, and accompanied throughout by staff, before being driven back into town. My first proper day at Zajednica started with an early morning bus ride—accompanied by Semira, one of the Zajednica team—from the city's most westerly bus terminal at Ilidža to the village bus stop above which, at a walkable distance through the hills, Zajednica was enthroned. That day the romance, and indeed the strangeness, seriousness and foreignness of the place, dimmed considerably. After politely and nervously greeting the male staff and *klijenti* who were milling about, I was led by Semira into one of Zajednica's two houses, and after taking off my shoes and storing them in the entrance hall cabinet we entered an office and living room area, where a group of female staff were gathered. They, like Semira and I, were divesting themselves of coats, scarves and bags. Some were eating breakfast at their desks, others had settled on sofas around a low coffee table. I joined them and sat quietly on a sofa too, absorbing and assessing the situation. In retrospect I wondered—even only a few months into my time at Zajednica, when all traces of the old hesitance had vanished—what exactly I had expected to happen next. Should the social workers have leapt into action, haunting the steps of their *klijenti*, providing assistance and

reassurance every minute of the working day? Would it have made more sense if the living room was thronging with *klijenti* and staff alike, all earnestly engrossed in therapeutic exchanges? Did I imagine the staff would spend their whole day pouring over the latest social work publications? Either way, it was at this point that the reality, in the form of banality, hit home. After a while one of the social workers, a woman I would learn was Semira's particular friend, got out an Avon catalogue and offered it to her colleague. The catalogue was flipped through, passed around, picked apart, and several minutes were spent in conversation over the relative merits of different deals, or indeed whether blue nail varnish was in any way desirable. It transpired that Nermina was an Avon representative in her spare time. Many weeks later, when delivering all the makeup that her colleagues had ordered, she pressed a lip balm into my hand, and I thanked her and ask how much it cost. "No," came her reply, "it is a *poklončić*" (a little gift). Handing more products out, Nermina carried on: "We do that here," she explained, "We give little gifts."

My first impression of Oporavak was of warmth; a damp, orange warmth on a miserable and coal-black evening. It was warm almost every day in the office, as in the winter Anita and I kept the doors to the workshop and the corridor tightly shut and blasted the heater, which ticked and thudded and threw off a strange smell of burning dust. Whilst sitting at my desk near the entrance to the office, my back was turned to Anita, her desk, her computer, and the heater. Even as our relationship developed, there were many hours—when a funding deadline loomed, or a newsletter needed to go out—in which we would sit apart without speaking. Yet in these hours the music that Anita played on her computer would stretch out and close the distance between us. Jesus Culture's *Holy*, and *Rooftops*: American Evangelical Christian rock music, the type I would hear emulated at many church gatherings, where the congregation would

sing with a live band during worship. Chavela Vargas' rendition of *Paloma Negra*: a throwback to Anita's time in Spain, where she became fluently conversant in Spanish after three months spent trying to kick her heroin addiction at a rehab centre. Modern *sevdalinka* in the form of Amira Medunjanin and Divanhana: Anita explained—whilst googling the translation for *crna žuč* [black bile], the term commonly used to describe the feelings that *sevdalinka* songs portray and evoke—that this music spoke to the souls of Bosnian people, sharing in their bitter melancholy. The *Apsurdistan* album by *Dubioza Kolektiv*: Anita and many of the Oporavak *ekipa*—myself included—were united in enjoyment of this band and their anti-establishment politics. The occasional bit of Rihanna; which speaks for itself. In this way the soundtrack to our office stretched out in the space between us, more than a backdrop, singing me a story about Anita's life, about the process of recovery in Sarajevo.

In his typology of the aspects implicit in most discussions of healing, Csordas highlights that after procedure comes 'process': 'the nature of participants' experience with respect to encounters with the sacred, episodes of insight, or changes in thought, emotion, attitude, meaning, behavior' (1988: 121-22). Making recovery at Zajednica and Oporavak is a process that happens through a prosaic, situated confrontation between the ideals of 'Community as Method' and the banal reality of Avon shopping, and the giving and receiving of *poklončići*. It is an admixture of the migrating, globalised logics (Hyde 2011) of Evangelicalism, rehabilitation, resocialisation and civil society—the songs of Jesus Culture and Chavela Vergas—and the situated imperatives of black bile melancholy and political frustration—*sevdalinka* and *Dubioza*. Exploring the nature of my informants' 'encounters with the sacred,' 'episodes of insight,' and 'changes' (Csordas 1988: 121-22), in this chapter I suggest that when ethnographically encountered, making recovery in this context is a tug between the competing and

complementary logics and significances of the ideal and the banal, the 'foreign' and the 'local'. In so doing I show that whilst the standards, norms, rules, and guiding philosophies as outlined in chapter 4 may subtly and implicitly affect life at Zajednica and Oporavak, the lived reality of recovery processes represents a stark departure from these normative standards. That is to say, things are not done quite by the book: this is recovery, the Bosnian way.

Recovery done the Bosnian way should also be approached as a process occurring in the midst of upheaval in a cultural, social, economic and political sense. Katz reflects that '[h]ealing systems are among those parts of a culture most sensitive to change' whilst at the same time there is 'also the deep connection in cultures between healing systems and traditional life' (1982: 345). Csordas, for his part, has suggested that '[s]tated strongly, ritual healing is a form of identity politics' (1999: 4). Encountering recovery ethnographically in these contexts generates insight into the ways in which this process is affected by, implicated in, and even constitutive of the cultural, social, economic and political upheavals that my informants felt most keenly in their everyday lives. Further, it is to lock horns with the obvious problem, from an anthropological point of view, with 'Community as Method' as an underlying logic of community building: exactly which community are we talking about here? In the same way, it is to engage with NGOs and Evangelical Christianity as exportable 'goods' in both senses of the word: how does this play out when these 'migrants' (Hyde 2011) become 'naturalised'? Accordingly, in this chapter I will consider the following: How does recovery-making interact with the context in which it is provided? How do the most significant features of sociality in these contexts—namely gender, religion, 'mentality', and 'our culture'—dramatically shape the making of recovery in both Zajednica and Oporavak? What is the nature of participants' experiences, and their encounters?

5.2 Gendered Recovery

"Women are worse," was the common consensus amongst my informants. In one sense this is true; women as addicts are, undoubtedly, highly marginalised and underserved by existing recovery provisions in Sarajevo and Bosnia. As the Ministry of Security of Bosnia and Herzegovina reports (2014), of the eleven therapeutic communities in Bosnia, three accept female users. Although many of my informants recognised and regretted the desperate need for female-centred addiction treatment services, however, they were united across Zajednica and Oporavak in agreement that women as addicts were "worse" in a moral and behavioural sense, and that working with female addicts was therefore "much harder". Gender has received extensive critical treatment in literature on marriage and kinship (Lockwood 1974; Doubt 2014), gender and ethnicity (Al–Ali 2002), and on gender and religion in Bosnia (Sorabji 1989; Spahic-Siljak 2012); on rape as a facet and method of ethnic cleansing in Bosnia and other gendered aspects of the Bosnian war (eg. Hansen 2000) and the inclusion of women in political processes (eg. Helms 2008). Gender in addiction and recovery in this context reflects and feeds into two interlinked imperatives, namely the construction and performance of femininity and masculinity, and the structural inequalities of what many of my female informants regarded as a '*patrijarhalna drustva'* ('patriarchal society'). At Oporavak, during a 'women's workshops'—a therapeutic workshop led by women from the Evangelical Church, which came after a craft workshop on 'upcycled' products that were intended for sale—my informants were asked to draw up lists relating to gender themes. For one workshop, male and female attributes and roles were under consideration. In that instance the list we drew up was as follows:

Female Attributes: potential mothers; sisters and friends; sexual objects; emotionally controlling; cellulite; can have babies; smaller; curves; live longer; emotional; everyday working strong; prettier; soft and beautiful; woman can rely on her husband.

Female Roles: Women are expected to get married, to stay in the kitchen, to be good housewives, not to fight or cheat, to dress appropriately, not to go out, to do all the work; basically she is expected to do it all.

Male Attributes: muscles; strong and active; physically stronger; practical; have big stresses e.g. workshop member's husband currently in solitary confinement

Male Roles: Men can make money, have better jobs, go out more, have more money, be employed, cheat on their wives, have many girlfriends, and fight.

In these lists we may see the construction and performance of femininity and masculinity, and the intimately linked structural inequalities of the patriarchy being criticised, but also reproduced.

Of great interest and concern to many of my informants was a third interlinked factor, namely the perceived changing nature of gender in Bosnia. At Zajednica one day, sitting with the female staff on couches inside, conversation turned to a recent, highly publicised incident in which female high school students had attacked one of their peers, and the fight had been filmed and uploaded onto the Internet. This was big news in Bosnia, with the incident travelling all the way up to the involvement of the Tuzla Cantonal authorities. The women I was with that day ranged in what I would characterise roughly as their 'approach to gender'. I knew one woman attended the female-only gender parity advancement initiatives of various political parties and NGOs, whilst on the other end of the spectrum one of her colleagues was committed to 'traditional' roles and morality. So much so that, after having bought a lovely new rainbow coloured umbrella, she promptly threw it away when a younger colleague pointed out that the rainbow was "symbolic of gay pride." In the discussion that

followed, however, my informants were of one mind in denouncing the Tuzla girls, and interpreting their behaviour as a sign of the times. Women were *nevrijedna* [not decent/worthy—see chapter 3] now; there were no role models for these girls, they got drunk, they wore inappropriate dresses to their proms, they had sex, they took drugs: no wonder they had started attacking each other in this way.

Figure 11: Screenshot from the video, as displayed on a regional online news portal [http://www.klix.ba/vijesti/bih/nastavnicko-vijece-tri-ucenice-iskljucene-iz-mjesovite-srednje-skole/131105100] [accessed 20/12/2013]

My informants across both fieldsites made another thing clear: it was harder to be female, and especially hard to be a female addict. Resorting to prostitution was the main way in which the female experience of addiction, and indeed recovery, was delineated from the male experience by my informants, with one reporting that "addicts all hate prostitutes they are something else, so much shame and stigma, they pretend like its nothing but everyone knows and talks about it." Another remarked that "everything is much more forgiven to men than to women" in reference to the

problems in overcoming the shame of prostitution. The following account, divested

entirely of any identifying information, typifies these issues in recovery:

> "This girl used to be a prostitute, she would go with six guys at the same time, even
>
> other junkies were embarrassed by it, she was so bad but she acted like she didn't care,
>
> it must be hard for her here because she gets into a taxi and people know her. One day I
>
> was with her and this guy asked for our numbers, she wouldn't give hers and after she
>
> told me she knows him from before, I feel so bad about that."

Reproductive labour and health were also identified by informants as areas of life that

distinguished female from male in addiction and recovery. One day at Oporavak, we

were looking through my wedding photographs, and our subsequent conversation (as

recorded in my fieldnotes) went as follows:

> Looking at my wedding photos, Anita describes her wedding—she was having an
>
> "abstinential [sic] crisis" (withdrawal) because her husband would only buy her
>
> methadone, her *seker* (father in law) got very drunk, he is the type who went for
>
> cigarettes when her husband was 6 and didn't come back for 17 yrs, travelled all over,
>
> Germany, many wives etc.
>
> Anita on giving birth: no money for cabs so walked, first went to methadone clinic to
>
> get some methadone and people at clinic still say "Anita nearly gave birth here."
>
> "At the hospital I told them I was a junkie and suddenly everything was so different,
>
> they put me in a different room, they are trying to find my vein."
>
> "It really was a miracle because nowadays they do you a test and if you are positive,
>
> they take the child away from you."

Motherhood, then, raises the stakes of the addiction and recovery game in my

informants' minds. At Zajednica, I was surprised by the vehemence with my mother's

addiction was denounced when I disclosed it to staff members. Expecting them to be

fairly understanding given their profession, instead many were highly critical of a

mother who fails in her responsibilities. Likewise, even women who had been addicts

and mothers themselves were critical when they addressed this topic, grounding their critique in personal experience:

> "In my opinion, I would take the children away from their mothers, because the first thing you have in your mind is to find drugs, and then the child. I took good care of my son, but once I went to a party and left him sleeping alone, stuff like that, it's terrible, I hear stories of people injecting and their boys are playing in the same room, that's why I think these girls can't really take care of their children, maybe they want to but they can't."

In observing recovery, I discovered that the process was gendered in important ways. Carroll has insisted—based on her experiences of the imported American public health model in the Ukrainian IDU treatment context—that gender should be taken into account in all explications of and interventions into the way a drug user exists in society: 'Androcentric conceptions of drug use and addiction may inadvertently exacerbate for women the social distinctions and inequalities that such programs were designed, in part, to alleviate. They may be seen as addicts first, women second, or as addicts only and not as women at all' (2011: 32). At Zajednica, whilst informants reported that there had originally been plans to build a "female house" (see chapter 6), its failure to materialise made Zajednica's *klijenti* population exclusively male. As a result, masculinity was an important facet of life in Zajednica. Masculinity was addressed as part of the recovery process (c.f. Hansen 2012), but exclusively within a 'boys will be boys' rhetorical construction of why addicts and *klijenti* did what they did. Remarking once on rumours that *klijenti* had been seeing prostitutes on their visits away from Zajednica, one female staff member, rather than being scandalised, remarked that "Well, men have needs, and up here these needs are not being met, so it is not particularly surprising". I suggest, however, that *klijenti* themselves found the experience of living at Zajednica and being in treatment somewhat emasculating. Such

was observable in the emphatic, bodily way they communicated their displeasure with therapy session by brooding and hunching their way silently through them (discussed in chapter 4). I for one tried to get the men to join in with a word play game once, hoping in future to entice them into role play as a research method, and I was told in no uncertain terms "Bosnian men don't do this." I was also tickled to watch the difference in the pace and manner that *klijenti* walked inside and outside Zajednica. Taking the bus, then the tram, with them into town one day, I noticed that once we started walking through the city their swaggering gate became slower and more pronounced; they carried themselves with the exaggerated masculine walk that I had seen mocked by female informants many times.

Making recovery in at Zajednica was an androcentric affair in terms of the *klijenti* being both male and being masculine in an unchecked way; yet with the complication that the entire social work and psychologist staff was female[41], and thus therapeutic relationships were male-female by choice and necessity. Several of my informants regarded this ideal because "Men won't talk to other men about their emotions, they don't want to be weak." Regarding the day-to-day operations of community life up at Zajednica, space was gendered in a strikingly strict way, with female members of staff clustered together in one living room. Time was gendered too, with women arriving in the morning and then all leaving in the late afternoon. On special occasions such as Iftar meals, I noticed gendered patterns of space becoming even more pronounced, as women with babies were sequestered off into one living room, and myself and the female staff spent most of the time in the kitchen. In this way we can see the gendering of roles at Zajednica, too. The Iftar meal itself was not going to happen until the leadership decided that it was shameful not to have it that year, and so the women were told at late notice to organise something at their own expense, which they were

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[41] There were male interns who got involved in therapy, but male members of staff did not.

understandably annoyed about. During the event, men manned the barbeque as it is the male preserve in Bosnia, and the women worked all night. One member of the management came into the kitchen to congratulate us on a fine job; when he left, the women criticised him for "sitting around all evening and then coming to tell us what good work the women are doing." Not only was gendering of roles and space in evidence, then, but it was reflexively remarked upon by many of my informants. Whilst I heard women grumble about it, many of the men regarded it as an important therapeutic aspect of the community; a conscious attempt to model more 'traditional' gender roles so as to combat the degradation of gendered sociality associated with the transition to peace and to a neoliberal political economy.

At Oporavak, women were included and addressed explicitly in recovery processes, both through specific project work including the 'women's workshops'; a general desire as reported by Anita and other informants to address the problem and problems of "the female addict", and through being members of the *ekipa* and full participants in the organisation. And yet, gendering in keeping with that at Zajednica often made itself apparent. Women washed the dishes and cleaned up the office space; before the *Kršćanska druženja* it was myself and the other women who made 200 sandwiches for the event. The issues of 'feminism' played out interestingly in this context, too. When we were planning a session for the women's workshop, for example, or chasing down funding for project work with women, some of the Oporavak guys would joke along the lines of "Where is the representation for me, a poor Balkan man," or, "I'm not doing that. [mocking] I am woman, and I am against it." When discussing the logo for our upcycling craft collective, Dino suggested we should have it "as gypsy women, picking rubbish up from bins." Anita, for her part, mentioned that she was nervous about her husband getting out of prison for many reasons, one of which being she would not be able to work anymore: he had already told her she was "flying too high" for a woman

from this region. This accords with the findings of several of the authors in *Contesting Female, Feminist and Muslim Identities* (Spahić-Šiljak: 2012), a recent review of feminism and Islam in Bosnia and Kosovo that describes how feminism is maligned and shunned due to its association with contemporary and controversial 'Western' cultural influences in the region. However, it must be read against the female-centric imperatives of the Evangelical Church, as exemplified in the *Kraljeve Kćeri* (Daughters of the King) mini-conference I attended in Sarajevo in which, amongst many other biblically-focused esteem building speeches and exercises—as well as 'feminine' activities such as shopping for craft goods and drinking tea and coffee from beautiful chinaware—we were invited to consider Esther 4: 14: 'And who knows but that you have come to your royal position for such a time as this?, or, what was our duty to God in the times in which we find ourselves?

5.3 Finding God in the Process

'Do you believe in God?' Anita, behind her computer, has her smile and attention trained on me at mine. It is my second week as an administrative assistant and as is often the case, Anita and I are alone in the office with our chat and our work and the suspicious smelling gas heater. "Do you believe in God?" asks Damir, a middle manager at Zajednica, as we came to a halt in Zajednica's carpark one day. From the offset, religion greeted me at every turn in my fieldsites: as Evangelical Christianity at Oporavak, and Islam at Zajednica, where the overhelming majority of my informants identified as Bošnjak in terms of ethno-national alliance (with some notable exceptions, see chapter 7) and Islamic in terms of faith. Pelkmans observes that in the post-Soviet context 'the "new" religious movements balance and prosper on the junction between

forces of globalization and localization. They are embedded in wider transnational networks yet vigorously adjust religious messages to local concerns and translate them into a locally contextualized vocabulary' (2009: 9–10). His insights clearly apply to Evangelical Christianity as encountered at Oporavak. Furthermore, we may consider Islam's public presence in Sarajevo as a new departure, rather than a revival; it becomes clear that Islam–though not strictly 'new'–prospers on this same junction in the post-siege era. Substituting the contentious term 'globalization' for 'internationalization' it can be said that whilst practicing Muslims in Bosnia had previously been internationalized through their connections with the global *ummah*, the *ummah* presented itself on their doorsteps during and after the war, transforming in many respects the nature of Islam in Sarajevo (Maček 2007). In the post-siege rebuilding of mosques, for example, we see rich Islamic countries placating 'local concerns' and using a 'locally contextualized vocabulary' (Pelkmans 2009: 9–10) by pandering to public dismay surrounding the destruction of cultural and religious buildings during the siege, whilst simultaneously spending vast amounts of money in the hopes of advancing their own brands of Islam.

Though religion greeted me at every turn, a revealing aspect of Sarajevo's treatment milieu was the conspicuous absence of Higher Power [*vise sile*]. Higher Power, a concept coined and popularized by AA co-founders Bill Wilson and Bob Smith, is a 'partially secularized and highly subjectivist image of the supernatural' (Hood 2012: 90). Its absence in Sarajevo was explained by a former addict and NGO manager in his recollections of the development of Sarajevo's addiction treatment milieu:

> "I tried to organize NA [Narcotics Anonymous] groups here and it, and it you know happens for a couple of years we meet but not really as a genuine NA twelve step group…two issues were very hot about twelve step in the Bosnian context. The first one is spirituality: Which Higher Power? [*laughs*] So which Serenity, how will you make the

> Serenity declaration in the beginning? God?! Should we say Bože or Allah or?! You know it was tricky, you know in the Bosnian context it was very tricky."

That is not to say that my informants thought they could recover without God. One typical chat on this topic of God, religion, recovery and atheism over coffee at Zajednica went like this:

> Sead: In what sense can you live as a better man except through Islam?
>
> Semira: Being oriented towards the moral and ethical system of any religion makes you a better man.
>
> Sead: Religion gives purpose in your life.
>
> Semira: That's the difference between people who are atheists and people who are in religion. Athiests look for things that are here but people people in religion hope for something else, believe in better things. I've met atheists who are good and are trying to make things good, but I've also met ones that think that God doesn't exist and that you are right to do whatever you want because you have only one life.
>
> Sead: But even that kind of people, they seem like unhappy.
>
> Semira: They have nothing to look for and to hope for .
>
> Sead: They say they are fine but I see their eyes; eyes never lie.
>
> Semira: It's ironic because when they are in a bad predicament they say 'My God' in a crisis—they believe in something, they believe in a force and God is a force.

Such commonplace conjecture was given 'scientific' reinforcement when those among my informants who were trained in sociological, psychological and other literature and methods drew upon their knowledge and training to state that religion was scientifically proven to aid recovery. In the specialised literature in Bosnia, addiction and recovery were often intimately linked to religion by mental health and other professionals; for example, Hasanovic states that:

> Research has shown that faith brings serenity, and thus improves health, giving new strength to the soul and body. It is effective antidote for negative emotions, such as

dissatisfaction, fear, anger, resentment, hatred [...] that underlie many mental and psychosomatic disorders (2001: 178; see chapter 3 for a fuller engagement with Hasanovic).

When religion was cited by my informants as the key to their recovery they were undoubtedly speaking of faith and inner change–of finding God personally–but in an important sense they were also referencing the social, public-oriented aspects of religion. Addiction, religion and recovery are thus individual and public in a mutually reinforcing sense in these contexts, and therefore Higher Power simply does not cut it in Sarajevo. Whilst Heelas has contended that religion in late modernity has not capitulated to secularism as predicted but to spirituality (2009: 413), in Sarajevo this simply is not the case. *Duhovnost* (spirituality) is not common parlance or widely intelligible in this context; instead a team must be picked. One must not only privately submit to *Bože* or Allah in recovery, but more often than not must also publicly declare and explicitly cite affiliation when publicly projecting your recovered self.

Certainly, God could be found in the recovery process at both Zajednica and Oporavak, despite the technically 'secular' status of the former. A further distinction worth making is that God featured in the narratives at these two organisations in markedly different ways. At both fieldsites, appeals to God were regularly made in everyday and therapeutic speech, however "*Ako Bog da*" ("If God wills it") was used at Zajednica, especially when informants talked about the future. One male member of staff illuminated this trend when he remarked that "it's strange but religious people are the ones with a plan [as opposed to atheists who should care about future life if they think it is the only one they have]; people in Bosnia don't talk about the future, they only say "*ako Bog da*" in Sarajevo [shrugging off responsibility]." At Oporavak, by contrast, "*Samo Bog zna*" ("Only God knows") had replaced "*Ako Bog da*." This orientation to the

future assumed God had a plan, and was used in instances such as when one Oporavak leadership member announced that he would be cutting back in his commitment to the organisation: "Only God knows what will happen, but this is what I feel I have to do."

Ringwald writes of religious and secular addiction recovery programmes that 'different roads to recovery cover much of the same terrain' (2002: 158). In his comparative ethnography of Recovery House and Redemption House, Hood takes this point further. Of the programmes at both centres he writes that 'these rituals, mechanisms, and strategies are mobilized in both Houses in order to re-socialize the clientele into quite similar alternative moral logics, namely Right living at Recovery House and Christian living at Redemption House' (2011: 198). He further asserts that 'therapeutic community treatment seems in large part a secularized form of evangelical religious conversion used to correct, control, and conventionalize people whose drug use has been labelled deviant' (ibid.). In my fieldwork contexts different roads were taken, but it is not the religious aspects of recovery that constitute the same terrain. That is, the ethos and programme at Zajednica is not simply a 'secularized form' (ibid.) of religious practices and imperatives. Nor were the principles and practices of Oporavak necessarily religious versions of secular treatment orthodoxies, or indeed strictly religious at all. Nor, as the Malinowskian hypothesis would have it, were appeals to the religious made only at the point where scientific recovery procedures failed (Dein 2002). Rather, the similarities or shared terrain between Oporavak and Zajednica manifested in their common pragmatic and situational shifting between what my informants considered 'religious' and 'secular' models of thought and modes of action.

Ethnographic examples abound of these processes in my field notes. In Zajednica it became a running joke amongst the *klijenti* and many members of staff that Kemal, a

klijent, had taught me to furnish the friendly enquiry "How are things at home?" with the Arabic adopted Bosnian Muslim response '*Elhamdulillah*' (literally 'Hallelujah', but meaning 'All is well praise God') Yet, one day while outside with a social worker on her cigarette break I watched Sead receive a barrage of shouted reprimands from one of the managers as he crossed the lawn. Heading inside after a period of gardening work—part of daily work therapy at the centre—Sead had shouted out in greeting to this manager "*Selam alejkum*!" A self-designated devout Muslim, this manager would join his male colleagues every Friday during the working day to go to the nearest mosque for prayer, yet would not accept this show of public religious preference in the rehab centre: "Where do you think you are, Pakistan?!" he bellowed. This tension between the religious and secular was particularly clear during *Ramazan* (Ramadan), where the usual focus on abstinence from drugs—a focus that was officially expressed in secular, scientific terms—came into tension with the religious imperative to fast and abstain from vices in general. On the one hand, for example, many colleagues suggested that clients should focus on the physically and psychologically challenging task of staying clean, and that fasting in their case was absurdly, even ludicrously premature. Yet on the other, the question "Are you fasting?" rang out every day throughout the centre, with an unmistakable attendant 'sizing up' of the values and commitment of the person–client or staff–who answered in the affirmative or negative.

At Oporavak the religious and the secular happily mixed, with the latter trumping the former so frequently as to seem almost strange, given the Evangelical Christian underpinnings of the organization (for parallels between Evangelical religion and science see Niezen 1997 and Finkler 1994). In one women's support session, for example, we spent almost the entire time as a group discussing the differences between men and women in Bosnia, with ribald humour and a more than a little righteous indignation. Shifting hurriedly to the religious frame of reference, it was only

right at the end that the group's leaders brought in the biblical underpinnings of the session by inviting us all to consider Genesis 1: 27– 'So God created man in his own image, in the image of God he created him; male and female he created them'. Anita herself demonstrated a capricious attitude towards religion in the public sphere. At a youth conference that we attended together she was vociferously appalled that a football coach had stood up during the question and comments session, expressing himself and his ideas through language peppered with Bošnjak or Muslim phraseology. It was her decided opinion, that day, that religion had no place in Sarajevo's public discourse. And yet she would be the last person to shy away from publicly testifying to the miracles God has wrought in her life, which she did regularly and with entirely understandable gusto. Furthermore, she had no problem with mixing the religious and secular arenas. One morning in Brussels, I was surprised to wake up to my Oporavak colleagues praying in the kitchen of the studio apartment we were sharing. Anticipating the day's events, they prayed for many things, including for God to bring wisdom to the other people who would be at our meeting at the European Parliament that day.

5.4 Recovery and '*Mentalitet*'

The recovery process, I was assured by many of my informants, was addressed towards achieving, and depended for its success on a change in *'mentalitet'* ('mentality'). *Mentalitet* has a fraught history in terms of Western academic engagement in the region. 'Balkan' to Western audiences has long signified bellicosity, senseless violence, rashness, harshness, primitiveness:[42] an early example being Baring's report on the region in 1913 in which he states that:

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[42] My language teacher once relayed her horror on discovering that 'slovenly' was derisive of Slavs in an etymological sense.

> '[I]f the Albanians complain of being massacred by the Servians [sic], little sympathy
> can be given them, for massacre has been a constant factor in ordinary and everyday
> life. Likewise the Bulgarians and the Servians cannot complain of being massacred by
> the Turks. The extermination of a village by a band which was in a position to
> exterminate has from time immemorial been a recognised move in the code of Balkan
> warfare' (1913: 9).

This is perhaps unsurprising given that, as Todorova notes, '[t]he Balkans are usually reported to the outside world only in times of terror and trouble; the rest of the time they are scornfully ignored' (1997: 184), or as Goldsworthy observes '[w]hen not a theatre of war, the area seemed to inhabit the misty edges of perception' (Goldsworthy 1998: xi). Accordingly Rebecca West, author of the famous travelogue on Yugoslavia: *Black Lamb and Grey Falcon* (1942), introduces her work by suggesting that the Balkans piqued her interest as the distant source of World War I.

The negative connotations of 'Balkan' have been roundly explored by Todorova in *Imagining the Balkans* (1997), wherein a Foucauldian study of imaginative geographies leads the author to coin and present the term 'Balkanism' to describe a representational scheme that constructs a particular image of the region as the nasty, brutish, masculine other, as opposed to the soft, pliant, feminine other of the 'Oriental' (Wolff 1994; Fleming 2000; Jansen 2002; Ruthner 2008; Antic 2003; Antic 2006). Balkanism has teeth: it has been shown to work in many different arenas, and to influence real-world outcomes in many different ways. For example, writing on NGOs in the Balkans, Sampson describes how impediments to the implementation of NGO and civil society projects and logics have been received by the relevant stakeholders:

> '[O]ver the last few years in trying to export Western democracy to the Balkans, we
> continually interpret our difficulties in terms of the barriers posed by stubborn Balkan
> traditions. A Western democracy assistance program has stalled or not been

implemented, and this is explained by the fact that local Balkan organizations or government offices lack initiative, are not serious, are just thinking about the money, are hypocritical, lazy or corrupt. NGOs are accused of being unable to cooperate, of hoarding information; staff are accused of not having enough initiative; intellectuals of being unable to write clearly; officials of promising to do something and then changing their minds or catering to their political patrons' (2002).

Balkanism affected the perception of the region when the international spotlight was trained on it, and it continues to dramatically shape the geopolitical imperatives relating to the region, with material as well as ideologically consequences.

Of all the applications of 'Orientalism' regarding the region, Bakić-Hayden's contribution of the concept of 'nested Orientalisms' shines particular light on the *mentalitet* issue in this context.

Bakić-Hayden writes that within Yugoslavia, each *narod* seeks to portray themselves as 'more progressive, prosperous, hard-working, tolerant, democratic [...] in a word, European, compared to primate, lazy, intolerant Balkans' (1992: 8). For the purposes of this discussion, Bjelić's investigation of psychoanalysis and the Balkans makes the equally illuminating point with reference to psychoanalysis-oriented Balkan intellectuals that:

> 'Despite the claim to political neutrality and universality of psychoanalytic language and metapsychological categories, the language of psychoanalysis, deeply vested in the national struggle over the control and domination of ethnic space, was strongly influenced by the mechanism of "nesting-orientalism" prevalent throughout the Balkans' (2011: 16).

In the context of my fieldwork, fascinating instances of 'nesting Orientalism' were evident in encounters with Europe and the EU at Oporavak, largely through the self-

deprecating humour of Oporavak members whilst at RUN meetings. Dino joked for

example that "everyone should go on holiday to the Balkans for a minefield adventure,"

and that "There are flights from London to Sarajevo. Three flights daily, and on

humanitarian." Commenting on his leadership position in RUN he joked "When they

find out a Bosnian guy is the head of this, this is the end, with a wahabi beard saying he

is recovered, he's not recovered!" On a more serious note, Dino enjoined me that "We

must speak European" in our dealings with RUN, whilst the head of a Serbian recovery

organisation remarked on learning that a webpage had not yet been finished, "I expect

these things in Serbia or Bosnia, not here [in Brussels]."

Switching scale from the *narod* to the personal and inter-personal, I noticed that

amongst my informants at Oporavak, a great many people constructed their own sense

of self-worth through criticism of the Balkan *mentalitet*. At Zajednica, for example, the

laziness and lack of will for self-improvement of both staff and *klijenti* was something

that many people pointed out. Samir, for example, blamed a "Bosnian mentality" for the

dropout rate at my English class: "People have no will to improve themselves, they

think they don't have time or the energy but they have both, it's a question of a bad

Bosnian mentality." Turning to me one day, Dino described how he had just come off

the phone with the mother of an addict they were helping. She had rung him to ask if he

had seen on the news that hundreds of crows had all gathered in one place. "These

Bosnian people are crazy," he wailed in exasperation. Being "mad" was a running

theme at Oporavak, where the working day was interspersed with exclamations of "I'm

mad," "You're mad," "This is not normal," and "You are not normal." Furthermore,

complaints about the Balkan *mentalitet* and its interference with the recovery process

were mirrored in and compounded by repudiation of the addicted *mentalitet*. An

addict's *mentalitet* was one of cunning, calculation, short-termism and self-interest

according to my informants at both fieldsites. One Oporavak member put it this way:

"We have that problem at the church, junkie mentality: junkies think you are there to provide them with something." Others put it this way: "They always have their hands out," or "They will snatch what you are offering."

Whilst recovery is certainly an embodied as well as a cognitive process (see Nettleton, Neale and Pickering 2011), nonetheless I suggest that the discursive construction of *mentalitet* and changes in mindset were a key aspect of how my informants evaluated healing change in this context, and stressed above bodily change. Of recovery, one informant put it this way, "Basically, we are trying to implant a new way of thinking", whilst another stressed, "Until we can change their *mentalitet* they are still addicts." Furthermore, I propose to describe the way in which my informants conceived '*mentalitet*' as a 'double-nesting-orientalism'. That is to say, my informants were wont to 'double-orientalise' when they positioned the recovery process as addressing the Balkan and the addict *mentalitet* simultaneously. It was 'nesting' in the sense that my informants reified their own sense of self-worth and normality through comparison against recovered people, recovering people and addicts if they were staff; recovering people and addicts if they were recovered; and addicts 'on the street' if they were recovering. This was abundantly clear in one example where a group of women from the Evangelical Church were poking fun at the way another woman—also a recovered woman and convert—walked about the place like "Real *mahaluša*"—a neighbourhood woman, into everyone's business. They did an impression of her walk that was meant to convey how she was watching everything and getting involved in everything, and they criticised her for being "street" and for retaining an "addict *mentalitet.*"

5.5 Recovery Culture, Recovering Culture

Culture, *kultura*, was less a guaranteed, sustaining presence for many of my informants, and more a troubling absence. One day at Zajednica I was chatting to Elmina and as Alma, her colleague, sat down she said: "Here is a rare woman, you don't get women like this since the war." In this example Alma—admired by many people at Zajednica for her gentleness, 'traditional' values, kindness, but also her 'traditional' hobbies and knowledge—was held up as a repository of Bosnian morals and of culture. And yet, 'Bosnian culture'—despite the ethno-national politics at stake in this designation (see Doubt 2013)—was cited as a crucial component of recovery processes. These two rhetorical themes—the importance of culture, and its degradation—were of course two sides of the same coin. Outside of its rhetorical apprehension, it was ethnographically evident that recovery processes in both contexts included a complex interaction between the ideals crystallised in the 'Zajednica work programme' or Oporavak's 'Articles of the Organisation', and the 'Bosnianness' of the ground in which they were sewn. I approach these two manifestations of *kultura* in my fieldsites by making a distinction between (a) recovery culture—that is, the cultural life of recovery processes—and (b) recovering culture—that is, the extent to which addiction was implicated in understandings of general cultural degradation, and recovery in its revival.

Culture at Zajednica impressed itself incredibly forcefully in all aspects of the recovery process, and slippers were one banal but notable demonstration. Bosnian people remove their shoes when they enter a building, which many informants explained was a matter of hygiene, whilst others linked it to Islamic faith—although there again it was cited as a matter of hygiene. It is customary to wear slippers indoors, especially

women, I was told by one informant, because their ovarian health can be affected by having cold feet. One day early on in my research, as a *klijent* had been sent off to find me some slippers to wear, Elvira was discussing the custom to me and reflected that, "It's an important part of the culture here, and Zajednica is an indoor space like a house, so we follow the custom here too." She also mentioned that in the past, when hosting foreign visitors to the centre—usually staff from other rehab centres in Europe—they made a point of writing to them in advance about this cultural rule, "Because the first time we didn't tell them about the slippers thing and it was *katastrofa*". Daily coffee breaks present a second key example of the culture of recovery at Zajednica, here in a more routinized and communal sense. It was with great anticipation than morning coffee took place, and it was a highly *klijent*-oriented affair, since usually only a few members of staff attended. The coffee—in a giant *fildžan*—a distinctive style of coffee pot—was also fetched from the kitchen by one of the *klijenti*, who brought the sugar and cups and spoons to stir. Morning coffee took place in one of the two *šadrvani*—the inside when it was cold and the outside when it was warm—and these structures themselves were explained as repositories of traditional Bosnian culture, since the outside *šadrvan* especially was reminiscent of the "summer kitchens" ["*ljetna kuhinja*"] that many Bosnian homes featured in the past as a means of keeping the main house cool in summer. The chat over coffee ranged from commonplace griping all the way to deep philosophical conversations—and everything in between. In the winter, a wood burning stove in the middle of the *šadrvan* kept everyone warm, and this chatter would mingle with the sounds of music on the radio, the whizzing and buzzing of an electronic darts machine, and the clattering of a table football match. In the summer, the stray dogs that attached themselves to the therapeutic community would play around our feet. Rain or shine, *klijenti* and many of the staff would smoke cigarette after cigarette, so the time passed in a haze of smoke too. It typically lasted up to an hour, and for many it seemed to pass as the most enjoyable hour of the day.

Without overstating the case, it deserves mention that at Zajednica, aspects of 'Bošnjak' culture predominated, in step with the overwhelming majority position of Bošnjak-identifying people, staff and *klijenti* alike. As such, on many occasions my informants remarked on the link between the "good feeling" of having a coffee and a chat—expressed through the notion of *ćejf* [pleasure in the little things]—and Bošnjak culture. At Oporavak it was by and large the 'Sarajevan' identity and culture that was stressed; a logical upshot of the way in which shared Evangelism supplanted ethno-national affiliations, the reticence of the minority position as most members of Oporavak were of Serb, Croat or mixed heritage, and the ideological rejection and repudiation of nationalism by most members, as well as a genuine love-hate feeling towards their city (as discussed in chapter 2). Thus, expressions of cultural preference were largely made through professing an allegiance to one of the city's two football teams, or by reminiscing about strange Sarajevan customs, like teenagers riding on the front of trams. And yet, in terms of the day-to-day culture of the office I was interested to note cultural elements that could be identified as Bosnian or indeed Bošnjak creeping into proceeding, such as mentions of '*nafaka*'—a concept that does not translate well but bears a resemblance to 'destiny' (the pertinent phrase being "*svaka ima svoju nafaku*" or, "every person has their own *nafaka*")—or a concern with disease-inducing draughts, the dreaded *promaha* that whistled in through cracks in the window, causing untold damage to health. Since health and destiny were both serious concerns in recovery in both fieldsite contexts, these cultural inflections were noteworthy.

My informants had plenty to say in respect of the second facet of *kultura*, that is (b) recovering culture, and indeed as previously stated, it was concerns with its absence and degradation rather than celebrations of its presence that rhetorically framed

culture. Again, family breakdown was heavily implicated in this loss of culture, or in its degradation.[43] So too were factors such as kids growing up too fast; an obsession with impressions and money over substance and values that was linked to consumerism; and a degradation of value systems or *vrijednosti* (as discussed in chapter 2). Even families that were "whole"—that is, consisted of a married parental couple at the centre of them—were seen as compromised by the transition and the war, as in cases where Oporavak members located the genesis of their drug problem in "highly conditional" parental approval or their family's "coldness"; or indeed their parents' own addictions. One informant, who approvingly informed me that I was looking more like a Bosnian woman that day, stated that he liked to kiss his male friends but that did not make him "*peder*"—the habitual, if offensive designation for a gay person. He claimed that what some *klijenti* and staff could not understand was that "It's love for family and friends, they say *peder* but no it's the old system of value, it's love for your friends, family, and neighbourhood". He favourably compared himself to his relatives in Germany who had become "cold", and in so doing drew upon the shared social understanding of Bosnian culture being "warm" by contrast. I heard Bosnian culture being described in terms of warmth many times, and people being evaluated according to the warmth of coldness of their culture at both fieldsites. Semira at Zajednica stressed that their culture insisted on things like "being connected," and "looking after the elderly": both imperatives, to her regret, were currently being eroded in Bosnia as people became "cold."

At Zajednica, certain staff members had made it their reflexively chosen mission to inject recovery procedures with Bosnian culture so as to aid their therapeutic efficacy,

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[43] The growing number of divorces was a matter of public concern. In 2014 the Agency for statistics disclosed that there had been 2,600 divorces in 2014, as opposed to 1,369 in 2008 http://faktor.ba/raste-broj-razvoda-u-bih-ulaze-nespremni-u-brak-pa-se-razvedu-nakon-pet-godina/ [accessed November 5, 2015]

and to recover Bosnian culture in the process. For example, regarding the morning coffee breaks, I was interested to hear one middle manager discuss this in terms of *akšamluk*—a word associated with the practice of having coffee in the evening with friends and neighbours whilst chatting about the day's events. This informant believed that the social impulses behind *akšamluk* had been corrupted by alcohol over recent years, and as such going drinking or doing drugs in the evening had replaced gentler, neighbourhood-based *akšamluk*. Teaching *klijenti* to value coffee breaks together was to re-teach them about these older cultural practices. The traditional was elided with the healthy and therapeutic, and as such I heard the water features at Zajednica discussed as important therapeutically because "Water is very important in our culture, gardens and water. Bosnia is very rich with water." In the same vein and according to the same evaluative schema, I heard one member of staff distinguish between 'junk food' such as McDonalds which was bad for you, and *ćevapi* and other Bosnian dishes which would build the *klijenti* up and not make them fat, whatever volume they were consumed in.

At Oporavak, aspects of Bosnian culture were often proposed as a threat to Christian life, to the life of the church and to recovery. Indeed, I observed that at Oporavak many people attempted to move away from behaviours they associated with Bosnian culture, such as black and obscene humour, gossip, and even bad queuing etiquette. One informant discussed the threat in this way:

> "There's a negativity, and I think there's a sense of oppression here because of some of these factors, there's no encouragement [...] In addition to being shame-based it's a very performance-based culture, where it's all about performing outwardly [...] I think the church here is very egoistic and very performance-driven, it's about what are we looking like here are we working hard to be a good Christian, it's the same thing as the culture here you're looking like you're working hard to be a good student blablabla and

you know we all are imperfect human beings, none of us get it right, but we can't

muscle our way out of trauma and hardship, we can't muscle our way out of addiction

you know that takes, that takes intervention, that takes you know a work of higher

power which for me is God erm but that sense of work hard that sense of performing

that sense of be perfect, of have it all together, and then we match that with a sense of

that's impossible so there's a sense of hopelessness ."

Finally, recovering culture also often meant recovering a Bosnian culture and a

Yugoslav culture as an act of resistance to divisive ethno-national politics and their

attempted hijacking of various cultural elements. It frequently entailed carving out an

'open' cultural alignment and being discerning and reflexive about culture, as in

statements that Samir at Zajednica made to me such as "I am a patriot not a nationalist

[...] I stick to tradition although I don't think, well, I stick to the tradition that I like." It

meant wishing a happy Easter, but also a blessed Bajram or Orthodox Christmas or

Yom Kippur via texts or social media to '*svima koje slave*'—those who celebrate. It

meant hanging all the flags of the former SFRY together at the *Kršćanska druženja*, and

writing "GAL 3: 28" alongside; a bible passage that goes as follows: 'There is neither

Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one

in Christ Jesus'.

Figure 13: The flags of the former Yugoslav republics hung together at the 'Chistian gathering: international conference of former addicts' ['*Kršćanska druženja: medunarodna konferencija bivsih ovisnika*'].

5.6 Conclusion

Willis and Trondman write that '[a] very important role of the concept of culture is its way of indicating and expressing the always existing mode of indeterminacy in human life—that it cannot be reduced to economic and social conditions' (2000: 397). To conclude, in this chapter I explored the key manifestations of gendering, religion, 'mentality' and 'our culture' as they presented themselves in my ethnographic study of recovery making in this context. My investigations led me to reflect on both the way recovery is entwined in and constitutive of migrating and 'traditional', as well as changed and changing sociality. I have argued that recovery process exists at the dynamic and generative nexus of the internationalised ideals crystallised in the 'ideal' therapeutic procedures at both fieldsites on the one hand, and the grounded imperatives of lived and situated sociality on the other. In so doing, I have shown that the indeterminate in recovery processes at my fieldsites—those aspects of making recovery which are more than just the 'who does what to whom' of previous chapters—may be influenced by economic and social conditions, amongst other things, but cannot be reduced to them. As such recovery is cultural; recovery is Bosnian.

6. Unmaking Recovery

6.1 Introduction

Right from the earliest stages of my fieldwork and throughout, my informants met my many lines of questioning with some of their own: "What do you think about Zajednica?" "What do you think about Oporavak?" "What do you think about it here?" "What do you think about us?" In an effort to be congenial I was always highly complementary in my responses, but in fact my complements at the early stages derived from an authentic sense of respect; I was impressed by what I saw. Once again I stress that Zajednica is bewitching, breath taking; a sight to behold. What is more, it often 'felt right' just to be there. I was often elated to be up in those beautiful hills, seeing 'real work' done with 'real addicts' by 'real people'. At times, this 'community' really felt like a community, and I could not have been happier to be part of it. Yet my elation provided a sharp juxtaposition, and sometimes I suspect a fair amount of annoyance, to the women with whom I spent most of my days at Zajednica. One particularly fine spring morning, remarking once again on how beautiful Zajednica looked, a colleague said "You know we have a phrase for that: *okolo kalaj, unutra belaj* (pleasant on the outside, trouble inside)" []

Gazing out over our heads on lofty poles outside, or squatting like spiders in the highest corners inside, cameras were placed throughout Zajednica. From early on in my fieldwork I noticed how their presence shaped the daily behaviour of people at the centre, with *klijenti* favouring the *šadrvan* in large part because it lacked cameras, and staff trailing off mid-sentence in their complaints or conspiratorial whispers whilst indicating to the nearest camera. And then one day, halfway through my time at the

rehab centre, the cameras were switched off. I gleaned this news from snatches of gossip here and there; apparently it was rationalised by the leadership in terms of equipment problems and budget cuts. Their inactivity was not officially made known to *klijenti* and their families, and so an appearance of control was maintained, or at least an attempt was made to maintain it, whilst in reality the clients were left unmonitored. Further prodding on my behalf into the official explanation for why the cameras had been turned off, and general questions about the budget cuts, were met with suspicion and dark looks: there was more to this than met the eye. *Okolo kalaj, unutra belaj*.

I was elated and genuinely excited to be at Oporavak too, and above all I was impressed by the fervour of everyone's total belief in their own inviolable recovery and the comforting presence of God at every turn, which I have since described to people as like being "in a warm bath". At Oporavak there was certainty—God has saved me, God has a plan for me, everything is going to be okay—and there was community—we recovered, we believe. After finding my feet in the organisation I began, in the stilted and indirect way that English politeness allows for, to nag Anita and Dino about the renovations workshop, which I had learnt took place with male members of Oporavak out in Ilidža. In the end I snuck in a quick visit when I went with Anita and Kata to make sandwiches there before the *Kršćanska druženja* conference. I met with a group of happy, relaxed and friendly men, some of whom were tinkering with various renovation projects in the well-supplied workshop, but most of whom were making or drinking coffee. In short, if not the model of productivity, everything seemed in good working order. At that time stress levels were building around the office, but I was not yet privy to the cause. Weeks later Anita told me that one of the leaders had been stealing money and leading a '*dvostruki život*' ('double life'), and as a result the workshop had been abandoned.

Careful attention to what happens 'when things go wrong' is an important aspect of recovery studies, purely because relapse can be expected in 40-60 per cent of cases when abstinence has been established (National Institute on Drug Abuse (NIDA)- see http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery). Accordingly, in this chapter I present and reflect upon instances of relapse (or *recidiv* (recidivism) as it was commonly referred to) as they occurred during my fieldwork. However, 'things going wrong' was not the sole preserve of relapse, and importantly, not even its chief manifestation in the course of my fieldwork. Furthermore, according to one of informants, the 'wrong' outweighed the 'right': "Honestly, I worry that we are doing more harm than good." Here we come to the third and final aspect of Csordas' typology of healing practice, which is:

> '[O]utcome, or the final disposition of participants both with respect to their expressed level of satisfaction with healing, and to change (positive or negative) in symptoms, pathology, or functioning' (1988: 121-122).

Outcome in these contexts has a personal and institutional inflection. This chapter is organised around the premise that recovery as a variously personal and institutional procedure and process—as previously established, something that is 'made' through the combined efforts of addicts and addiction professionals, and that is generated at the dynamic nexus of the local and internationalised ideals crystallised in the 'work programme' and 'Articles of the Organization' on the one hand, and the imperatives of contextual sociality on the other—is equally 'unmade' at a personal level through relapse, and at an institutional level through 'burnout', discord, crises of leadership, and institutional change. In the end I realised that by asking for my thoughts on the organisation, my informants' were hinting that something was not right. If the preceding chapters can be read as somewhat normative insofar as they outline procedure and process without engaging particularly with matters of efficacy, this

chapter by contrast presents a critical engagement with recovery making as seen through my informants' eyes—with *dvostruki životi* (double lives), pleasing appearances and troubling realities. In this chapter I will ask, above all else: How and why does this not work? In so doing I chart—through ethnographic observations and interview excerpts, and starting with the differences in how recovery is phrased as a treatment outcome—dispute, discord and brokenness in the making and indeed the unmaking of lives at Zajednica and Oporavak.

6.2 Defining Recovery

One of the most immediate and important distinctions I discovered during my fieldwork was that, almost to a person and certainly across both organisations, my informants believed in the ability of an addict to fully recover. As Anita put it: "What is recovery? [...] The first thing I say to people is that it is possible." Writing on consensus in recovery communities, specifically self-help groups for breast cancer victims in North Carolina, Matthews notes that:

> 'A true synthesis of opposing views seems beyond the capabilities of many. Yet when individuals come together for some common purpose, they are often able to negotiate some shared understanding of their collective experiences of the disease. In the case of the H.E.L.P. group, this negotiation also provided the group with a basis upon which to articulate a critique of the prevailing biomedical model—a critique based in the discomfort that individual members experienced in the medical system but which none could fully articulate prior to comparing their experiences with others' (2000: 411).

A true synthesis escaped my informants; their descriptions of addiction and recovery being refracted through the lens of their vastly differing selfhood and experiences. Of

all the statements on recovery that I collected, the following stood out as the most comprehensive, and indeed representative:

> "Recovery, okay number one is to be free of addiction, to no more be a slave but recovery is so complicated, because your addiction really changes you, it changes your character, your way of thinking, it changes your point of view, it changes, you yourself are changed, everything about you was subject to change in addiction and when you stop being addicted, it's like something do you know that girl Natasha something I don't know people who are like kidnapped and being kept as hostages for a long, long, long time when they are released they have this, they love their kidnappers [Eleanor: Stockholm syndrome?] Yes, yes, something similar to that, and that's why through addiction you lost your identity, you don't know who you are you don't know what you are, so to recover you need to work hard on yourself, the first step is to liberate yourself from substances on which you are dependent but that is only the first step, the second it to change the way you think to change your habits to change your character that needs lots of time and effort. Recovery is to stop being addicted in every sense, in the intellectual, emotional, and that is work, that is a whole other job and it's not simple."

Yet insofar as recovery was agreed to be possible by my informants, there was a shared collective experience of addiction as a temporary state from which one could recover, joint agreement that the best course of treatment was abstinence based rehabilitative therapy in a *komuna*, and a clearly articulated critique of the prevailing biomedical model—that of the chronicity model of addiction. Again, as Anita put it:

> "The definition is really depressing, they tell you that you have an incurable brain disease, it is hope that is lacking, and it is very worthy to fight against this definition because we are living examples that it is false. The doctors tell you it is a chronic disease, we will give you methadone and if you relapse we will give you more methadone, they truly do believe in this definition, and they won't let you reduce your dosage either. We need to bring people with research to speak to the doctors and prove this definition is false."

At Oporavak, the 'harm reduction' approach that was linked to chronicity was particularly reviled and the target of sustained criticism; an important and shared demon against which my informants contrasted and organised their own beliefs about and experiences of recovery, as well as their work on behalf of others (for ethnographic engagement with methadone and harm reduction, see Gomart 2002; Bourgois 2000; Campbell & Shaw 2008; Fraser 2006; for the debate over user-oriented evaluations of harm reduction, see McKeganey2004; Neale, Nettleton and Pickering 2011). It was felt that addicts could not be trusted with methadone; they would manipulate the people who gave it to them, and would take their substitution therapy drug in combination with street drugs. As one woman pointed out, when she was on methadone, her first thought in the morning was of her drugs, not her child. Furthermore, the harm reduction movement was rhetorically encountered as a powerful, international force pitted against the recovery movement. At a meeting in Brussels Neno put it like this: "We cannot have people giving other people needles!! That is what harm reduction is! The other side have nice words and ways of putting their point, we need a nice way to say this to answer them." The corrupting influence of the vast profits available from substitution therapy drugs rendered harm reduction organisations—according to my informants—puppets at best, and malevolent forces at worst. I asked one woman what she thought of the leader of a local harm reduction NGO and the reply was, "When you are in his company you feel very calm, but people say he is only about the money, junkies say that. Maybe more for the money than for the people, they say he is making money off our backs, and junkies don't say that about us [Oporavak], they can sense that, but he is good I don't know if it is for the money or something else." The bottom line for my informants was that a methadone user is still an addict, and recovery meant no drugs: "You can stop hepatitis but you're still an addict, you can have a seminar every week but what's the point? This is not God's work."

Undoubtedly, the majority of my informants answered in processual terms when I asked them "*Šta je oporavak*?" ("What is recovery?"). "Recovery is a process, a long-term process," one answered, or, "Recovery is moving away from addiction slowly. It is becoming recovered." Yet, since full recovery was a possible outcome of treatment in this context (see Shohet 2007), it was also a state as much as a process. In her engagement with people in treatment and afterwards, Howard distinguishes between permanent and situational identities (the Native American vs. the tourist), before going on to state that some identities—such as the recovery identity—can contain both elements (2006: 307-317). Reflecting on the recovery identity, Howard further writes that it is 'temporally ambiguous in that it is established to be ultimately transcended: it serves as a temporary means to some other end ("recovery")' (2006: 307) Howard goes on to note that:

> Often, however, the process of identification can include an essentializing tendency, epitomized by the self-introduction that is common in twelve-step recovery groups: "Hi, my name is _____ and I am an alcoholic" [...] This identifying phrase implies an orientation of permanence, thus creating a temporal contradiction' (ibid.)

It is this essentialising tendency that many of my recovered informants railed hard against Insight in respect of these aspirations may further be gleaned from Howard's discussion of 'delabelers' (2006: 314-317). She writes on the discomfort delabelers feel with their essentialised identities such as 'I'm an alcoholic', and notes that:

> 'Using a label that implies two simultaneous, conflicting orientations to the future eventually resulted in an inner conflict for the delabelers. Ultimately, they resolved this conflict by disidentifying with the label altogether' (2006: 317).

My informants at Oporavak took this one step further in their aspiration to shrug off the confines of even the 'recovered' label and to be just themselves. For Dino, this was an especially important aspiration. I could feel his frustration at being 'recovered': his

status gave him a certain level of credibility as a spokesperson for the recovery movement, and I suspect in some circles as a convert to Evangelical Christianity; however I sensed how he longed to just be 'normal'. On one occasion he ranted in frustration at always having to consider the 'stigmatising' effects of addiction in our work: "Everything is stigma stigma stigma!! We need to draw a line under it [addiction]!" Once I asked him about his ambitions, and as well as mentioning politics, he said "To be normal, to just be considered normal." To be 'normal' rather than recovered was an aspiration for many of my informants when they chose to hide their past. Making reference to Sarajevo being a "village" and everyone knowing everyone, one informant explained that—whilst she was proud to be recovered and not ashamed of her addiction—she would decline invitations to speak publicly about it, for fear of embarrassing her family. On another occasion, I realised we would have to leave mentions of addiction out of our social media coverage when one informant said "many of the people on there just think I'm normal."

The fully recovered state was a personal attribute that my informants aimed to cultivate in themselves and also in others, and as such it was relationally produced, and could only exist as far as it was socially sanctioned. I had a short exchange with a member of staff from Zajednica who knew Dino, which confirmed this. "So you think recovery is possible?" I asked "You work with Dino, what do you think? Yes, you've seen it for yourself, it is possible." As such, Shohet locates recovery at the nexus between the individual and the social, and defines it as 'neither fully determined by and situated in the personal psychology of any particular sufferer nor transcendent of that sufferer and her particular conceptions and relations' (2007: 346).

In a more critically phrased description of this tension between the individual addict's inner state and their outer social embeddedness, Ringwald writes of addiction

treatment that '[s]ociety intervenes to change the person in a way much like the way medieval European society dealt with sinners. Only repentance and redemption will do. He or she must act differently as an outward sign of inner change' (2002: 24). The fully recovered state was possible then, and a state as much as a process, but it was a dynamic state that included a performative element. At Oporavak a true conversion—as evidenced through involvement with the Evangelical Church—was the proof of recovery, although attending Oporavak events was also a factor. At Zajednica the performance was more embodied, with drug tests being regularly administered. Even months after leaving Zajednica, a *klijent* insisted on pulling up his sleeves to show me a lack of track marks when we met for coffee in town. Many informants described recovery in this way: "*Svaki dan je borba*"—meaning "Every day is a battle." Yet when I pushed them to explain, it became clear that the battle was not against the temptation of the drugs, but against the pressures of living and also performing a recovered life. Monika had this to say about it: "The first time I came back from *komuna* I went in the shower and my dad thought I was using because I was in there for a while, so then I thought what's the point of being clean if I'm going to have to prove it all the time, and they won't believe me anyway?" This finds an interesting parallel in Erzen's depiction of the re-sexualised men and women of the Christian Right in the US:

> [G]ays undergo a conversion process that has no endpoint, and they acknowledge that change encompasses desires, behaviour, and identities that do not always align neatly or remain fixed. Even the label "ex-gay" represents their sense of being in flux between identities' (2006: 3).

As such, whilst my informants were united in defining recovery as 'possible'—in direct contravention of the chronic and relapsing syndrome model—they nonetheless differed to an extent in their attitudes towards the recovered state: a battle to be fought every day, or a tiresome label to be shrugged off eventually.

6.3 Relapse and Burn out

Regrettably, relapse happens. As I described at the outset of this thesis, Kata was commonly known to relapse, and indeed in her strange euphoria one day at a women's workshop, myself and the other female members of Oporavak experienced the strange high of her transgression for ourselves (chapter one). Other stories of relapse were relayed to me second hand, and they were always heart-breaking. A shy and thoughtful *klijent* at Zajednica, a guy who wanted to teach me about Islam and Bosnia and gave me prayer beads and taught me about special prayers "for teachers, like you," this young, young man was the first I knew from Zajednica to relapse. Semira got a phone call from his mum and when she found him, he was sitting in the street and crying, accusing his mother of abusing him. The tale of Darko's relapse was the most troubling for my informants at Oporavak, though it took a surprising twist towards the end of my fieldwork when he became recovered again, and was thus accepted back into the fold. The whole story was relayed to me as it appears in an excerpt from my fieldnotes:

> Darko has come back into the community, he was the first person to attract her to recovery (he did it, actually God did it she said), she doesn't remember Dino so well from that first meeting it was Darko who really impressed her, most people in Oporavak owe their involvement to Darko, Darko made a phone call, Darko contacted this person, Darko did this—then he went bad and it was really really bad [not being too specific] he was drinking and taking pills again and he has a wife and they separated....then he wrote to her asking for forgiveness and she wrote back that he was already forgiven, she saw him the other day and he was looking really great, he has been anointed (metaphorical), he was so happy and his heart is so big big big [stretches out arms].

Kleinman privileges 'the complex issue of how we evaluate therapeutic efficacy as *the* central problem in the cross-cultural study of healing' (1980: 312). At stake, then, is whether relapse undermines the efficacy of recovery in this context. On the vexed question of therapeutic efficacy, Csordas writes that:

> 'It is by now commonplace to observe that efficacy is contingent on the nature of the problems addressed by different forms of healing, how those problems are defined in cultural practice, and what counts in cultural terms as their successful resolution. Given these observations, however, we are left with a lack of analytic specificity to the concept' (1988: 121).

Csordas finds fault in approaches to ritual that assume its accomplishment equates to its efficacy, suggesting instead that the effects of healing can be 'incremental and inconclusive' (1988: 132). As such, he writes that '[w]hat counts as change, as well as the degree to which that change is seen as significant by participants, cannot be taken for granted in comparative studies of therapeutic process' (1988: 135). When I talked to recovered people and recovery professionals about relapse a few areas of congruence, but also a few points of disagreement emerged. Some described the euphoria [*euforija*] of being clean, but then a flatline feeling that led many to relapse. Others at Oporavak in particular described relapse as something that seemed to happen in spates: "infecting people like a spiritual virus." Potentially the most striking area of disagreement was the issue of alcohol (discussed in more detail below). For some, especially members of Oporavak, drinking alcohol was qualitatively different from taking drugs and so was a permitted part of 'normal' life. What is more, they could drink because God had made them fully recovered. By contrast, a therapist at Zajednica linked alcohol emphatically to relapse: "Yes, they have a drink and it triggers things in their brain, specific parts of the brain which then leads to relapse." Further, many of her colleagues stressed that drinking alcohol at all constituted relapse for *klijenti.*

Whilst its causes were contested, the manifestation of relapse was also a complex issue in my fieldsites. Turning Csordas' insight on its head somewhat, I suggest that within the remit of my own comparison, relapse was contested change insofar as it was often 'ignored'. That is to say, incidences of relapse never seemed to lead to the dramatic encounters or changes that I had expected. At Zajednica, for instance, I frequently heard tales of *klijenti* "leaving and coming back drunk." In one particular example (discussed in more detail below), which I came to refer to as 'the Bajram incident', a *klijent* was rumoured to have turned up at Zajednica clearly high, was tested positive, and then said that everyone else was high too. They were subsequently tested, found to be positive, and then came some story about them being tricked and drugged. The upshot of this strange and shocking incident I learnt was: nothing. Nothing seemed to change at Zajednica in the following weeks, and I only heard about the event in snippets of gossip. Talking it over with another member of Sarajevo's recovery milieu, who had been told about it by a friend at Zajednica, he laughed and laughed: "Tramadol and baklava![44]*Katastrofa*!" At Oporavak, by comparison, I was interested to note that relapse was acknowledged, as in the case of Darko. However, I suggest that the idea of a 'double life' meant that relapse could be associated with an inauthentic self, and recovery with the real self. The possibility to become recovered again was phrased as turning back to God, becoming anointed, and as such the relapse, in some fundamental way, did not really count, and was certainly not given much focus. As such, the efficacy of recovery processes relied to some extent on a selective acknowledgement of, and nuanced engagement with relapse. In these ways recovery was 'incremental and inconclusive', even in a context when full recovery was emphatically held up as a possibility (1988: 132).

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[44] Baklava is traditionally served and eaten at Bajram

Another noteworthy aspect of relapse in this context that sets it apart is the extent to which it is paralleled and indeed implicated in a process that my informants at Zajednica discussed using the verb "*pregorjeti*"—to "burn out" (for comprehensive review works on the topic of burnout in social work see Soderfeldt, Soderfeldt and Warg 1995; Lloyd, King and Chenoweth 2002). The most striking parallel was in recollections of a sense of happiness, even *euforija* when they started their work, which similarly 'flat-lined' after a while. Many people felt that the relapses, as well as the demands of being in therapeutic relationships in a general sense, were the trigger factors for burnout. Some were especially critical of their colleagues who got "too involved" with *klijenti*, while others noted that even if they chose not to blame themselves for relapse and other negative aspects of the recovery process, the family of the *klijent* was often quick to do it for them. I was interested to find, on re-examination of my archival research, the same dilemmas echoing through the decades. As such, Zelimir Skocilic, Kozaric-Kovacici and Stanetti reported that 'we're often likely to hear the formulation: 'He is now your patient', or let's say, from a spouse, 'You are responsible for his relapse' (1986: 244). At Oporavak, burnout was never explicitly referred to, but the running joke on hard days at the office was that we would all escape to a rehab centre in Italy, whose promotional leaflet made it seem like paradise. In this context, the notion of a "calling" and the hopes of "reaching just one person"—an idea communicated to me during a leafletting session in East Sarajevo—often starkly contrasted against the everyday grind where projects did not work, grants were not secured, and members fell away from the organisation.

At Zajednica, members of the research team were especially interested in burnout, with one informant explaining that "there's a four to five year limit, I've read about it and it is totally true, after that you burn out, and you can see that here amongst the staff."

Burn-out, however, was not exclusively a result of the demands of therapy, but of the demands of the context too. One day I saw that Semira was troubled, by a headache she said but also, it transpired, by worries over salary payments: these had been delayed once again because of the budget, and would be late by at least ten days. On another, Anita was feeling low for a million different reasons—her husband, Kata, addicts bad-mouthing her, no one turning up for workshops—and in her desperation she asked me "really, why are we doing all this, are we really helping anyone?" Tension, anxiety, stress, worry: I sensed that these were powerful affective presences at both fieldsites with tangible manifestations, a primary one being 'burnout'.

6.4 Discord

Discord is a fact of life, and in my fieldsites it was a fact with interpersonal, ideational and practical manifestations. At the interpersonal level I observed that, quite simply, some people just did not get along. Again whilst a fact of life, in this context it was a fact with repercussions in terms of healing efficacy. At Zajednica, interpersonal discord undermined the efficacy of the 'Self-help' and 'Community as method' aspects of the recovery philosophy, but I soon learnt that it was not intra-*klijenti* discord that was the issue here. Though I was never privy to physical violence, I heard reports of it to the effect of one male member of staff punching another in the face at Zajednica. When threatened with the police, the aggressor apparently answered, "You're my friend. You won't call the police." Arguments blew up frequently in this context between staff members over a range of issues, and were criss-crossed by a myriad of other tensions and unspoken resentments. As well as undoubtedly contributing to 'burnout', the key point to be made is that if the ethnographer knew about them, then certainly the

klijenti did too. As such, if 'Community as method' was the aim, a staff at war with one another seriously undermined this therapeutic outcome.

At Oporavak, interpersonal strife undermined the Christian way of life that was so dear to my informants. The interpersonal discord with the widest ranging effects was the growing rift between the President and certain Elders of the Evangelical Church. Dino talked about this in terms of "needing to renegotiate our relationship with the Church." An Elder, on the other hand, told me that they could no longer support the "Brussels direction" in which the organisation was headed, and they felt that the leadership was beginning to lose its way in general. At the level of everyday operations, too, interpersonal discord occurred. At one stage in my fieldwork I found myself with Anita out on the streets at a meeting point near Skenderija—a leisure complex and part of the Winter Olympics legacy—where she met people in her teenage years, she said. We were meeting Kata, and as we waited, the topic of conversation was basically: what is the Christian thing to do if Kata comes here and tries to fight? Anita and Kata were having problems, and Anita was convinced she would be punched, so we were prepared to run away as the equivalent to turning the other cheek: in the end no one got hit.

In both contexts, the convergence of interpersonal and ideational discord precipitated some fierce battles. At Zajednica, the question of alcohol consumption triggered a noteworthy and protracted argument amongst the female members of staff. A huge chunk of time at Zajednica—especially, it seemed, during Ramadan when everyone was hungry—was spent discussing recipes and food in general. Over the course of one of these conversations, Amina mentioned that she liked to have a glass of wine with a nice piece of grilled fish. Turning to me, Semira whispered English: "Oh God, here we go; I'm scared." And indeed she had every right to be, since immediately Alma leapt down

Amina's throat: it was forbidden in the Koran to drink; it was a bad example to set the *klijenti*; it is terrible for children to see adults drinking as they grow up; you lose yourself with alcohol and so on, and so on. Amina stuck up for herself, saying, "I will not lose myself because of this glass of wine," and noting that other members of staff were clearly addicted to tobacco, whilst she was not. Others interjected frequently, with one colleague pointing out that "I couldn't tell *klijenti* not to drink if I did, but I understand in other cultures it's totally normal." At once stage someone tried to drag me into the argument, and the group's condemnation duly turned to English binge drinking and subsequent moral degradation. At Oporavak, a key source of ongoing disagreement was the question of payment in the women's craft collective. One faction wanted to pay women for their contributions to the craft workshop—arguing that workshop members should receive some small reward for their participation, and that if we did not remunerate, the word on the 'street' amongst addicts would be that we were profiting from their slave labour. The other faction's position was summarised in one sentence that was shouted across the meeting table one day: "Two marks is enough for chaos"—that is to say, even if we remunerated the women with a tiny amount of money, they would cause trouble with it. This faction also argued that true recovery could not be achieved through the pursuit of money; the drive had to be pure.

The most remarkable and the gravest manifestation of discord, I argue, was the—at times enormous and gaping—gulf between what was done on paper, or what was supposed to happen, or what the rule book said, and what was done in practice. This topic has been broached in chapter 5, when the procedure of recovery was socially situated as a lived, empirical and emphatically Bosnian process. Here I take this one step further and suggest that my informants at Zajednica regarded the disjuncture between how things are done and how they are supposed to be done as a major, if not

the major source of stress, problems, trouble, and healing inefficacy. Locke observes, in

the case of psychosocial-oriented NGOs, 'their appropriation of the language of trauma

psychiatry often has more to do with what appeals to international funders than with

the actual services they deliver' (2008) At Oporavak, then, whilst the discord between

real life and life in theory was not in any way profound, when it came it was subtly

evident, such as in the way that we might be encouraged to gloss over details such as

the Evangelical Christian affiliation of the organisation so as to appeal to certain funder,

for example.

At Zajednica the examples of divergence between what was on paper and what was

done in practice were multitudinous, so only a handful can be highlighted here. To this

end, the 'House Rules' allow for a certain literalism by affording the opportunity to

explore one aspect of the contravention of what was 'on paper' in detail, namely the

issue of firearms. As such, though aimed at *klijenti*, Article 16 states that 'firearms and

cold weapons' should not be bought into Zajednica. Stories about staff bringing guns

into this therapeutic community, however, were rife. Discussing one recent example, a

member of staff complained that, "They will shoot in the air, but one day they will shoot

someone. What will we do if someone is killed here?" The informant described an

incident when, on a trip to the seaside, a *klijent* saw a gun on a member of staff's car

seat and started firing out of the window; rumours also circulated that some staff

encouraged *klijenti* to fire guns on the grounds at Zajednica. On paper, this was a gun

and violence free environment; in practice it was not. On paper, this was a community

for addicts; and everyone followed the rules or they were expelled. In practice, a

schizophrenic man lived at the centre, whose father was apparently "rich and

politically connected." He was fine most of the time, chatting to himself and other

people in Bosnian and German, but many staff and *klijenti* confessed to being scared of

him, since off his medication he was highly volatile. In practice, I noticed that some

klijenti seemed to have an easier time than others in terms of obligations to work or to attend therapy. It was suggested to me from someone outside Zajednica that there was a way of paying for "VIP recovery." On paper, staff kept files on each *klijent* in which their progress for that day was assigned an evaluative number, and these documents were confidential. In practice one member of staff took it upon themselves to share these numbers with *klijenti*, in the hope of motivating them to behave better. I found this out after a full day of watching *klijenti* tease each other in the manner of "Come sit here, 7." On paper (specifically the 'Zajednica work programme' and the 'House Rules') the rules about coming and going were clear. In practice, *klijenti* played one staff member off against another until they were able to secure what they wanted: be it a trip down the road to get food, or a visit home for the weekend. On paper, they were *klijenti* but in practice, I heard certain staff refer to the *narkomani* with regularity: "Zajednica is wonderful, these *narkomani* just don't appreciate it," I was once told. Asking an informant at Zajednica one day about the hardest aspect of her job, she replied "What a question! What aspect isn't hard? You know the worst thing is there's no structure, it's the environment here. It's hard to help *klijenti* when you don't know what the structure is." To return to my opening point: discord undermined the efficacy of the 'Self-help' and 'Community as method' aspects of the recovery philosophy at Zajednica, whilst un-Christian and indeed unprofessional behaviour challenged recovery at Oporavak, too.

6.5 Leadership

> A director during an inspection of his firm, stands before one employee and asks him:
>
> And you, how many tables do you make in a day?
>
> Two – answered the worker

Is that all?! This is unacceptable, I could make 10! – raged the director

Well of course, you're a carpenter. I'm an economics graduate!

Donia, with wording that has striking resonance for the themes under consideration in this thesis, describes Tito, the SFRY's beloved former leader, as 'the symbolic unifying figure of Yugoslav socialism and the ultimate arbiter of political disputes', before stating that, 'Yugoslavs became addicted to Tito' (2006: 239). Throughout his historical 'biography' of the city, Donia makes the case that Sarajevo's fortunes are tied up in the form and nature of its leadership, stressing particularly that

'[T]he city and its people became more prosperous, diverse, and tolerant in eras governed by a single inclusive vision, regardless of the particularities of the political system that sponsored or oversaw the realization of those aspirations. On the other hand, the city became less prosperous and less diverse in times of sectarian rule, extended contention, and noninclusive conceptions of urban life. In short, leadership mattered' (2006: 6).

My informants certainly felt that leadership mattered in Bosnia. On the birth of a new royal baby, one informant remarked to me "I'd prefer monarchy to this democracy." The leadership they wanted, then, was a strong, autocratic one, and many people felt that Bosnian people were not built to cope without this. Yugonostalgia was rife amongst my informants, with one claiming "under Tito no one was rich, but no one was poor, and after World War II we rebuilt everything, after this war there is nothing." Another, in a delightfully paradoxical statement, announced that, "freedom is what Bosnia needs. We need a strong leader, this three Presidents situation is a disaster. We need a Tito."

Whilst theoretically therapeutic communities and civil society organisations share an inclusive, consensus-based approach to leadership, in practice hierarchies predictably

manifest in a multitude of different ways. In relation to therapeutic communities, the literature emphatically shows that a variety of leadership styles have arisen within and across different organisations. Where some accounts stress community discipline, others take a different tack, foregrounding charismatic authority, which again is a departure from the hard power of the asylum (Goffman 1961). Wiley, for example, makes an interesting case for the importance of the charismatic leadership to Quaesta, noting that:

> 'Quaesta was at one time the sole "vision" of one person, the community's Founder/Director. The story of the vision, as ritually told by the Founder/Director during various community celebrations, reveals a religious and mystical experience similar to that of Moses: the faithful seeker of truth, alone in the desert or wilderness, is rewarded with a mission after a communion with God' (1991: 143; see also see also Richmond 1974).

The joke relayed to me by an informant about a hapless director and his overqualified employee spoke to the crisis of leadership in Bosnian politics, where popular opinion holds that the country is being run into the ground by a group of under-qualified, inept, nepotistic, corrupt buffoons[45], but also to the crises of leadership in Zajednica and Oporavak. As such, an informant noted of Zajednica that "most people have just high school there, they are making electricians therapists." At Oporavak, if leadership was primarily enacted by Christian example, then the actions of key and founding members of the Oporavak *ekipa* that chipped away at this example precipitated crisis. Such was evident in Darko's relapse, but also in the scandal of the men's workshop, which included misuse of funds and sexual assault, and led everyone to begin thinking and worrying about 'double lives' within the organisation.

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[45] See, for example, the 'fake doctorate' scandal in 2014 amongst Serbian politicians (https://eastethnia.wordpress.com/2014/06/02/never-seen-a-fake-doctor-before/) (accessed July 5, 2014).

At Zajednica, the crisis of leadership was more complex and profound. The organisation was certainly hierarchical, with the Director at the top. The Director was referred to largely by the respectful term '*Hadži/ja*'—a title indicative of a person who has been on the *hadž* (hajj). He was rarely at Zajednica, but when he was, this deference was further reflected in people's behaviour—in their respectful greetings to him which for men included kisses, their conscientiousness for as long as his immaculate and expensive car was parked outside, their general kowtowing. As such, at Iftar a middle manager stormed into the kitchen demanding special food service for the *Hadžija*. Outside of Zajednica, certain informants described the facility as "like an ego project," for this man, or said of him: "He is like God up there." However, whilst most people seemed to speak well of the Director at Zajednica, staff immediately below him in rank and authority came under the most sustained criticism in terms of their leadership. If Zajednica was being mismanaged, consensus opinion was that it would be their doing. As such, one informant described how, "it's a case of do as *hodža* (imam) says, not as he does." Certainly these men seemed to be a law unto themselves, and as well as instances such as gun use that were reported to me second hand, I observed strange and erratic behaviour for myself, such as throwing fireworks out of windows, and violent mood swings. Indeed, there were murmurings that some members of staff may be afflicted with PTSD. One informant asserted that, "it's the staff that need the therapy." Another complained, "these old guys have the same problems as addicts, they don't commit to anything, and they have no internal motivation." As such, many criticised the leadership for their hypocrisy and other addict-like aspects of their behavior, which rendered them bad examples to the *klijenti*. One informant highlighted the lack of motivation and will to improve as a key failing of the leadership. He mentioned my English classes, and said that not only were the leadership uninterested in improving themselves and their lives by learning a new skill, but also they took

certain members of staff aside and told them "You're not going to these classes, we don't want you to learn to be above us." In a context where motivation was equated directly with recovery, the leadership's lack of it was read as "a terrible example to the *klijenti.*" These men were regarded as unsuitably educated for their roles, and were deemed by many to have received them through family or other binding connections to the *Hadžija*. Another informant put it this way: "You have a problem there that people are not only uneducated in addiction but they don't have motivation, internal motivation." Finally, this crisis of leadership within second tier management was understood to be symptomatic of the hugely swollen number of employees. Having started at 30, Zajednica was estimated at the time of my research to employ 70 people. One informant put it like this: "Addicts are like children, and 70 people is too many; if my son hears one decision from me he will try to appeal to someone else. It's the same at Zajednica, plus junkies are manipulative, so if they can't get what they want off one person then they go to another." Once again the lack of a strong leader, a Tito figure, was keenly felt.

6.6 Institutional lives

Returning again to the initial *euforija* (euphoria) of being clean that is followed by the 'flat-line' of real life, I heard time and again people describe the early years of both Zajednica and Oporavak in strikingly similar terms. During my research, past intra-organizational enthusiasm was frequently contrasted against present despondency, and complaints about how things "are" phrased with reference to how they "were." People referred back to a "golden era" when rendering a bleak and desolate picture of their current situation. At Zajednica, the story goes something like this: the Director, a

man who was incredibly well connected politically, assembled a wildly enthusiastic and committed team, and with a budget running in to the millions they built Zajednica, and together spent a year living—literally living there—and breathing Zajednica before the first *klijent* even arrived. They were delighted by their shared vision of positive transformation.

However, things soon started to sour. "We had dreams in the beginning, but the political system crushed them," one informant complained. Funding cuts and the politics that underpinned them were blamed by some for the current situation. One day I asked Semira to take me to see the 'zoo' that was included as part of the facility; when we got to the site where it stood we saw that it was being dismantled by *klijenti*. I was stood chatting to them while they worked, they mentioned that any edible animals had been eaten. This accorded with the general atmosphere of scarcity at Zajednica, where lack of funds were blamed for the tiny food budget, and the constant delays to salary payment, as well as a host of other troubling maladies. The first relapses were pinpointed by many as the time when the sheen wore off. Without expertise in the addiction treatment field, many of the founders of Zajednica had made the rookie mistake of investing very heavily in their first *klijenti*, and so the first relapses were received as personal blows, rather than statistical likelihoods. Combined with an increasingly bloated staff, this led many to retreat within themselves and become disaffected. "They just sit around, drink coffee, wait for their pension," one informant said. Another, explaining why he did not like going to work, ranted that he hated feeling useless; that he was not satisfied to go there and just sit around like everyone else. Many associated this behaviour with the apathy that comes in Bosnia from a secure state job: "It's everyone's dream to be on the budget." Outright allegations of corruption were bandied around too, though not by people employed at the time by Zajednica. As such, I was told in no uncertain terms by one informant that the reason

the heating was rarely turned on in winter was not, as I had been told, because of budget cuts. Instead, the leadership were said to be siphoning off the fuel for their own profit. The more outlandish criticism painted the Director as "like the Godfather" and the situation at Zajednica—with a great number of staff, and indeed *klijenti*, being related to each other—as like "a modern day mafia."

At Oporavak, the story started with an equally enthusiastic tenor, and equally potent combination of hard work and ambition. Oporavak was established by a group of friends from Sarajevo who had recently returned from long stints in a Croatian rehab centre, who shared a vision of a group of committed, recovered people who would spread the message that recovery is possible, and would encourage addicts, many of whom they knew personally from their old life, to enter treatment. They had a Club that met regularly, and in which they discussed the trials and tribulations of their post-rehab recovered life together; they ministered to addicts on the streets and at hospital; and they had a workshop wherein former addicts were employed to refurbish furniture. Going through Facebook photos from the early days with an informant, I could not help being carried away by the enthusiasm in the smiling eyes of everyone involved. Yet as previously alluded, the years had taken their toll. With the men's workshop gone, the creeping doubt of "double lives", with Darko's relapse, and the decision of other key members to step back from the organisation, with the possibility that Anita would leave when her husband got out of prison, and finally with the relationship to the Evangelical Church in turmoil, the only real certainty at Oporavak was that the golden era was over.

6.7 Conclusion

As and when they became ethnographically evident in these contexts, I placed 'burnout', discord, crises of leadership, dispute, and brokenness alongside, and 'read' them against, these narratives of institutional change over time. As my informants were keen to stress, this institutional change and its corollaries mattered, it was deeply significant, because it compromised therapeutic efficacy. Thus as one informant pointed out, "it doesn't matter that Zajednica is bad, but they are giving families hope, that's the sad thing. How would they feel if it were their child?" Recovery was possible in Sarajevo, then, but making recovery was a far from perfect process.

Grasping institutional change is not in this instance a matter of charting the dramatic downfall of an organisation, as Weppner did in *The Untherapeutic Community* (1983; c.f. the example of Daytop). In his measured, emphatic and grounded critique of Matrix House, a Synanon Therapeutic Community, Weppner conjures an Orwellian drama in which the organisation in question 'changed from a rehabilitation movement to a revolutionary group ready to work against the social order through violence' (1983: 226), in which 'everyone who did not belong to the group or go along with and actively support its philosophy was considered an enemy' (1983: 226-7), and in which, 'lack of interaction with the outside, except in rigidly structured ways, prevented anyone in the group from relearning a life-style that would be functional on the outside' (1983: 227). Weppner is far from alone in exploring the 'untherapeutic' aspects of recovery communities (see Skoll 1992; Wiley 1991; Garcia 2010). However, his work allows me to draw out some important contrasts with the brokenness in my own fieldsites. For, although their healing efficacy had been compromised by relapse, burnout, discord, leadership crises and institutional degradation, neither organisation was on the brink of collapse. Rather, as I will go on to explore in the next chapter, this broken way of making and unmaking recovery is a corollary of the (ab)normal world of contemporary Bosnia, where dysfunction is the primary means of functioning.

7 Making and Unmaking Futures

Postoje tri velike strasti, alkohol, kocka i vlast. Od prve dvije se nekako može izliječiti, od treće
nikako
Meša Selimović - Tvrđava

7.1 Introduction

Recovery is complex, it is emergent. As such, encountering it ethnographically has entailed 'thinking through multiple temporalities, cycles of political economy, and reconstructions of social arrangements across local and global expanses' (Fischer 2003: 57). Selimović, one of Bosnia's most esteemed novelists, writes that there are three great passions that exist—alcohol, gambling and power, or indeed the pursuit of power through politics. A person can be cured of the first two, he stresses, but the third is incurable. Recovery, then, occurs in a complex, emergent manner, and it occurs 'in the world'—a complex, emergent and imperfect world, a world of curable addictions and incurable political machinations. As such, whilst this thesis has been concerned with recovery in the Sarajevo drug treatment milieu, and indeed with two particular nodes within that milieu, it must be stressed that addiction and its treatment were to some extent, in the words of one informant, "just an extra problem." Biehl, Good and Kleinman write that '[a]n anthropology of illness and suffering confronts everyday settings of political violence, dislocation and social trauma' (2007: 11). As such, it was the setting of everyday Bosnian violence, dislocation and trauma that led one informant to exclaim, with a hint of wryness but also with melancholy: "You must be a psychopath to come to Bosnia, to come to Zajednica—you should pack your bags and leave immediately!" Encountering recovery in this context, I argue, entails thinking through the complex, mutually informed relationship between recovery-oriented organisations

and the context in which they are found: in this instance, contemporary Sarajevo. It requires taking my informants seriously when they stressed that addiction was one problem among many, that everyone should leave if they can, and that—as one informant, commenting on corruption, said of Zajednica "up there is a little world, you have everything you have in Sarajevo there, only in miniature."

This chapter presents and discusses the key analytical and theoretical threads that illuminate the making and unmaking of recovery as I encountered and engaged with it at Zajednica and Oporavak. In it I argue, firstly, that change is happening in Sarajevo and in Bosnia, and I review the implications of this change. I discuss the (ab)normality of life in this context, scaling back and forth between life in general and life in recovery. I propose capricious simultaneity as an important means of accessing the complexity in the making and unmaking of recovery in my fieldsites. Furthermore, I link capricious simultaneity to the living of (ab)normal lives, the practices of future making in this context, and the production of possibility.

7.2 Time for a Change: JMBG / Idemo u Brazil

Despite the many, many ways that my informants attested to the contrary, change was happening in Bosnia. Over the course of my fieldwork, the key moment of change in a political economy sense was undoubtedly the JMBG protests of 2013. JMBG is an acronym that stands for *Jedinstveni matični broj građana*, a type of ID. In essence, a public outcry followed the news that a three month old baby had been denied the papers she needed to be issued a passport. These papers were denied because of a protracted row between different political factions; an everyday occurrence in Bosnian politics. The baby was sick, she needed treatment abroad. As one informant put it, "It

took a dying child to finally kick us into action." On June 6, 2013 protestors encircled parliament, and the JMBG protests began in earnest. As luck would have it, I had the opportunity to interview one of the key organisers of this protest movement. He stressed that the action was not premeditated, neither was it affiliated to or funded by any NGO or interest group. As such, he argued, it stood a chance of being important. It was a genuine expression of outrage. "Will anything change as a result?" I asked. Even mid-way through the protests, his answer was "No, it won't, we are already losing the momentum. But most of us [the protest organisers] have kids. You feel happy when you accept that, if not in our lifetime, then maybe in their lifetime."

"Nothing changes here," then, was a statement that many of my informants made in earnest, but it must be approached sensitively and critically. As previously discussed, the discursive stigmatisation and indeed the self-stigmatisation of the Balkans, Bosnia and Bosnians have depended precisely on the 'nothing changes here' damning chronicity of a stagnant, ever-warring, ever-dysfunctional region. Change does occur, as was shown in my fieldwork through the JMBG protests. Furthermore, change can be change for the better. My fieldwork was radically marked, for example, by the jubilation that greeted Bosnia's qualification for the World Cup. As one commentator put it during the televised post-match celebrations, "this is the birthday of Bosnia and Herzegovina— *idemo dalje* (we go forward)!!" "*Idemo u Brazil*" [We're going to Brazil] was the leitmotif of many a conversation with my informants, and indeed the affective charge of these words was profound. Change was happening. Furthermore, in the months that followed my exit from the field in December 2014, protests would again break out in what was dubbed the 'Bosnian Spring'. In the first citizens' assembly [*plenum*] that occurred in the wake of this Bosnian Spring, an attendee dubbed the movement 'a protest for the production of possibility' (quoted in Hajdarpasić 2014: 110; see also Kurtović 2014).

'Nothing changes' was an important rhetorical position for my informants, as it allowed for an articulation of dissatisfaction, and conjured a sense of entrapment. Certainly, as has been extensively established in this thesis, my informants suffered greatly as a result of various noxious aspects of Sarajevo's transition to peace and democracy. As such, Locke has suggested that in Sarajevo:

> waiting is something other than a passive depression: it is a holding pattern,
> an abiding of intolerable present circumstances, a new kind of day-to-day survival that,
> in its simultaneous despair and determination, echoes the remarkable ways people
> survived the siege. It connects them in an unnamed, unrecognized collectivity [...] And it
> is a kind of politics: a refusal to take on a social form—capitalism as "mafia
> privatization," government as corrupt, heartless bureaucracy, neighborliness as
> competition, mutual suspicion and carelessness—bearing little resemblance to the pre-
> war values they continue to hold in reserve, like the handful of eggs or bit of meat so
> precious during the siege, for better days (2010: 8)

From the perspective of my fieldwork, these observations tell part, but not the whole story.

The key distinction to be made is that my informants' articulations of dissatisfaction did not, and do not preclude meaningful change. My informants were not 'pattering in place' (Jansen 2015), nor were they 'waiting' in the way that Locke describes (2010: 8). Through their involvement in the recovery process, and indeed outside of it, my informants demonstrated that they were moving with intention. Change was the key organising principle of these communities. They were not hoping, yearning, waiting, or surviving, but were busy making change in others and were living change for themselves too, however imperfectly.

7.3 (Ab)normality, Capricious Simultaneity and the Possible Future

Change occurred, then, but in circumstances that I will describe as (ab)normal. In so doing, I hope to capture the way in which the abnormal was normalised in this context. The (ab)normality of life was apparent in small, mundane ways, such as an informant having to drink herbal tea in hopes of curing an infection because she had to wait two months to see a doctor. It was evident in dramatic ways too, such as corruption scandals, or one informant's description of Sarajevo as a city with "hatred under the surface." *Nisi normalan, nije normalan, ovde niko nije normalan* (You're not normal, it's not normal, here no one is normal) —these cries rang out during my fieldwork (see Jansen 2015). Crucially and concomitantly, I also suggest that addiction may be encountered as an (ab)normal state in its own right. As a stigmatised condition, but one that was increasingly prevalent, addiction was (ab)normal in Sarajevo. Further, one informant stated that 'addiction means when you can't live without something, you know, when you are addicted you have to use something to feel normal, to be calm, to not be ill." Another noted that when she was on drugs, "I needed them to be normal, and I felt that everyone around me who is acting normal must be on drugs, too." As such, my informants were dealing in the doubly (ab)normal: addiction (ab)normality; Sarajevan (ab)normality. I argue that their attempts to transform the lived syndrome of addiction into a syndrome at a remove (chapter 4)—a key aspect of recovery procedure in these contexts—and the complex situated processes that they employed to do this (chapter 5) should be understood as attempts to address this double (ab)normality.

(Ab)normal is about lived, often absurdly lived, paradox. A few short weeks before my fieldwork began in the late summer of 2012, a new pedestrian bridge across the

Miljaka, Sarajevo's central river, was officially opened. The bridge was designed by
early career artists from the city's Academy of Fine Arts [*Akademije likovnih
umjetnosti*], and is an impressive structure that loops around, leading foot traffic to the
entrance of the Academy's grand main building, which once upon a time housed the
city's Evangelical church. The bridge had a Latin and Bosnian name inscribed on to it:
in Latin '*Festina Lente*'; in Bosnian '*Požuri polako'*. In English, this name makes just as
much, or just as little sense: 'Hurry slowly'. Hurrying slowly led me to conceive of
another device for accessing life in my fieldsites, namely capricious simultaneity. To be
two things at the same time, for neither to obviate the other, and for the movement
between these two things to be dynamic and unpredictable: this was *Požuri polako*, and
capricious simultaneity was how I came to express it. In my fieldsites I frequently
observed my informants exercising their capacity to operate as a social person as if two
incompatible things were equally true. As such, the various nuances and complications
that have been presented in this thesis—the movement between the religious and
secular registers, for example, or between female empowerment and patriarchal re-
entrenchment, or between recovery as a process, then a state—this was capricious
simultaneity. I argue that capricious simultaneity, as it was evident in the procedures
and processes of recovery, was a means of addressing the double (ab)normality found
in recovery-oriented contexts.

Finally, then, to the future. The rhetorical position that 'nothing changes' in Bosnia
precludes a meaningful orientation to and engagement with the future. If there is no
hope of future change, then Bosnian people cannot plan, improve, or heal. I argue that
the material presented in this thesis demonstrates that planning, improving, and
indeed healing—if in a complicated, imperfect manner—were evident in my fieldsites.
Furthermore, these engagements with and orientations to the future occurred despite
the models of chronicity that have so drastically influenced understandings and

experiences of addiction across the world (Garcia 2010). Recovery necessitates a radically direct engagement with A-series time in all contexts. However, I argue that my two fieldsites shared a commitment to the future as the most important manifestation of A-series time. Through this commitment to the future, my informants sought to change through therapy. Through this commitment to the future, recovery was done 'the Bosnian way'. Through this commitment to the future, recovery was made possible.

Appadurai approaches the future as a dynamic tension between 'the ethics of possibility' and the 'ethics of probability' (2013). He states that:

> By the ethics of possibility, I mean those ways of thinking, feeling, and acting that increase the horizon of hope, that expand the field of the imagination, that produce greater equity in what I have called the capacity to aspire, and that widen the field of informed, creative, and critical citizenship. This ethic is part and parcel of transnational civil society movements, progressive democratic organizations, and in general the politics of hope (2013: 295)

The ethics of probability, by contrast, are described as:

> those ways of thinking, feeling, and acting that flow out of what Ian Hacking called "the avalanche of numbers," or what Michel Foucault saw as the capillary dangers of modern regime of diagnosis, counting, and accounting. They are generally tied to the growth of a casino capitalism which profits from catastrophe and tends to bet on disaster. This latter ethics is typically tied up with amoral forms of global capital, corrupt states, and privatized adventurism of every variety (*ibid*).

I hope to take push this thought a little further. I suggest that an important component of capricious simultaneity, and the (ab)normal life, is its ability to make change—

including recovery—a viable option in circumstances where 'nothing changes'; where the 'ethics of probability' seem to overwhelm the 'ethics of possibility' (*ibid*). Through (ab)normality, through capricious simultaneity, through change, through recovery, my informants built possibility into their futures, and made the future possible.

7.4 Final Conclusions

Grounded from the outset in the intersection of anthropological and social scientific literature on addiction, recovery and time, this thesis has been an attempt to profit from and advance in some small way these areas of study. It is furthermore presented in the hopes 'a margin can become a space of possibility and new beginnings' (Kurtović 2013: 334) through critical anthropology—a relatively novel presence of in the region—and through the study of emergent life in the erstwhile 'marginal' Bosnia.

This thesis has been a study of Sarajevo, of addiction, of recovery, and of their interconnection. It has taken a state-sponsored therapeutic community and an Evangelical NGO as its focus. In it and through it I have presented recovery as I encountered it ethnographically, and have organised this presentation around three core components of healing practice—procedure, process and outcome. The comparisons that I have been able to draw between my different fieldsites have allowed me to critically explore the complexity of recovery as it is made and unmade in the nexus between the idealised and programmatic on the one hand, and the imperatives of situated sociality on the other.

I have shown that making and unmaking recovery is not a straightforward matter. Rather, it happens through the capricious simultaneity of life in this (ab)normal

addiction treatment context: things work and they do not work; we are like this, no we are actually like that; things are always the same, things are always changing. Rather than something inconsequential, something that everyone, everywhere does anyway— that is, be hypocritical, capricious, contradict ourselves, and despair in the future—I argue that this is a specific strategy, perhaps the only viable strategy in this context, for making a personal future in an otherwise seemingly future-less situation; or, to put it another way, of making recovery possible.

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Oporovak Documents

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Information about the Organisation