

Morten Nissen: Writing drug cultures

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Abstract

The paper juxtaposes the cultural mediation of experience through drugs with that performed with text. As a sample of the currently radically changing relations between professional and lay knowledges in the field of drug interventions, the website of a Copenhagen institution for young drug users is discussed. In particular, six different readings are offered of the coexistence of (professional) ‘facts’ and (lay) ‘narratives’: Taking off from the two opposite, critical-modern readings where one cancels the other, and the parallelist reading that acknowledges the two cultures as simply unrelated, a fourth reading identifies a post-modern convergence between science and common sense. An ideology critique of the pragmatic construction of such common sense reveals it as a disengagement of language from material aspects of practice that produces a dichotomy of authenticity and pretense, and serves to regulate exclusion. This leads to an alternative articulation of the website as contributing to the construction of collectives that challenge the culture of consumption in which addiction is embedded. In conclusion, it is claimed that in order to grasp and facilitate such a more substantial recognition, it is necessary to transcend the standpoint of civil society and embrace a transformative welfare-state collectivity.

Keywords

Drugs, addiction, lay knowledge, narrative therapy, writing, social work, internet

Introduction: A cultural-historical approach to psy cultures of drugs

Writing is irresponsibility itself, the orphanage of a wandering and playing sign. Writing is not only a drug, it is also a game, *paidia*, and a bad game if not guided by a concern for philosophical truth. (...) The question of *mimesis*, or, if I might risk a shortcut, the question of drugs as the question – the grand question – of truth. (...). If in “modernity” we still suppose there to be some affinity between, on the one hand, the experience of fiction (...) and, on the other hand, the world of drug use; and if we imagine this affinity even when the poet does not search for any “artificial paradise”, in that case the writer can be acceptable only to the degree that he or she allows himself or herself to be reincorporated in the institution. He or she restores the normal order of intelligible production; he or she produces and his or her production generates value”.

(Derrida, 2003, 24-26)

I recently stumbled over this interview with Jacques Derrida from 1989 on “The Rhetoric of Drugs”. When I saw that he compares taking drugs with what he calls the *pharmakon* of writing – speaking the Theban King’s part in Plato’s *Phaedrus* (Plato, 2009) – I first shrugged it off as a far-fetched result of his well-known ontology of “nothing beyond the text”, the postmodern obsession with denying the truth of ‘truth’. On further reflection, however, I reached different conclusions: Using this metafor, Derrida actually admits an interplay of the text with something else, which it dulls, stimulates, enhances, cures or thwarts – beyond recognition (as natural essence), perhaps, but still *something*, a ‘something’ that Derrida recognizes and which makes it all matter. Further, coming from a cultural-historical psychology, it is not difficult to see the possible similarity of drugs with text, as two sets of cultural artifacts that shape our perceptions, emotions, and activities, sometimes on purpose, sometimes behind our backs. Finally, the juxtaposition of these two sets of psychological artifacts speaks to quite a few issues in the field of drugs and drug interventions, such

as the subcultural poetry of some drug users, the liturgical use of sacred books in some mutual-help movements, or the manual-based procedures of some counseling programs.

This inspired me to rework into an article a talk I had given two years earlierⁱ where I discussed some ways in which the social workers of a Copenhagen institution for young drug users performed social work by writing and editing a website. As participant of a health research collaboration with philosophers and ethnologists (see <http://smk.au.dk/en/>), I was interested in the current changes in the relations between expert knowledges and lay cultures in the field of health, and psychological health in particular. It would appear that psychological expertise is no longer so much a specific knowledge that is meant to replace common prejudice and beliefs, as it is increasingly a kind of meta-knowledge of how to recognize and govern the latter, and its relations with the former. It becomes a knowledge of cultures and philosophies, as these are performed, implied, sanctioned, enacted, written, read etc. in situated social practices, and as they are juxtaposed in practice with drugs, as subcultural poetry, mutual-help Basic Texts, evidence-based procedures, and many other things. If a psychology at all, it becomes, at least potentially, a cultural-historically reflective, critical psychology or trans-psychology.

Drug interventions

The field of contemporary drug interventions provides ample materials with which to inquire into these changes; also, it is a field that has recently grown in social relevance. For many years, one spine reflex of the critical social theorist in this field was to be skeptical of the repeated announcement of epidemics of fatal drug use among strange and deviant young people, and to then prove that the sociological magnitude of the problem remained more or less constant, irrespective of moral panics. But in recent years, it has become difficult to stick to that position, as the prevalence and incidence of young drug users have significantly increased according to the epidemiological and criminological statistics (Danish Board of Health ~ Sundhedsstyrelsen, 2007). Thus, the estimated proportion of 15-16 year olds who smoked cannabis in the previous month rose from 6.1 % in 1995 to 10.6 % in 2007. What is more, while the epidemiological numbers are still somewhat moderate, if we look at the numbers of Danish citizens in treatment for drug abuse, there appears to be cause for some alarm: In the years from 1996 to 2004, the number soared from 4.407 to 12.317 (Sundhedsstyrelsen, 2005a; 2005b). Most of these new clients are young people treated for cannabis dependence.

Of course, it can be said that the bulk of these new clients present multiple social problems, the kind of cases that would otherwise or previously have been filed under other categories in the social welfare or health care system – so that in fact, the same social workers work with the same clients who smoke the same hash they smoked before, and only the signs on the doors have been replaced. But that does not make the social change less important, less material, or less interesting. It only directs our attention to changes in the treatment system rather than exclusively in young people's drug behavior in itself. In broad strokes, we can identify some quite radical changes in the approaches to drug treatment in recent decadesⁱⁱ.

- The rise to absolute dominance of methadone maintenance treatment (MMT) for the vast majority of adult heroin addicts.
- The decline of psychodynamic and the ascent of client-centered or cognitive-behavioral counseling methodologies, or mixtures such as the prevalent Motivational Interviewing (Miller & Rollnick, 1991; Rollnick & Miller, 1995), as well as various psycho-educative practices, often with a strong focus on the teaching of neuro-physiology.

- The recognition of the voice of drug users, in the form of user influence on treatment programs, and in the form of a growing prominence of mutual-help organizations, primarily as variations of Twelve-Step programs, related with Narcotics or Marijuana Anonymous, but also political organizations such as organizations for relatives, and even the Danish Drug Users' Union which is ideologically opposite to the NA in that it defends the rights of the active drug user.
- The demand for evidence-basing and the large-scale deployment of infrastructures of standardized documentation.

One way to sum up these changes – although of course, other ways would also be possible – is to say that in the practices of drug treatment, the relations between on the one hand, scientific knowledge and expertise, and on the other hand, the subjectivity, the body and the everyday life of the drug users, have been quite fundamentally transformed, and so have the relations between the practice field itself and its politics, its forms of governance and the ways the general public is involved.

www.uturn.dk – facts and narratives

One place to study these changes is an institution for the treatment of young drug users in Copenhagen, with an English name: “U-Turn”. The name refers to what the institution is meant to help young users do with their drug carriers, but it could also be taken to allude to the changed policy of Copenhagen City. In a policy statement published as late as 1999, the drug problem is regarded as part of social problems, rather than a distinct disease of its own. This policy spoke directly against the growing political and media pressure for targeted intervention and specialized treatment, on the grounds that these would potentially stigmatize and marginalize the drug users; instead, the idea was to intervene in all the existing institutions and through the mobilization of existing sub-cultural groups and gatherings of young people. The pressure for an identifiable and targeted measure increased, however, and in 2004, U-Turn was established. Yet the very same person who had written the 1999 policy (a personal friend of mine) was appointed leader, and from the start, even if the institution was born as a place of specialized expertise and counseling, it was at the same time a center for experimenting with more holistic social approaches that worked against stigmatization: in short, a kind of battlefield between different articulations of contemporary drug interventions.

U-Turn is now an inter-disciplinary institution with some national and even European reputation. It consists of 19 professionals who provide counseling and other social work and educational activities for young drug users, as well as for parents and for professionals in other educational and social work institutions. Recently, they have been appointed a ‘model’ to be copied in other Danish municipalities.

From some time before U-Turn was established, I have had a continuous dialogue with City officials, managers, psychologists and other social workers in and around U-Turn, at some points also as part of my teaching of community psychology at the University of Copenhagen (see Nissen, 2004a; in press; Vinum & Nissen, 2006). The data that I will discuss in the following are from a recent dialogue where one focus, as mentioned, has been on the institution’s website: www.uturn.dkⁱⁱⁱ

As a relatively new technology that fits well with the new kinds of governance of institutions with more emphasis on public relations – relations with not only users, officials and professionals, but also relatives, local partners, and the general public – websites such as this are growing in

importance. The U-Turn website was published in close to the present form in 2006, and it soon became widely recognized as one of the hottest spots in Danish cyberspace in the field of drug treatment. In an essay to the Danish magazine for drug treatment STOF, the two social workers who designed the website describe it as itself directly a form of social work, an encounter with drug users and their relatives (Larsen & Wiese, 2008).

At an immediate glance, the encounter can be seen in the juxtaposition of two of the main menu entries: “facts” and “narratives”. “Facts” is, not surprisingly, the knowledge of the professionals, with an emphasis on pharmacology, psychiatry, and clinical psychology. “Narratives” are mostly texts and small videos where young drug users and their relatives describe their lives and their experiences with drugs and with going through treatment at the U-Turn.

Already, the parallel existence of those two texts within the same institutional frame is a relatively new thing. Not so long ago, the whole point of professional expertise was to substitute the sober truths of scientific knowledge for the intoxicated fictions of lay experience. This traditional, critically Modern way of framing the meeting we can still find – under the heading of “facts”, for instance, we learn that under the influence of cannabis,

People often feel that they think “better”, more “creatively” or “philosophically”. People who smoke cannabis experience an improved ability to higher level thinking. However, scientific experiments have established that this ability decreases.

In a sense, this is unsurprising, even at a cutting-edge website. Any treatment of dependence must address the problem of a damaged self: People get into trouble because they cannot control their own activities, desires, and priorities. Thus in WHO’s ICD 10 (F 12.2 – see <http://www.mentalhealth.com/icd/p22-sb03.html>), dependence is clearly, to use Mariana Valverde’s striking term (1998), a “disease of the will”:

A cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

This conative disturbance is closely related to a cognitive: A thwarted will bases on distorted knowledge, and self-control requires self-knowledge. Carr (2011, p. 243) expands Valverde’s proposal by investigating how “addiction is approached and treated as a disease of *insight*, and, more specifically, a failure to translate inner desires into linguistic signs rather than consumptive behavior”. In the clinical view, the self gets damaged because the addict deceives herself about herself, she finds in herself a craving for consumption instead of a truth to be expressed, and then she denies this substitution: “D-E-N-I-A-L: Don’t Even Notice I Am Lying” (ibid, p. 14).

But if treatment is about replacing disturbed lay narratives with scientific facts in the pharmaceutical self-governance of clients, why do we find a whole section of lay narratives on this website of an official treatment institution?

There are a number of ways to interpret this phenomenon. In the following, I will present six different readings of the website, each understanding in different ways the relations between scientific facts and lay narratives. The first three readings will be given a rather cursory consideration, as a starting point from which to go on to the main concern of the article, which is the issue of how lay and professional knowledges currently converge and interact.

Two critical and one parallel reading

One reading could be that those are really narratives of professional salvation, stories of precisely that critique and replacement – the classic before-and-after theme, rendering the surrender of lay beliefs to scientific knowledge as viewed from within, voiced as a sort of confessions.

We do find some evidence of this at the website. One girl is quoted as looking back on her previous thoughts:

I smoked to forget myself. It was in order to put things behind me. I had problems, and I thought: What the hell, let me smoke them away

But the confessional genre is not overwhelmingly represented, and most entries actually oppose it, since they largely convey users as rational agents even before treatment.

An opposite kind of critical reading is at least equally convincing. This second reading would draw on another kind of modern critical theory, one that turns the critical gaze the other way around. Here, the recognition of the lay narratives signals a new paradigm for social work which supersedes the traditional clinical diagnostic professionalism that is criticized for its stigmatization of its clients with its narrow focus on dependence and disease, and for its misrecognition of their subjective experience and everyday lives. Thus, the narratives authorize U-Turn's approach as one which is aligned with the real experience of the subjects involved. The holistic narratives at once overrule and include the specialized facts, and the facts are only there to prove that this new revolutionary thinking is able to integrate them.

As an illustration of the way the U-Turn website represents such a superior new paradigm that is able both to include facts and mobilize users' narrative subjective experience, the web designers, in their presentation of the website, cite the endorsement of one young participant in one of the focus-groups they arranged. The utterance – indexed to the blank experience of a user by age and gender – is quoted as beyond problematization, as the "girl, 19 years" judges the website to be both "neutral" and "catching":

"It's a good thing that this is not the usual scare-straight-website. It's nice and neutral and down-to-earth. It catches me". Girl, 19 years.
(Larsen & Wiese, 2008), p. 28)

Both of these two readings can be seen to refer to the critical epistemology of a modernist psychology in which a radical change of thinking (from the 'traditional' to the 'modern', cf. Latour, 1993) is connected with, and legitimized by, reconstitutions of the subjectivities and selves involved. Either the clients are regarded and learn to regard and display themselves in the professionals' therapeutic language (Carr, 2011); or the professionals define themselves in a radically new way as professionals by embracing a new paradigm that builds on clients' subjectivity, their perspectives as based in their everyday lives.

But there are also readings which do not presuppose any relationship of modern critique, any opposition or clash between the professional facts and the lay narratives.

A third reading, which might be inspired by the way anthropology has found a space for itself in the fields of health care and social work, would simply regard the two menu entries on the website as representing two different universes of experience – in Arthur Kleinman's terms (1988), one is the professional object of distinct disease entities, the other is the patient's experience of illness in everyday life. A neutral recording of the two cultures, the two sets of beliefs and practices, should be superior to pitting one against the other: It recognizes a field of cultural knowledge relevant to public services, without in any way challenging professional authority.

This parallelism is workable, but it seems to miss two points that were at least partly present in the two critical approaches. This can be illustrated with a quote from one of the website narratives, under the heading “Muscles Make Sense”

Cannabis makes you thin.

Many young guys want to be bigger and grow bigger muscles, but when you smoke cannabis, there is a risk that you get thin, apathetic and generally in a state of bad health. This is because cannabis functions like the female sex hormone estrogen which inhibits the production of the male sex hormone, testosterone. If, on the other hand, you quit smoking cannabis and begin to work out and eat properly, this increases your production of testosterone, and you grow. That correlation comes as a surprise to many young guys. “As one of them told me: ‘Until now I hadn’t found a single good reason to stop smoking cannabis – but you just gave me one’ ”, says Dirch.

The first point is that the narratives are imbued with risks, functions, hormones, correlations, and other medical and professional facts, yet still do not necessarily constitute any kind of surrender of common sense, nor vice versa. The second point is that both the facts and the narratives are recruited, edited, and used for pragmatic pedagogical purposes by the professionals: it is the social worker Dirch, quoted as quoting the “young guy”, who enlists and aligns smoothly the boy’s body-building culture with pharmacological evidence, all within the website narrative edited by Larsen & Wiese.

Common sense and the pragmatics of knowledge

A fourth reading would direct attention to the new kind of pragmatics of knowledge which the website exemplifies and performs. This reading could be inspired by the analyses of the ways in which scientific knowledge, in the post- or late modern society, is instrumentalized and reduced of critical theory, banalized to emulate common sense – as described by such philosophers as Horkheimer & Adorno (1969) or Lyotard (1984).

Professional knowledge can no longer legitimize itself in a radical break with everyday life and everyday thinking, carried by an esoteric or formal grand theory. Rather, it has become accountable to common sense. In the field of drug treatment, the movement toward a common sense pragmatics underpinned by accessible numbers is apparent in the above-mentioned growing popularity of simplistic counseling models, and in the demand for evidence-basing of interventions^{iv}. More broadly, we can see the same tendency in the move of the psychiatric diagnostic systems, the ICD and the DSM, away from the aspiration to a unified theoretical system that could organize disease entities in terms of their etiology, and instead toward a purely descriptive classification. Diagnoses are designed in an empiristic minimalism to both secure professional consensus and to lend themselves easily to negotiations with patients, relatives and other lay people. Thus, the identification, in the above quoted ICD definition, of “desires”, “self-control”, “harmful consequences”, and “priorities” can only take place as a local pragmatic negotiation. In the words of Bowker & Star (1999), it has become a *boundary object*, made to mediate between different social worlds.

The converging movement comes from the other side, too. Young drug users and the rest of us have long since begun to think of ourselves in terms of a pragmatic and often pharmacological instrumentalism, both when we use drugs – as we all do, increasingly – and when we seek to solve the problems that our drug use entails. As Nikolas Rose (2007) suggests, the deep psychological space of the 20th century has flattened, and we citizens directly perceive ourselves as brains. While the hippies whom Paul Willis described in the early 1970’s would understand their drug use in the “doors of perception” terms of a radical break with Western metaphysics and way of life (Willis,

1976), the key words in ethnographies of today's young drug users are hedonism and pragmatics (Parker et al., 2001; Szmigin et al., 2008; Sørensen, 2003).

In this reading, then, the peaceful co-existence of facts and narratives is not simply explained by the pragmatics of communication, but, much more radically, by the idea that this pragmatics is what really *shapes* them both. It is in these pragmatic exchanges that power flows. And this could be why a website is a useful kind of data – it is not something which merely represents or refers to some other reality, in U-Turn's counseling rooms, in the brain scanner, or in the cravings of the addict – this *is* the real thing, or rather, like Slavoj Žižek (2006) says of Hollywood movies, it is “more real than reality”; it is what those realities are modeled after.

Still, it is only real because those social workers have *made* it. And they have made it, at least to some extent, knowledgeable of this pragmatics of communication. In the making of the common sense of the website with its facts and narratives, there is a reflexive design going on.

As the designers present the idea of the website by comparing it to commercials for fitness sports clubs that attract customers by showing the success of slim and muscular bodies (rather than the fat bodies who need them), they also broadly characterize their method in professional terms:

We all wish to include rather than marginalize and stigmatize the people we meet in our jobs. These ideals are prevalent around the country – especially where elements of systemic thinking have been taken up. This is also the case in U-Turn, where we use solution-focused, narrative, and coaching-inspired elements in our conversations with youngsters, parents and professionals. All this contributes to enhancing their motivation for change, their self-esteem and their resolve to do something about their lives. By communicating “fitness-oriented” we speak to people's wishes, hopes and dreams. There is no need for parents or kids to “realize” and feel guilt that they have failed. (Larsen & Wiese, 2008, p. 31).

This leads to the final two kinds of reading which have been most important in my discussions with the U-Turn professionals, where the website appears as a kind of narrative methodology of social work intervention, an intervention which uses the reflexivity of languages and narratives as a method to facilitate subjectivities.

Narrative therapy as method?

But before I go on, I need to stop a short while to reflect on the implied idea of a *method* as an approach to understanding a practice.

At first, I somehow got the impression that U-Turn's practice could be regarded, and criticized, as an instance of the practicing of a thing called *narrative therapy*, a thing that, in turn, could be characterized with references such as: Monk et al. (1997); White & Epston (1990); White (2005; 2007). This impression was not only created by the above quoted words, but also from hearing that the U-Turn staff had attended a course together at the most famous place for narrative therapy in Denmark, and not least, because I had recruited a psychologist from U-Turn to my teaching at the University, where the theme was narrative therapy because my students were interested in that method. But I was soon reminded that it is much too simplistic to think in terms of an identity or unity of a theory, a therapeutic method, an institution, all of its staff members, and what they do.

For one thing, narrative counseling or therapy is far from theoretically consistent – it fuses elements of systemic thinking, social constructionism, Foucauldian and even Derridaian discourse analysis, with narrative psychology, and it wavers between an humanist notion of agency and an anti-humanist deconstructionism. The approaches to counseling that somehow refer to ‘the narrative’ are a very broad and diverse field, spread out between something close to cognitive-behavioral counseling and something closer to the attempt to practice a critical psychology.

Moreover, from my discussions with the U-Turn leader and staff, I learnt that, even though they believed they had some ideas in common, it is both the case and an important point that the institution is a multitude of professions, approaches, and ways of thinking – just as it speaks to a multitude of sometimes contrasting social interests and with a variety of cultural forms that are each heterogeneous – the group, the counseling, the activity etc. Even the website itself, although it does perform U-Turn as a single entity, should be seen as a compromise between different concerns. Thus, for instance, parts of the facts section and the official documents with mission statements etc. are written in just the stigmatizing language that the designers wanted to avoid.

This is not meant as a universal argument against conceptualizations or generalizations. Only that, as I now go on to articulate U-Turn's website practice in the final two opposed readings, we should be aware that any such reading is contingently relevant in a complex practice.

Critique of the "fitness-oriented approach"

In itself, taken literally, the "fitness-oriented approach" recruits the narrative (etc.) elements into a direct continuation of the common sense pragmatics of communication. Much like in 'positive psychology', the anti-stigmatizing focus on success constructs an enterprising and learning autonomous self.

The recognition of the learning self is displayed in how the website, in the above citation "Cannabis makes you thin", and, Dirch, the social worker it quotes, accepts in a matter-of-fact way that the "young guy" hadn't found even one good reason to quit smoking cannabis, but from this point, goes on to learn. This learning is one that does not entail a radical ethical or epistemological break with a previous self, a move from the irrational to the rational, as in the traditional-modern forms of psycho-dynamic therapy. Rather, it is the *continuation* of a narrative which was already positive and rational. This is what in narrative therapy is described as finding "the absent but implicit", or as "thickening" an existing narrative of agency.

In addition, we can see how the authority of expertise does not express itself in interpretation, as in psycho-dynamic therapy. The narratives are never interpreted, commented or explained by the social workers. Instead we can view the website itself as staging something resembling what in narrative therapy is called "outsider witnessing", the resonance of one client's narrative in the experience of others, a resonance in common sense.

Further, since clients do not arrive at a new world-view or metaphysics, a new sense of reality, through authority and interpretation, in these exchanges of common sense, some pragmatic metaphysical anchor point must be found – what Harold Garfinkel (1984) called "a case of the real thing" – and for this, the references to physiology seem to work "for all practical purposes". Much as, paradoxically, many adherents of 12-steps programs take a very pragmatic view on the defining essence of their disease – not as the object of some bio-technical (or pharmaceutical) manipulation, of course, but as the 'factual' certainty that 'works' because it grounds the discursive pragmatics of their self (Rice, 1996; Valverde, 2002).

Finally, of course, we can see on the website various versions of the most famous technique in narrative therapy, the "externalization" and mapping of the impact of the problem. What could have been interpreted, morally or in the terms of a modern critical science, as a disease of the will, a deep inner lack of consistency in the client, is instead recounted in terms of "the problem of the problem", such as the narrative drama of the conspiracy of the cannabis with threatening female sex hormones against the boys' will to muscular masculinity.

It is important to note, however, that although I have quoted some support for this ‘fitness oriented’ approach from the tradition of narrative therapy, I could just as well have quoted *warnings* from the same tradition, critiques against just this easy-going neo-liberal version of the method. Thus, for instance, Michael White insists that the agentic narratives that are created should not be simplistic and taboo all the elements that seem to be deviant from cultural canons, or level out their contradictions. In one lecture he suggests that addiction can be viewed as the shadow side of the cultural demand for an individualistic autonomy, in a culture of consumption which must be challenged by communities of concern, beyond the powers of individual psychotherapy (White, 1997).

So, one important critique of the fitness-oriented approach is that when this shadow side is repressed, it does not automatically evaporate. We should expect, rather, that a true recognition is something much deeper and wider than the choice of language on a website or in a counseling session. The real drama of the precarious recognition of the young clients in treatment is connected with a large network of practices, political powers, and materialities, such as the facts of their exclusion from education and labor market, and the equally precarious recognition of U-Turn itself as an institution that can be trusted to support the clients’ rise to some autonomy.

We might speak of these connections as the *objectification* of the recognition of the young clients. In a materialist approach, recognition is more than cognition, or the communication of it (Honneth, 1995; Miettinen, 2005; Musaeus, 2005, 2006; Taylor, 1995; Williams, 1997). This is where a cultural-historical approach takes up the Hegelian legacy in a way that differs from the receptions handed over through Mead and Kojève, even when it seeks to integrate their insights that reflexive subjectivity may be constituted in recognition and language – rather than given with the body itself and its interactions with nature, as Marx (in most versions) would have it (cf. Nissen, 2004b; 2009a; 2009b; in press;). The implication is not that the social workers are on the wrong track when they search for ways to achieve a recognition of their young clients, or when they think of the website and its language as important in that work. Rather, it is that the ‘fitness-oriented approach’ appears to disengage language from material aspects of practice such as political power, economy, social marginalization, or technology, and that with this way of thinking, they become unable to reflect the actual socio-cultural meanings of the signs they work with.

When these conditions of recognition are ignored, the intended anti-stigmatization easily turns into a masquerade which itself soon becomes a cultural form that unreflectedly regulates activity and constitutes subjectivity: In a word, an *ideology*. In an earlier project (Nissen, 1997), where I collaborated with social workers who tried to rehabilitate clients by establishing what they called “the real thing”, that is, projects that were really productive and useful in the community, rather than various pedagogical or therapeutic activities, we identified the risk that it all came to resemble what is known in prostitution as the “myth of the horny hooker”: Clients and social workers could only meet and do their social work business if they pretended that they were something quite different. In this scenario, authenticity and pretense are no longer opposed, but coexist as a ruling dichotomy: The whole point in prostitution is the irrelevance of the prostitute’s desire – and for that very reason, as a token of its willful neutralization, she must paradoxically *stage* that desire *as authentic*. In social work as in prostitution, the pretense itself becomes charged with a precarious meaning, half-conscious yet threatened with immediate breakdown if language and objectivity are reconnected the ‘wrong way’ to allow its deep contradictions to stand out.

With the pretense that users are ‘always already’, ‘authentically’ fit, the real possibility of un-fitness is not only repressed, but at the same time, ironically, performed, sanctioned and defined in new ways. It may seem ironic that an anti-stigmatizing method becomes a new ordering of

marginalization; but this should not be surprising. An important aspect of social work is that it not only works to recognize and subjectify or interpellate the socially excluded, but just as much to decide who should *not* be recognized (Cohen, 1985); and this has precisely been a shadow side that has been hidden or implicit in the ideology or self-understanding of the critical humanistic forms of knowledge that characterize social work (Philp, 1979). The ‘fitness-oriented’ version of the U-Turn website and of narrative therapy finds its place in a long line of progressive, universalizing ideologies that deny their marginalizing implications.

Beyond fitness

The last, opposite reading of the website, where I look for points of transformation and development, but as articulations of what is already present in the practice - in this case, of the website - could start from the question of the objectification of recognition. In this reading, the inconsistent recognition is a partial achievement in an ongoing struggle, rather than a cover-up.

This reading can be supported, not only by the expressed intentions of the social workers, but also by taking a look at the practices of documentation at the institution. At the start in 2004, this was one place where the National Center for Drugs and Alcohol Research hoped to be able to implement the new standardized European system for monitoring treatment of drug dependents, based on a test interview called the “Addiction Severity Index”. The U-Turn first tried to employ a slightly modified version, the “Euro-AdAd”, specialized for young drug users and with a wider emphasis on various family, educational and social issues (Carpelan & Hermodsson, 2004). But even this was never established as the mandatory standard procedure which would have been necessary for it to work as a general monitoring system. Part of the reason was resistance from staff who still saw that anamnesis interview as the classic ritual of institutional stigmatization. They managed to persuade the City bureaucrats that they must develop another form of filing and documentation system. And since U-Turn is the central institution in Copenhagen, this is an important achievement even on a national level. This political achievement has implications for the young users, not only because they are recruited (and recognized) as participants, however indirectly, in this struggle, but also because it contributes to changing the institutional categories that codetermine their possibilities in the social and educational institutions.

If this could be an example of how the recognition of young people as something more than diagnosed dependents is actually connected with a struggle for wider political conditions, another kind of objectification lies in the ways in which the website displays the objective results of a development of counseling into an aesthetic and local cultural production. One example from the website is a music video called *The Letter* where a hip-hop battle is the form of a young man’s struggle against his cannabis-smoking and thus externalized *alter ego*. The materialities of video, of music, and of poetry provide something which Emile Gomart (2004) has called “generous constraints” that constantly go beyond and reshape the meaning of common sense narratives. Thus, in a striking scene of the video, where the protagonist seems to be falling back into smoking, we see him walking alone through a rough industrial landscape, thinking aloud, accompanied by a melodious song in English; and just as we begin to sense the sad beauty of this life, we are surprised by the words (which I can only translate into a much less lyrical English):

But I am not fooling anyone. Hope has been breathing into my neck all day, slowly creeping into my body and my thoughts

This kind of work is partly the achievement of a few counselors who have sought to develop the repertoire from narrative therapy, which already contains element of such objectification (for instance, in the use of ‘diplomas’ that institutionally objectify the ‘thickened narratives’ that are

created). Recruiting their clients into a focus on their narratives as contingent texts, on flip-overs and in self-authored case files, led on to the much more unfolded and demanding work with those texts as art and music productions with a potential sub-cultural audience. The point is not that poetry, art, or music open commercial carrier opportunities (which they don't), nor even that important personal learning trajectories are facilitated that somehow include these activities and skills (which is probably the case for a few). Rather, it is that the artistic qualities are important aspects contributing to the recognition of U-Turn itself and at the same time performing and objectifying collective self-images of the youths.

Another example is the practice of recruiting groups of youths directly into the production of the website itself. For instance, not only are there things on the website made by the young people, but the website designers also organized a website-group who run a web counseling page. Here, they are positioned as the subjects who reflect a pragmatics of communication, but they partly do so in terms of sub-cultures that sometimes challenge the mainstream parenthesizing of the way any treatment of addiction is situated in a general culture of consumption.

Consider, for example, the implications of this excerpt from a piece of advice to a welfare office case manager who asked how he might motivate a cannabis user to change, and whether urine tests might be a good idea: The young web counselor does not like the idea of urine tests – trust will better persuade the client to listen to advice –

But give him advice, too, that will help him get started, try also to recommend him to try to smoke only on Fridays, Saturdays and Sundays, just to cut down. Or, if he pauses for a week, because then he will get extremely stoned when he finally smokes.

This meta-level advice first appears to reproduce the common sense 'harm reduction' approach – in Derrida's words above, to allow itself to be reincorporated in the institution, to restore the normal order of intelligible production. But then it displays a sudden shift of focus from one of control and stabilization and on to one that includes the pleasures and potential learning experiences of pharmaceutically induced changes in states of mind. This poses the question: Should young people really be allowed to use a municipal website for recommending harm reduction by its *intoxicating* side-gains? Or conversely: What's wrong with getting, or wanting to get "extremely stoned" if it is in the context of treatment? By thus pushing the limits of the commonality of sense, readers are confronted with the more general cultural issue of how pleasure and experience are shaped by consumption and pharmacology.

In another instance, finally, the group of young website counselors (and the social workers) made a video called "The Experts". The video (also featured prominently at the website 'narratives' section) displays how the group receive and discuss - and together create the written reply to - a letter from a mother who is worried that her daughter is smoking too much cannabis. We see how they soon move on from the issues of addiction or cannabis to what matters more: What kind of life is the daughter living, and what is the mothers' relation to this life? Perhaps she might suggest doing things together to get to know her better, and her friends? The video, thus, both performs and displays a transformation of the standard conceptualization of drug problems, including the available subject positions and voices.

Conclusion: Beyond civil society

Looking back on the different readings of the website, and on the various ways they articulate the mediations of inter-subjectivities through drugs and texts, one key issue that I see emerging is how the recognition of users' narratives and knowledges is at the same time the *construction of collectives*. In particular, how this kind of text production connects with, mobilizes, and contributes

to forming collectives of young drug users and other people involved, collectives that are no longer formed around diagnosis and marginalization of the problem, but which potentially *expand* it into the social and political problem of our culture of commodified bodies and pharmacologies. This is close to Michael White's above-mentioned call for "communities of concern"; but it is quite different from the Narcotics Anonymous that he identified as one of them. First of all, I propose, in that they are – and know themselves to be – collectives of the *welfare state* rather than of civil society.

This is crucial because, in the forms of collectivity that are otherwise currently forged, it appears that the recognition of users establishes common sense by appeal to a civil society, even though state resources and agencies actually play a major role – in this field like in most other fields of contemporary 'new public management'.

As mentioned, two forms of 'user organizations' arise: On the one hand, those that define themselves by their specific biological peculiarities as objects of a bio-technical (pharmaceutical, genetic etc.) manipulation. These 'bio-socialities' – in the famous term coined by Paul Rabinow (1996) – emerge as gatherings of 'users' in two meanings: Users of drugs, but also, and primarily, of public services (methadone and heroin treatment etc.). The authenticity of the user experience that defines them refers to their everyday life in civil society, even if their community is established in their relation to public services. On the other hand, 12-steps movements establish themselves as local mutual-help collectives with a given standardized text (the AA Big Book, the NA Basic Text, etc.). The addict identity and the text – including its liturgical performance – is what they have in common. The rest is up to each individual to define, including the "Higher Power" to whom she must surrender. These ideals seem to govern not just mutual-help groups such as Narcotics Anonymous, but also the great majority of drug-free, and mostly state-financed (or at least state-endorsed, cf. Peele et al., 2000), treatment facilities in North America and Europe^v.

In both cases, the ideology with which collectivity establishes itself pivots around the given disease identity and its management in everyday life. Common sense is what the individual who recognizes himself as addict can transfer into his life as it is. Given these basic premises, there are obvious limits to how far the general cultural conditions of addiction can be challenged: Individualism, socio-cultural dislocation, consumerism and medicalization (Alexander, 2008; Keane, 2011). The orientation toward this kind of common sense fits quite well with marginalizing the issue and its individual carriers, *even as* it presents itself as recognition and empowerment of users. Again, the pretense of authenticity (with or without a futile discursive reflexivity) is the way of performing the mandatory denial, not just of the practice of *mimesis*, but of the deeper issue of social engineering: Of the disturbing fact that we are continuously creating ourselves collectively, mediated by textual and pharmaceutical artifacts.

When the addict narratives are at their best, performed as 'authentic' collectivities of a civil society, they push to the surface the deep contradiction of participatory selfhood of our liberal societies: The paradoxical identity of autonomy with surrender. Bio-socialities present us with the Promethean dilemma of handing over our bodies to a technical manipulation that serves nothing but the accidental preferences of that body itself, in a privatized, 'emotivist' ethics (cf. Dupuy, 2007; MacIntyre, 1984). 12 steps collectives lead us into the inescapable logical labyrinths of the free choice of an absolute submission (Nissen, 2002). Both shy back from identifying the collective force to whom they surrender.

This is where U-Turn, precisely as an institution of the welfare state, has potentials for constructing more imaginative and sustainable collectives, and where consequently its website writers, in

Derrida's words, can "produce" and "generate value", but in a way that goes far beyond the "normal order" of the neo-liberal "standpoint of civil society" (Jensen, 1999; Marx, 2003).

A very long time ago, Hegel suggested that recognition, even though it first appears as a reciprocal intersubjectivity of two consciousnesses standing opposed to one another, must pass through a stage of submission, spurred by existential anxiety, and leading on to a labor that could generalize and objectify human needs (Hegel, 1977; Taylor, 1975). One and a half centuries later, Gregory Bateson suggested a very similar development from symmetric through complementary power in his interpretation of the 12 steps movement (Bateson, 1972). Bateson's Hegelian legacy remained unacknowledged, and in any case – loyal to AA's secularized religious ideology, and continuous with the Durkheimian notion of 'society' that he drew upon to conceptualize collectivity – he ignored or omitted Hegel's key insight: That the real counterpart to the "Higher Power", the self-conscious form of society, forged as sovereign in political struggle, and at the same time, with its institutions, realizing the 'living good' of a universalizing ethics, a cultivated social selfhood, was the state (Hegel, 1968; Højrup, 2003a; Williams, 1997).

Two centuries after Hegel, we can claim that the deliberate 'social engineering' of communities or collectives to whom we can surrender our fragile autonomy, and still be recognized and interpellated as democratic participants in the production of culture, is the actualized principle of the welfare state (cf. Nissen, 2009b; Bernild, 2003; Højrup, 2003b; Jensen, 2003).

But of course, this spells politics. These days, welfare states are ruled by people who entice us to evade that collective self-responsibility; people with whom – along with drugs, texts, and other *pharmaka* – we either pursue a blank fabricated happiness or dream ourselves back to a time when some authenticity could authorize meaning and the kings' claim to power.

If the Theban king in *Phaedrus* judged letters to be "only the semblance of truth", and Plato's Socrates preferred "the living word of knowledge which has a soul, and of which written word is properly no more than an image" (Plato, 2009), today's democracy can only take us back to that same ideal of authenticity in the form of another pretense, with a wink of the eye whose lighthearted futility is heavily consequential. As in the psychology of addiction, the politics of ironic reflexivity is a denial of denial: A repression of the fact that democracy is only doomed to paralysis as long as it basically pictures itself as an emancipation from culture, as a dissolution of the state that is really nothing but its own objectified form – whether in the name of liberalism, socialism, conservatism, or any combination of those.

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ⁱ At the seminar *Bodies in the Making*, Sozial- und Kulturanthropologie der Lebenswissenschaften, Humboldt University, Berlin, October 2008

ⁱⁱ Esben Houborg Pedersen wrote a brilliant genealogy of the field: Houborg Pedersen (2006). For English presentations, see Houborg Pedersen (2003) and Bjerger et al. (2008)

ⁱⁱⁱ All references to and quotes from the website www.uturn.dk are from November, 2010; translated from the Danish by the author.

^{iv} For the relations between evidence-basing and user perspectives, see Thorgaard (2010).

^v Of course, the same caution that we recommended in the analysis of the narrative 'method' in relation to U-Turn should be exercised here: Even if 12 steps ideals are quite consistently and universally written and read, the ways in which they are actually performed and lived is a different matter altogether. This lesson should be taken from the wonderful descriptive study of the AA in Mäkela et al. (1996), even if it remains within the sociological dogma of 'associations' and 'communities', that is, of civil society. While it is obvious that we must distinguish between the mutual-help movement and the utilization of its ideas in professional (state) institutions, this does not imply that we should ignore the fundamental enmeshment of one with the other, e.g. the fact that most NA groups consist of members who were sent there by professional 12 step institutions.