

AN EVALUATION OF A CHRISTIAN DRUG REHABILITATION PROGRAMME
(CASE STUDY BASED ON A THERAPEUTIC COMMUNITY IN SELANGOR)

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SINOPSIS

Kajian ini telah dijalankan dengan tujuan untuk menghasilkan suatu penilaian ke atas salah sebuah program pemulihan dadah yang beraliran agama Keristian. Kajian ini adalah berasaskan kepada suatu komuniti terapeutik, Hilltop Centre di Selangor.

Dalam pembukaannya, laporan ini menyentuh tentang matlamat kajian, metode kajian dan masalah-masalah yang dialami oleh pengkaji semasa menjalankan 'fieldwork'.

Bab Kedua memberi suatu ringkasan tentang latarbelakang dan struktur pentadbiran pusat pemulihan Hilltop Centre.

Ini diikuti dengan satu bab yang memberi penganalisaan pada struktur program pusat itu. Bab ke Empat meninjau tentang persekitaran sosial di komuniti terapeutik Hilltop. Aspek-aspek tinjauan yang terkandung dalam bab ini termasuk penglibatan, sistem status, perkembangan sosial-psikologikal, peranan sosial baru dan kawalan sosial yang dikenakan ke atas ahli-ahli Hilltop Centre.

Sebagai rumusan, bab penutup membincangkan beberapa aspek dan implikasi terhadap Hilltop Centre dan ini disusul dengan suatu penilaian ringkas mengenai pencapaian Hilltop Centre sebagai suatu model pusat pemulihan dadah.

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CHAPTER ONE

INTRODUCTION

According to a report by Radio and Television Malaysia (July 17th, 82), the estimated total number of drug addicts in Malaysia has increased tenfold from a total of more than 6000 addicts in 1972 to over 60,000 addicts today. Eighty-five percent from this total are below the age of 30. This proportion happens to lie within the most productive age bracket, thus diminishing a large percentage of the nation's manpower resource.

This report clearly indicates that the government has so far been unsuccessful in arresting the growth of drug addiction in Malaysia. Though there is no velvet glove on the nation's drug laws (Dangerous Drug Ordinance 1952/No: 30 of '52) which carry a death or life imprisonment sentence for traffickers, yet the population of drug addicts in Malaysia is moving towards 'epidemic proportions'

The Minister of Social Welfare had recently declared an all out effort in solving this problem. The government views this step as an important challenge. To the public, this seems like another losing battle, but fortunately some members of the public do not feel so pessimistic. One sector of the public which has developed a more optimistic outlook is the Christian church group.

The first Christian organised rehabilitation centre is believed to be Joe's Corner in section 14, Petaling Jaya. Ever since the establishment of Joe's Corner in 1977, many other Christian rehabilitation centres have begun to emerge in various

part of Malaysia. These centres have received little publicity as they operate without sanctions from the Ministry of Social Welfare. Nevertheless, their common role as rehabilitation centres has generated enough interest from the public and government based bodies like PEMADAM and the Narcotic Bureau. Investigations are being carried out to study the modus operandi of these centres as they differ from those run by the government sector.

1.1

THE RESEARCH PROBLEM

The first voluntary organisation to start a rehabilitation unit in Malaysia was PEMADAM (Persatuan Mencegah Salahguna Dadah Malaysia). This organisation is fully backed by the Ministry of Social Welfare. It is the only recognised rehabilitation body in Malaysia that handles detection, rehabilitation and prevention activities. However, there are many unofficial private centres which are run by various Christian organisations.

These Christian centres are different in their administrative set-up from that of the PEMADAM centres. Besides that, these Christian centres have their own approaches and methods which differ significantly from those centres controlled by PEMADAM.

The aim of this research is to evaluate the drug rehabilitation programme in one of the Christian centres.

1.2

METHODS OF RESEARCH

The fieldwork for this study was conducted over a period of three months starting from the 1st March, 1982 until the 31st May,

1982. During that period, I was given ample freedom from the coordinator of the centre to interact with the residents and participate in nearly all the activities conducted in the centre.

I was officially introduced to the "family" at the centre during meal time. The coordinator briefed the "family" that I would be with them for a few months and that I would be an observer in the centre. Residents were encouraged to share as much as possible of the "family's" activities with me.

I spent the first week at the centre trying to build as many contacts as possible. This was done in the most informal manner and no searching questions were used during that period. The informal approach in breaking the ice with the residents helped me to establish trust and understanding between the residents and myself in a very short period of time.

After achieving enough rapport with most of the residents, I asked the residents some "open-ended questions". Normally, I would approach the programmers for casual conversation during vocational therapy hours. I found that this was the most appropriate time as the programmers were either dispersed into smaller units or working individually. The programmers were more responsive when they were discussing in smaller groups or when they were alone. I also cross-checked my information by questioning other programmers and the staff members.

I used the ethnographic method in studying the rehabilitation processes as well as the social atmosphere of the centre. To achieve this, I was involved in most of the daily routines of the

centre. I joined the "family" during meal times and also spent five nights sleeping at the centre.

1.3 PROBLEMS ENCOUNTERED DURING THE FIELDWORK

The biggest problem encountered in my fieldwork was related to the issue of my faith in Christianity. My stand was neutral throughout the whole period of the fieldwork. I had to withstand pressures from both the programmers and the staff members who expected me to convert. Evasive answers and indifferent attitudes could not help me overcome the problem. At times, I was in a dilemma in deciding whether to put on a false front or to openly reject the issue. Both ways would have certainly affected the objectivity of my study. The issue was regarded as a sensitive one as the question of religious faith was taken as the determining factor in the functioning of the centre itself.

In order to proceed with my study, I gave them an inoffensive answer that I needed more time to think but I would give them my decision by the end of my study.

Cross-checked of the data was limited because the size of the centre was relatively small and most of the programmers were afraid of arousing the others' suspicions. When asked to pass comments on matters related to the administration of the centre, most residents were evasive as they were aware that I had a close relationship with the staff members. Most of them provided general remarks but a few programmers were coaxed into disclosing more detailed information.

Personal question and questions pertaining to the set-up of the centre were answered in a indirect manner. Most answers were related to the working of God. This made the work of data interpretation most difficult.

In order to understand the administrative set-up of the centre, I sought permission to attend the weekly "Evaluation" meeting with the staff members. My presence at these meetings had generated suspicions and misunderstandings among the programmers. Some of the residents had the impression that I was acting as a "feedback" for the staff members.

During my stay at the centre, I was occasionally made a "go-between" by the residents in order to negotiate with the staff members for their requests. This had brought about a sour note in my relationship with the staff members.

I was frequently asked the aims of my study by the staff members and the programmers. An honest reply would have affected the validity and the objectivity of my study. I had to be deceptive in order to achieve my aims.

CHAPTER TWO

STRUCTURE OF HILLTOP CENTRE

2.1

HISTORICAL BACKGROUND

In 1977, a Christian organisation, Youth for Christ, started a drug rehabilitation centre in Selangor. This centre was known as Youth Guidance (Y.G.). This centre did not last very long. Due to some administrative disagreements, one of the staff member walked out of the centre. The staff member that moved out of the centre was Mr. James. When Mr. James left Youth Guidance, a few other programmers left together with him. In November of 1978, Mr. James, with the backing of a new board of directors set up a temporary base in Peaceful Housing Estate, Selangor.

On the 15th of February 1979, Mr. James moved his base to a new site. The new home is located along Jalan Bukit, Selangor. Mr. James managed to get a three-year lease from the Lembaga Letrik Negara to use this former L.L.N. officer's quarter to run his centre. The monthly rental for the three-acre premises is \$500/-.

On July of 1978, the centre was formally named as the Hilltop Centre (H.T.C.). By then the centre had increased its intake of residents to twelve. The board of directors at that time was made up of five senior church members from the Baptist Church in Selangor. The board mainly acted as an advisory panel and it did not interfere with the internal affairs of the centre. Hilltop Centre relied on charities and donations from individual Christians

and church organisations to run its programme. H.T.C. adopted an inter-denomination attitude for its biblical doctrine. It mainly received aids from Pentecostal churches with strong charismatic involvements.

It was found that the in flow of cash to Hilltop Centre was irregular. This made the budgeting of the centre impossible. Steps were planned to affiliate H.T.C. to a church body in order to solve the problem.

By the end of June, 1982, H.T.C. was integrated into the extension programme of the F.G.A. Church in Kuala Lumpur. A new board was set up but the administrative structure of H.T.C. remained unchanged. The F.G.A. Church now takes over all the financial responsibilities of the centre. The new board sets the maximum number of residents to be admitted to H.T.C. at any time as 30. The board also restricted the monthly budget to be about \$7000/-. H.T.C. is now planning to expand its rehabilitation programme. On its drawing board is the "Half-way House" which is part of H.T.C. follow up programme for post-resident care.

On the 24th of July, 1982, the coordinator of Hilltop Centre Mr. James left for the United States to attend a two-year bible course. On completion of his course, Mr. James would be better equipped to impart religious knowledge to the programmers in Hilltop Centre. In his absence, the coordinator's role will be taken over by a senior staff member.

2.2

PROGRAMMERS

All the programmers in Hilltop Centre were recommended either by fellow Christians or church bodies. Hilltop Centre does not need to advertise for residents as it has more recommendations than it can manage. A would-be resident normally has to undergo two rounds of interview by the staff members before he is admitted. It is up to the coordinator's prerogative to determine whether or not to accept the applicant.

Before a programmer is officially taken in, he has to fill two forms. a) Commitment Form b) Consent Form
(Refer Appendix A)

These two forms provide useful records of each programmer at the centre. The forms also serve as a bond between the programmer and the management of the centre for a period of at least a year. However, both parties regard this matter in principle only as no official sanction is involved.

Each resident has to pay a fee of \$200/- monthly for his stay in the centre. However, many residents do not pay the full amount due to financial difficulties. Normally, a token sum is required and in some cases programmers do not even have to pay a single cent if the management is convinced that they are deserving cases.

The Hilltop Centre is an all-male drug rehabilitation centre. It has a capacity intake of around 30 residents. The centre is open to all races except the Malays. All programmers are

required to become Christians if they want to go through the programme. As it is an offence to convert Muslims into other religions, hence Malay drug addicts are not considered.

(Refer Appendix B)

2.3

PHYSICAL STRUCTURE OF THE CENTRE

The Hilltop Centre is located on top of a small hill. The centre commands a panoramic view of a nearby town. It has an enclosed area of over three acres. The centre was formerly a government officer's quarters. There is a fence around the perimeter of the centre but the main gate is always kept open. The compound of the centre is well maintained with rock gardens, flower beds, and attractive signboards. The atmosphere at the centre is that of peace and quite. However, this would come to an end soon as a new housing project next to the centre is now taking shape. The privacy and the tranquility of the centre would be affected when the housing project is completed.

The residents are housed into two dormitories. The dormitories were converted from two large bedrooms. Each dormitory has six bunk beds. The three coordinators stay in single rooms next door to the dormitories. These rooms were formerly used as store-rooms. The annex is a row of small rooms formerly used for servants' quarters. Two of these rooms are now being used as bedrooms for four Phase Three residents who are working outside the centre. The remaining three rooms housed the workshops, library and storeroom.

The doors at the main building are only closed twice each day.

Once during 'siesta' time from 1 p.m. to 2 p.m. where the whole family retire to their beds for a catnap. The doors however would be locked again after 7 p.m.. Only members of the staff have keys to the doors. There is no strict security measure at the centre. Residents can sneak out of the centre easily if they so desire. Once out of the centre, they have easy access to the public transport as the centre is only a few hundred metres from a major highway.

The centre projects a homely image and it differs greatly from the typical picture of a drug rehabilitation centre with high fences and barbed wires. The open gate at the main entry reflects the religious concept of the centre. It is meant to be church-like and not prison-like.

2.4 ADMINISTRATIVE STRUCTURE OF THE CENTRE:

The administration of Hilltop is divided into two levels. The two levels involved are

- (a) The Board of Directors
- and
- (b) The Administrative Staff within the centre

The two levels are distinctive in nature but overlapping of duties often takes place. This is true as far as the planning of activities conducted outside the centre is concerned.

The Board of Directors governs the policy making of the centre. The Board delegates the responsibilities of inner affairs to the members of the staff at the centre. The Administrative Staff within the centre are given total freedom in the management of the centre.

The Administrative Staff is accountable to the Board of Directors. It has to submit monthly reports to the board. Generally, the Administrative Staff runs the programme in the centre and the Board of Directors maintain it. The board handles all the financial responsibilities of the centre.

2.4.1

THE BOARD OF DIRECTORS

The Board¹ comprises of five senior church members from the F.G.A. Church, Kuala Lumpur and the Baptist Church, Selangor. The board plays the role of a financier, a policy maker, an advisor and also as that of a patron. The board performs a formidable task of collecting about \$7000/- through pledges and donations for the monthly expenses of the centre.

2.4.2

THE ADMINISTRATIVE STAFF

The administration within the centre is based on a hierarchical model. At the apex is the coordinator. He is being assisted by a staff of eight. The coordinator's immediate subordinates are two assistant coordinators. Each assistant coordinator has a few staff members working under him. All in there are six groups of residents with five programmers in each group. Each group is led by an "Associate Staff"² or "Head of Department".³

(Refer Appendix C)

The centre is being operated without the usual assistance of

drug therapists, psychiatrists, medical personnels, vocational therapists, clerical staff and security guards. When the centre first started, none of its operational staff had any formal drug rehabilitation training. So far one member of the staff has been trained. He was sent to Teen Challenge (a Christian drug centre based in Singapore) for a month long training in drug ministry. Four of the staff members had been to Bible school for spiritual guidance training. The four of them take turns in conducting religious lessons for the programmers.

In its expansion programme, Hilltop Centre appointed five of its Phase-Three programmers to fill the post of "Associate Staff" and "Head of Department". The five Phase-Three programmers are considered as temporary staff members. They get a monthly allowance and they are exempted from paying the resident fees. Technically they are in the final stage of the rehabilitation programme. Their pseudo-staff roles in the centre is part of the vocational training being carried out at the centre.

There is a lack of systematic account-keeping in the centre. Only receipts of money transactions above \$50 are kept on record. Expenses below \$50 are grouped under miscellaneous expenditures. At the end of each accounting month, the account book will be submitted to the Board of Directors for auditing purposes.

The coordinator and his two assistants handle all correspondence for the centre. The centre has only three permanent staff members. It is being run on a "family" basis. The whole administrative staff live in the centre together with the programmers. It is

striking to note that every member of the operational staff except one was formerly a drug addict. Hilltop Centre is in fact a drug rehabilitation centre run mainly by ex-junkies.

2.5

FACILITIES AT THE CENTRE:

2.5.1

VOCATIONAL TRAINING

Vocational training at the centre includes Carpentry, Ironwork, Motor repairs, Farming and Decoupage making. The management staff provides the instructions. The centre does not have external instructors. The vocational training serves as a form of occupational therapy. Most of the projects carried out at the centre are mainly for maintaining the centre. Only a small portion of the projects carried out is meant for making profits. The centre undertakes requests from church members only.

Working schedules are divided into two sessions. The morning session is between 10 a.m. to 12 noon and the afternoon session has a duration of three hours starting from 2 p.m. and ending at 5 p.m. Besides the vocational training, programmers have to take turns in kitchen work and compound cleaning.

2.5.2

GAMES AND RECREATION FACILITIES

The centre provides a wide range of games facilities. These include outdoor games. Programmers can play soccer, badminton, basketball, table tennis, volleyball and sepak takraw. As for

physical fitness, programmers can do weight lifting and jog round the compound of the centre. Indoor recreation facilities include a carrom set, a T.V. set, drum set, cassette player, chess sets, newspapers and a library. However, only Christian songs can be played on the cassette player and the coordinators decide the T.V. programmes for the residents to watch. Even the library contains only religious literature and educational or academic materials. The centre subscribes to the notion that if one sees no evil, hears no evil, then he will do no evil.

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FOOTNOTES

1. The Board of Directors comprises of a lawyer, a lecturer, a doctor, a system analyst and a businessman.

2. "Associate Staff"

The post of an Associate Staff member is created in order to assist the coordinators. The person concerned is responsible for the welfare of five residents in his group. He attends to new programmers during their withdrawal stages. He is also considered as a mediator between the coordinators and fellow programmers. Sometimes, he also has to stand in for staff who are on home leave.

3. "Head of Department"

This post is basically similar to that of an Associate Staff. The person in charge also takes care of a group of five residents. He normally acts as a supervisor on vocational training. Head of Department is more junior in rank when compared to Associate staff. Unlike Associate Staff, he cannot assume the role of a coordinator.

CHAPTER THREE

STRUCTURE OF THE PROGRAMME

3.1

INTAKE INTERVIEW

Almost every resident at Hilltop Centre gains entry into it by means of recommendations from various church groups. The management at Hilltop centre reviews all cases recommended to them. Depending on the urgency and condition of each individual case, an initial interview is conducted with a potential resident of the centre.

The purpose of this initial interview is for the management to assess and evaluate the immediate situation of the applicant. Hilltop Centre does not accept fugitives or runaways but it accepts people who are on bail or those with past criminal records.

After a lapse of a few weeks following the initial interview, shortlisted applicants would be called up for a second interview. The second interview is more of an orientation interview. The applicant would be briefed that if he were to be given the opportunity to undergo treatment at the centre, he would have to be totally committed to the centre. The management would explain that they are not social workers or professional therapists, as he might have obviously thought, who can be fooled, bamboozled and conned. On the contrary, they are reformed addicts who are living in an environment where honesty, reliability, responsibility and faith in God are the watchwords. The management would further stress that the applicant must be prepared to become a Christian or a born-again

Christian if they have known Christ earlier. He would also be repeatedly advised that to the eyes of the staff members, he is just a baby in terms of maturity, responsibility and in knowing God. He must be told what to do with the expectation that if he disobeys he will be punished promptly. The whole design of the programme is to help him to grow from a baby into an adult within the mould of a new creation. He has only one year for this progress, so he will have to work hard if he wants it. The management would not hesitate to kick out 'floaters' who are just marking time at the centre.

The management of Hilltop Centre has no standard gauge to evaluate the response of each applicant. The final decision is rather subjective; the interviewers have to use their experiences for judgement. It can be said that it is entirely up to the applicant to prove to the management of Hilltop Centre that he wishes to give up the habit and reform. If the applicant is convincing enough, he would be given forms to sign. He thus passes successfully the final step in the initiation procedure to enter Hilltop community.

The two stage interview procedure of Hilltop Centre is to ensure that the centre receives only applicants who have at least a realistic chance of success. This is important for the image of the centre as well as the overall success of the centre which needs a healthy majority of determined residents.

FORMAL TREATMENT APPROACH:

3.2

THE PROGRAMME

The programme at Hilltop Center is based on the model of another private drug rehabilitation centre at Batu Gajah, Perak. However, the coordinator of Hilltop who was a former resident at Batu Gajah improvised the programme to make it his own. The key feature of Hilltop Centre is the heavy stress of religious elements in its programme. The management would like to be known as 'Faith-at-work' group rather than to be termed as therapists. To them the programme is redemptive rather than therapeutic. The programme at Hilltop Centre suggests the idea of a collaboration of religion and psychotherapy. It is basically a self-help group therapy in which the elements of religion act as a binding force. To the management, the effectiveness of religion in saving the programmers from the bondage of drug is a sequential event after a "soul has been saved". (acceptance of Christ)

Basically, the programme at Hilltop Centre is spread over three stages. The first stage is known as the Inductive Stage. After undergoing 'cold turkey' treatment, a programmer is ready for induction into the social system of Hilltop Centre. It is interesting to note that a programmer at Hilltop Centre goes through his withdrawal without any aid of medication. He has only the close and comforting attention of a 'shot-gun' ¹ by his side. If a programmer becomes physically aggressive, he would be chained-up for a few hours until his rage died down. He would be under tight

surveillance throughout the detoxification period. After this period, he is no longer held in the centre by force. A common phrase of the management to the residents is: " We don't need you, you need us!"

During the Inductive Stage, a newcomer will have to learn the social norms of Hilltop community. He has to create his own space within the tight social system at Hilltop. He is advised that from this point onward, so long as he wishes to remain in the centre, he may not make any phone calls, write any letters, receive mail or possess money without specific permission. All these steps are necessary to help him reform. Religious indoctrination begins when the programmer is mentally stable after detoxification. At least a dozen times a day the newcomer hears someone telling him that the community is anti-drug and other bad vices in life such as smoking, drinking, womanizing and so forth. He is also told that he must live a Christian life with faith in God. By the end of a few weeks, the newcomer would be familiarized with the rules and regulations of the centre. He now becomes an inherent part of Hilltop society.

Stage Two is known as Character Building Stage. During this stage, a programmer would undergo resocialisation in order to seek his new self-identity. In line with the redemptive nature of the programme, activities like testimony giving, confessions, witnessing, prayers, 'quiet times', chapel services and bible studies are instrumental in formulating a new way of Christian living. Besides these, other non-religious therapeutic activities are also carried out to help the programmers in their readjustment into a new way

of living. Included in the treatment approach are work therapy, games and recreation activities, counselling by the coordinator and his appointed assistants and informal group sessions.

The final stage of the programme is also known as the Re-entry Stage. This is the period of testing for a senior programmer. He has by now gained sufficient ground in character building. The big test is to find out whether he can hold his own ground beyond the boundary of Hilltop Centre. As a consequence of living in the Hilltop social system, he has developed an increasing residual of social learning and ability. Hilltop developed his empathic ability, produced an attachment to different, more socially acceptable values and reconnected him to the larger society within which Hilltop functioned as a valid organisation. He is said to be well equipped but the question is whether he will be able to deliver the goods when the occasion demands. The management advises Phase Three programmers to fall back to God and not drug whenever they are faced with difficulties.

The daily programme for the Hilltop residents includes two sessions of work therapy, religious indoctrination, games and recreation in the evening and intermittent group sessions. (For further reference refer Appendix D)

3.3

EVALUATION SYSTEM:

The management of Hilltop Centre is involved in the operation of a carefully formulated status system in which ascendancy is gained by displaying certain virtues. A programme chart is set up to indicate each programmer's position in the status ladder. As the programme is partitioned into three stages, a total of 30-points is needed to complete the programme. Each stage will require ten points. The seniority of the residents is not based on the length of stay but on the total points scored.

At each point level, programmers would be given preferential treatment as a form of reward. For example, at a level of five points, programmers can go on escorted trips to the movies and to do shoppings. This is to be the first form of 'outlet' for them since their arrival at Hilltop. At 11 points, a programmer can go on a 2-day home leave unescorted. He can also request for special home leaves but the decision is left to the discretion of the coordinator. From 21 points onward, they are given freedom to move on their own outside the centre after informing the management about their intentions. They are also given the freedom to seek employment outside the centre but have to follow the programme after working hours. Generally, residents with higher point ratings enjoy more fringe benefits but they are also given more responsible tasks in the centre. Consequently, the higher one's rating, the greater the amount of respect he commands over the other residents. He is also in line for promotion to the post of Departmental Head

or Associate Staff.

3.3.1

THE RATING SYSTEM

Normally, there would be two ratings within a period of five weeks. The panel for awarding points comprises the coordinator, his two assistants and all Heads of Departments and Associate Staffs. The coordinator and his appointed assistants have to be on a constant lookout for positive and negative qualities² displayed by the residents throughout the weeks preceeding the date of rating.

The point awarding system at Hilltop centre is found to be rather subjective and informal in its execution. Basically, the procedure starts when the coordinator mentioned the name of a resident and the rest of the panel are expected to give their views with regard to that particular resident. Each recommendation would have to be substantiated with reference to specific incidents or activities carried out by the resident. The same goes for any form of criticisms on any resident. Members of the panel can question each others' point of view and they have to defend their own statements substantially.

The evaluations are based on certain criteria like the resident's submissiveness to staff members and fellow residents, his attitude during work sessions, his love for other residents, his attitude towards life and most crucial of all his spiritual growth at the centre. A maximum of two points will be awarded to very positive programmers. Those who have shown certain amount of

positive changes will be given one point. If a programmer is found to be passive in his stay at the centre, he gets no point for that rating sessions. The rating system can also act as a form of punishment to the residents who show negative reactions in the centre. On some instances, any serious wrong-doings committed in the centre result in the deduction of points for the particular resident.

Sometimes, irregularities in the ratings do occur. The panel would intentionally push up the rating of a particular programmer in order to use him as a pace setter to motivate other residents. A programmer with consistent build-up in the progress chart could be further boosted with bonus points. This would not only motivate him in his self-development but also make him highly in favour of the management. The management in return would manipulate him as a watchdog over other residents. He can report to the management confidentially on any irregularities among the residents. These irregularities include forming of cliques, smoking, backbiting and so forth.

3.4

HALFWAY HOUSE:

Recently the Hilltop Centre extended its therapeutic programme to include the formation of a Halfway House. The Halfway House of Hilltop Centre is located in a separate building. At the moment it has two 'graduates' from Hilltop staying together with a member of the staff. The Halfway House stands halfway between the centre and the community at large. The two 'graduates' are both employed outside the centre. Both of them are no longer residents of Hilltop but they still adhere to the philosophy of the centre in principle. They do go back to the centre regularly to resume their social contacts at Hilltop.

Their presence at the centre brings mutual benefits to all parties concerned. Relatively speaking, they would be reminded of their successful struggles at the centre and in return act as models of inspiration to the rest of the residents at the centre.

INFORMAL TREATMENT APPROACH:

3.5

COUNSELING

The Hilltop community stresses greatly on the beneficial effects of counseling. All residents are encouraged to seek counseling from the respective staff members when they are faced with any difficulties at the centre. Residents who have problems with their faith can clear their doubts through the staff members who will also take the role of a counsellor. Any problems pertaining to community living at Hilltop Centre would also be entertained.

Staff members are always on the lookout for individual resident who has shown passive reactions or slackened in their faith in God. For those residents who are contemplating to leave they would be coaxed into changing their minds. Counseling between staff and programmers can take place in the most informal atmosphere. It could be carried out spontaneously at any place or any time when the need arises. Counseling at the Hilltop Centre appears to be a common feature. Sometimes even senior residents can provide counseling services to junior residents.

3.5.1

COUNSELING IN THE COORDINATOR'S ROOM:

If a programmer is called into the coordinator's room for counseling, it has to involve serious issues. Any form of violent

outbreak by residents would have to be reported to the coordinator for possible counseling activities. A total confession and acknowledgement of wrongdoings by the particular programmer would result in no serious repercussions. The matter would end in the room. However, if the coordinator fails to counsel the accused programmer to tell the truth, the matter would be brought to the family. The programmer would have to defend himself when confronting the family. The outcome from this family confrontation could result in the programmer leaving the centre.

3.6

FAMILY TIME

Whenever the coordinator senses some form of tension prevailing within the community, he would call for a Family Time session. These sessions are held in an ad hoc manner. Sometimes there are more than one session within a week. Family time is actually a gathering of all residents and staff members of Hilltop Centre to settle differences. It resembles closely that of any group therapy session with implicit therapeutic effects. The group sessions do not have a leader. They are open to every member of the community in Hilltop Centre, including the staff members. Anyone can start the ball rolling by voicing out certain aspects in the centre which he is not too happy with. He can direct any accusations toward another fellow resident or even toward staff members. The management would encourage the group to discuss any stress that may be related to matters of bias and discrimination. The group

concentrates on reaching a 'gut level' with the intent of having participants react at rock bottom emotional level rather than on intellectual plane that is so frequently characteristic of conventional group therapy. The members examine each other and are critical about the extent to which they are adhering to the basic precepts of the centre for remaking themselves into honest, decent, conscientious human beings as warranted by the Bible. They remind each other that they are trying to become worthwhile people, free of criminal code of the street and prepared to accept values about the primary goodness of hard work, decent relations with one's fellows, concern about the welfare of his brothers. The group meetings are presented to the residents as a 'pressure cooker' for fast personality change, as well as the safety valve for house arguments. The family sessions seem to provide an emotional catharsis and trigger an atmosphere of truth-seeking which is reflected in the social life of the family structure. The sessions indirectly train the programmers to become a new brand of self-help therapeutic agent in correctional field.

Thus the family sessions form an important aspect of therapeutic force within the social system of Hilltop community.

FOOTNOTES

1. 'shot-gun' refers to a senior resident who is given specific duties to handle newcomer undergoing detoxification in the centre. He has to attend to the needs of the newcomer like food preparation, helping him to bathe, massage his aching body, give encouragement and most important of all he has to make sure that the newcomer does not "split" from the centre.

2. Positive and negative qualities.

The social norm of Hilltop community defines positive qualities as submissiveness to authority, conscientiousness in daily chores, growing faith in Christ, cooperative, love for others and so forth. Some of the negative qualities include backbiting, dishonesty, clique forming, blasphemy, physical violence, glorifying of past drug activities.

CHAPTER FOUR

THE SOCIAL ENVIRONMENT

INVOLVEMENT

4.1

Initially, Hilltop society was able to involve and control the resident. This was accomplished through providing an interesting social setting comprised of associates who attempted to understand him and were aware of his manipulative behaviour.

There exists a more or less autocratic family structure within the community at Hilltop Centre. This is necessary as a condition for the recovering addict. The autocratic nature of the family structure demands that the residents of the centre perform tasks as part of their group. When a resident begins to take direction in small tasks such as helping in the preparation of meals, housecleaning, gardening and so forth, he is slowly gaining ground in overcoming the social barrier between him and other members of the community. His resistance to cooperating with the group tends to dissipate.

The underlying treatment approach of the centre is consistent with the group relations principle for changing behaviour. Here, the implication of Differential Association theory of deviant behaviour would be advantageously utilised. The climate of Hilltop Centre is dominated by a majority of 'clean' addicts. The social milieu gives strength and credence to an antiaddiction, anticriminal ethos. The relatively frequent association between individual with similar backgrounds is reinforced in their determination to quit

narcotics permanently.

The ex-addict backgrounds of the coordinator and his appointed assistants are of paramount significance in bridging any communication gaps between the residents and the management. The problem of establishing an area of communication and rapport between them is greatly minimised.

At Hilltop Centre, the staff-resident dichotomy is not clearly noticed on the surface. But, each resident knows his expected role and position in the social hierarchy at the centre. Each knows how to develop a working understanding with the staff and fellow residents.

4.2

STATUS SYSTEM

Hilltop Centre provides a rational opportunity structure for the success-oriented individual. The centre provides ample room for status mobility among the residents. The progress chart of residents highlights each resident's status in the tough social system of the centre. Within the context of this system he can (perhaps, for the first time) see a realistic possibility for legitimate achievement and prestige.

Residents are being afforded opportunities to become active therapeutic agents rather than passive recipients in the treatment process. He is no longer restricted to inmate status; since the inmate-staff division is rather diffused. All residents are indirectly quasi-staff after a certain period of stay.

At Hilltop Centre, a newcomer being at the lowest rung of the hierarchy would eventually climb up the status ladder. His initial progress in the programme would be followed by more responsible tasks. His responsibilities may begin with saying grace during family meal times to more demanding role like conducting chapel services in the centre. When a resident enters Stage Two of the programme, he will assume the role of an Intercessor. As an Intercessor, he will be looked up as a 'guardian angel' by the junior residents. An Intercessor is regarded as an intermediate staff who helps in the spiritual development of newcomers to the centre. During quiet times in the morning, an Intercessor would pair off with a newcomer to provide guidance and counseling services. It is to be noted that progressively heavier responsibilities would be assigned to residents in pace with each resident's progress in the centre.

The staff's rationale for this is that residents would have the experience of handling responsibility and their reactions to it, thus helping them to cope with various social relationships outside. The motive is both therapeutic and rehabilitative.

The status system enables individual resident to enjoy more benefits and rewards when he displays positive behaviour. The reward system is based on his progress in the programme. Besides the fringe benefits, he also becomes the envy of the other residents and receives greater respect from them. On the other hand, inept residents are looked down upon by others and they do not command the desired respect especially from the newcomers.

4.3

SOCIAL PSYCHOLOGICAL DEVELOPMENT

In the process of acquiring social status in Hilltop Centre the resident necessarily, develops the ability to relate, communicate and work with others. Basing on religious guidelines, the values of truthfulness, love, honesty and industry become necessary means to this goal of status achievement. After a sufficient amount of practice and time, the individual socialized in this way in a natural fashion, develops the capability for behaving adequately with reference to these values.

The rule of no physical violence in the centre is at first difficult for a newcomer to observe. Although at first he is controlled from committing violence by fear of ostracism or even expulsion, he later no longer feels a need to use violence since he now has some ability to interact effectively. He can express himself with a new form of communication on a non-violent, verbal level.

The constant self-assessment required in his daily life fosters the consolidation of self-identity and empathy. His self-assessment is under constant evaluation by the significant others, who become sensitive and concerned about him. The process provides the opportunity for the individual almost literally "to see himself as others do". He is also compelled as part of this process to develop the ability to identify with and understand others. A consequence is the development of self-growth, social awareness, the ability to communicate and empathic effectiveness.

One vital self-development emphasized by the management of Hilltop Centre for all its residents is the difficult task of destigmatizing their past self-concepts. He needs to learn more positive self-concepts, more viable personal and social identities, and to see himself again, not as a deviant personality, but as a person who committed deviant acts yet can be a socially valued member of significant social groups. The fact that the management stresses on the salvation of Christ to every sinner, supports the quick abandonment of his past deviant role and assumption or resumption of valued role functions in family and community group.

He needs therefore to learn a normative range of adaptive attitudes and role behaviour skills, to make use of personal and social resources, and to achieve the competence required for effective problem-solving and social living within the Christian context.

He has to be well equipped in anticipation of societal rejection when he is placed into the mainstream of society again. The management of Hilltop Centre views that the psychological development of each resident is a necessary step to ensure his success in the rehabilitation process. This step is crucial in overcoming the excessive dependence on the programme itself, which makes it difficult for the patient to leave the therapeutic setting.

Hilltop Centre creates a new social role for its residents which can be temporarily or indefinitely occupied in the process of psychological growth and development. This new role is a legitimate one supported by the ex-offender's own community as well as the inclusive society.

In the process of gradually phasing its residents back into community, Hilltop Centre does provide some drug addiction-related services to the surrounding neighbourhood. Hilltop sends out its Phase Two and Phase Three residents to do street evangelism. Their target areas are hospitals, shopping complexes, amusement centres and especially drug-joints. The residents too organise drug exhibition in churches to inform the public of the dangers of drug addiction. The centre occasionally puts up sketches similar to 'Miracle Plays' with heavy religious themes. Hilltop utilises its three-piece band extensively by way of its music ministry programme. Its presentation includes Christian song, sermons and testimonies of the residents' past experiences.

Participations in these roles make the residents account for something "for real" - based authentically on achieved competence, correction of inadequacies, and significant social contribution. A resident would assume himself as a productive worker and as an integral part of the society's social contract.

However, it is interesting to note that on almost all occasions, the residents' involvement in communal activities outside

the centre are usually related to programmes in various Christian communities. These are basically religious settings which tolerate their presence. How well the residents can stand up to the pressures and demands of less religious environments of the larger society is uncertain.

Within the centre, the community system provides a well defined structure for roles delegation. The employment of ex-addicts as therapeutic para-personnels has a number of advantages. It is less expensive to recruit them as therapeutic agents. They make good positive models and are familiar with the procedures of treatment. They have gone through a resocialisation process and know the set of experiences and pain involved in the transition. They are loyal to a programme which has helped them. Also through their involvement in after-care, they can help to reduce the chances of relapse.

However, when an ex-addict staff relapses, the effect on residents who looked upon him as a model¹ may be devastating.

The various forms of role acting whether within the centre or outside, it provide for earned authentic status and authentic identity for each resident. He can infer these by basing on the Christian community support which has enabled three 'graduates' of the centre to undergo ministerial training.

4.5

SOCIAL CONTROL

The control of deviant behaviour is a by-product of the individual's status seeking. Conformity to the norms is necessary in order to achieve this. To the management, these norms are valid for the residents to develop character building.

Another form of control is embodied in the threat of ostracism which becomes a binding force. After undergoing the initial orientation, a resident would acquire sufficient insight to cope with the living condition in the centre. At this stage, the individual no longer fears banishment. He can later learn to acquire a gratifying social role to make his stay in the centre more meaningful. To quote a remark by one of the residents: "When I help another guy, it helps me personally."

Life at Hilltop Centre is very regimented. It leaves little personal autonomy over one's daily actions. It requires active cooperation of the residents to live through the programme daily. The management does not want to give breathing space to idle mind as this could induce the patient's old habits.

As the centre follows an anti-drug and anti-criminal principle, there exists the exercise of severe restriction on personal freedom. The management decides what is 'best' for the residents. It controls all forms of entertainment. Residents only get selective viewings on T.V. and they can only listen to Christian song recordings.

It would not be wrong to say that life at Hilltop Centre is comparable to that of a monastery. Members of the Hilltop community

lead a very puritanical life by choice or involuntarily.

The management takes away sources of temptations and negative desires from the residents and in place provides them with the gifts of love. The management feels that by showering the residents with unflinching brotherly love, it can fill the emptiness left vacant by forces of temptations and desires.

Other forms of immediate social control include the formal house rules and regulations, reward and punishment system of the centre and also the Family Time sharings. A resident is reminded that he is living within a community where others know about and, most important, are concerned with his behaviour. The position of the coordinator is viewed with respect and is not just based on status alone. In the centre, every member works under voluntary submission as he is hardly threatened.

As Hilltop Centre is a Christian community, the residents live in a 'God fearing' atmosphere. This in a way is a form of implicit social control to all growing Christians in the community.

At interpersonal level, guilt feelings can induce an invincible form of social control for the residents of Hilltop Centre. A resident cannot survive on superficial faith or indulge in negative thoughts in the centre for long. He would be unable to handle the tough realities of the centre. His inadequacies in spiritual commitment would generate a sense of guilt in him. Furthermore, this is greatly intensified by the unselfish love and concern shown by the staff and fellow residents. He is guilty for his lack of obligatory contributions.

For this reasoning, the element of guilt acts on a subconscious level as a mechanism of control for deviant behaviours.

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FOOTNOTE:

1. Lately, an ex-staff member of Hilltop Centre who was a member of the pioneer group came back for a reinforcement stint. He had fallen back to cigarette smoking after leaving the centre for over two years. The management was at first reluctant to take him back as this could demoralize the other residents. However, the management subsequently accepted him. They held him up as a didactic reminder to other residents that he who turns away from God at any stage of his life would encounter difficulties.

CHAPTER FIVE

CONCLUSION

5.1

HILLTOP AS A REFUGE CENTRE

Hilltop Centre was first started as a privately run centre to carry out a drug rehabilitation programme. It was conducted in an informal manner by a group of ex-addicts with backing from a few Christian bodies in Selangor. In view of its informal status, the management of the centre had to be cautious in selecting residents for its programme.

In principle, the centre attempts to avoid addicts who are 'on the run' and who intend to seek refuge from the law or criminal agents. The centre intends to stay clear of any complications that may arise from authorised bodies or secret societies. This attitude is to ensure the safety of the centre as it is not legally registered.

Starting from this year, Hilltop Centre was officially 'adopted' by a church but its intake policy remains unchanged. The merger of Hilltop Centre with a church was a necessary step to safeguard the existence of the centre. The idea of a coalition was first mooted when a resident in Hilltop Centre made an unsuccessful attempt to commit suicide. As it is today, Hilltop Centre has lost some of its autonomy as an independent rehabilitation centre but the step to a coalition was inevitable.

To enhance the overall success of the centre and uphold the image of the centre, Hilltop Centre maintains a selective intake procedure. The two rounds of interviews as described in Chapter

Three requires a certain amount of trust and good judgement on the part of the interviewers. The centre has been highly successful in filtering out the right candidate for its programme so far. In spite of the good results achieved by the centre, there had been two cases where the management had failed to screen out the undesired candidate.

One case involved a resident who was on a good behaviour bond with the police for a period of 12 months. When the resident was summoned to court on a criminal case prior to his entry to the centre, the management of Hilltop Centre offered their help. After hearing the testimonial from the management of Hilltop Centre, the magistrate decided to waive a six-month prison sentence in favour of letting the management of Hilltop Centre take custody of the resident. This was to enable him to complete the rehabilitation programme.

The second case involved a resident who managed to find refuge in Hilltop Centre in order to avoid a group of underworld loan sharks. When the loan sharks traced him to the centre, the particular resident confessed to the coordinator and pleaded for protection. The management managed to extend the period of loan repayment but in return the centre had to stand surety for the loan.

Nearly seventy-five percent of the residents (based on March to May, 1982) had been to other drug rehabilitation centres prior to their admissions to Hilltop Centre. With regard to this, there is a high possibility that among the residents, a few of them have made community living as part of their culture. These 'floaters'

are marking time from one centre to another. Some of them are reputed to be 'big personalities' in other drug rehabilitation communities. To them, living in a rehabilitation centre is a valid way of life and they are prepared to take refuge in any centre as long as they can stay.

The management of Hilltop Centre is very particular about uncommitted residents as they can create unhealthy atmosphere within the centre. They are always on the look-out for 'floaters' and are most willing to discharge these negative elements from the centre.

Hilltop Centre has always sounded warnings to candidates of the programme that the centre is not obligated in any way to help individuals who are seeking refuge in the centre. Even if a candidate can talk his way in, his stay there would only be a short one but on the other hand if he confesses to the management and ask for repentance his case will be given special consideration. If the management finds him to be very committed and has shown considerable progress in the centre, it would go all out to make his stay in the centre possible.

5.2

HILLTOP AS CHRIST CLINIC

Within the realm of its drug rehabilitation programme, Hilltop Centre concentrates on moral and religious teachings. When asked to describe the nature of the centre, the management answered:

"We are more of an educational enterprise than a therapeutic one, more of a religious training process than a therapeutic process."

The centre is intended to be a spiritual service-station where a resident can tap the essence of Christ's teachings. It is here that a resident is supposed to fill up his tank with new strength and re-charge his weakened will. With this in mind, the centre hopes to serve as a one stop centre for the treatment of all social ailments. The programme of Hilltop Centre is designed not just to overcome drug addiction in singular but also encompasses the treatment of all drug related problems like smoking, alcoholism, criminal tendencies and so forth. If these problems are not confronted together with drug addiction, the prospect of a return to drug-dependence behaviour is most certain to result.

By basing on the daily programme as scheduled by the management, residents of the centre are given adequate exposure in Christian theology. The programme is made up of quiet times, bible classes, sermon services, prayer meetings and memorising verses. However, due to the unequal length of stay of each resident, religious teachings are restricted to a very superficial level to benefit the newcomers.

The management of Hilltop Centre admits that it could only render token amount of spiritual food for its residents. But it claims that the value of these elementary teachings should not be overlooked. Though the effect of the spiritual "shot in the arm" wears off very fast, the daily indoctrination is habit-forming. To the management, the scriptural teachings in the programme are to lay the groundwork for committed faith. The coordinator of the centre views that the programme provides the guidelines and the residents are to pick up from where the management stops. To achieve higher levels of biblical knowledge in order to reach 'Atonement' (the unifying of one's life and goals in conformity with God's will), is solely the task of each individual.

The management points out that those residents who do not want to use their own initiative to progress further in their spiritual growth, would not be able to complete the programme. To some residents who have very little formal education, the learning of religious knowledge is an up-hill task. Many of these residents could not cope with the programme and they become disinterested and eventually drop out of the programme. However to some persistent ones, they find it a challenge and thus become very committed and are able to follow the programme.

The management believes that those residents who can progress further in the programme would be able to maintain strong faith in God. With strong faith, a resident can have power and meaning in his life and this is the only reason for his stay in the centre.

Community lifestyle of Hilltop Centre closely resembles the ideals of a total institution¹ as defined by E. Goffman. Hilltop Centre provides a protective and remedial environment for drug-dependent persons who can accept the strict discipline and basic Christian philosophy which characterise their groups.

The centre is administered by people who were formerly dependent on drugs themselves. These people define the rules for the community which involves the complete abstinence of all intoxicating agents as well as the total submission to God and the staff. In return, the community offers mutual support and active help towards the education and rehabilitation of each individual.

At the Hilltop Centre, the partial elimination of the patient-doctor status roles in favour of a more domestic relationship is said to facilitate a deeper intensity and involvement between individuals. Personal relationship with the residents which is meaningful to the staff of Hilltop Centre serves as an effective model. This allows the staff members to gradually modify the residents' behaviour and value system in the desired direction. In short, Hilltop community facilitates the necessary condition for relationship therapy.

Like other therapeutic communities, work and responsibility for regular duties such as building maintenance, cooking, gardening plus important roles are included in the therapeutic programme of the centre. The community has its own system of rules and regulations

which limits the freedom of the residents. The code of order is designed to nurture character building and the discarding of bad habits. Enforcement is strict and infractions are dealt with by offering the offender the choice of either leaving the community or having his hair chipped or even shaved bald.

Typical of most therapeutic communities the social processes of informal resident life and formal structure system of Hilltop Centre are not unrelated in the overall therapeutic approach. However, Hilltop Centre has the benefit of community acceptance beyond its therapeutic boundary. The frequent participation of non-addict community in the centre's activities and conversely the active involvement of the residents in outside Christian communities are to be considered infringements of the model of total institution.

The management is of the opinion that with the frequent interactions between residents and the community at large the gap between therapeutic world and the wider society would be narrowed. However, the management agreed that Hilltop community can never be a microcosm of the outside world, no matter how many attempts are made to reduce the differences.

5.4 HILLTOP AS A CHRISTIAN DRUG REHABILITATION CENTRE

Why does Hilltop Centre take after a Christian model?

The management's point of view:

- a) Jesus Christ is the greatest therapist of all time; and that His continuing, living presence in the hearts of men can alone give the power that makes men whole.
- b) That conventional psychiatry seems to be a very limited agent for therapy.
- c) A committed faith in God is sufficient to transform an ineffective, disturbed person into a new and integrated life, without the assistance of other mental and emotional therapies.
- d) By way of conversion an individual can turn over the management of his life to Jesus Christ and who in return provides him the power to break old patterns and reorganise his own life.

Hilltop Centre is not totally free from psychotherapeutic elements. There exists the inter-play between faith and psychiatry in its rehabilitation programme. The residents are being rehabilitated by a combination of spiritual and psychiatric resources. The centre presents itself as a residential Christian community, offering to help those with psychological problems. Basically, the therapy of the centre is focussed in God with the assistance of everyday, psychological techniques.

There exists a glimpse of real hope in this alliance of faith and psychiatry. For psychiatry does give useful revelations of how will and emotions can work together fruitfully, and, under the

dynamic power of faith, can serve human needs helpfully.

The healing ministry of Jesus can be inferred in the Gospels of the New testament. And one basic condition that this ministry holds is that healing takes place through the activity of an individual or a group who are perceived as having the authority and power to heal. In most cases both the healer (therapist) and the one being healed (resident) share this conviction. The therapist is undeterred by a few patients who are skeptical as he has the wholehearted support of the majority of patients who have faith in his work.

Basing on the above conception, Hilltop Centre can lay hold of the power and the ethics of the Christian faith in rehabilitating its residents. The programme involves love therapy and also employs the basics of Thought Reform Movement². A major therapeutic tool of the programme is religious indoctrination. This induces a total transformation of human nature into a new creation. It has a lasting effect as long as the individual dwells in a Christian mode of life. His undying faith in God is the only key to sustain a clean lifestyle.

The big question is how well can the individual's faith cope with pressures from the secular world when he re-enters the larger community. The outcome is crucial since if he succumbs to the pressure, he is once again back to square one.

The number of residents in Hilltop Centre at any time is kept around thirty. However the population is very fluid. The 'splitting' phenomenon is only significant during the first two week's stay of a newcomer. Those who remain after one month generally stay for a longer period. Between (March and May 1982), Hilltop Centre had 14 residents who had stayed for more than a year. During the same period, 8 new cases were taken in and an equal number of residents left the centre, five of them after a period of one month. Of the 30 residents in the centre, more than 20% were there for the second or third time.

The process of evaluating the success rate of the centre is most difficult. This study is inadequate in measuring the performance of the centre as the period of fieldwork was too short to produce any accurate statistical data. Furthermore, the centre, at this stage has no systematic form of follow-up programme for its ex-residents.

However with the cooperation of the staff members, a crude gauge of the centre's achievement can be estimated. During the past four years since its formation, Hilltop Centre produced 8 'graduates'. These 'graduates' had successfully completed the programme and most of them have stayed for 2 to 4 years. However, there are some who are now leading a clean life though they did not complete the whole programme. It should be noted that these data are based on feedbacks to the coordinator and no urinalysis or blood tests were performed on these 'graduates'. The reader must also bear

in mind that the criteria for judging a successful candidate by Hilltop's standard is rather demanding. A successful candidate must be off drugs and be stabilised in society. He must also stay away from all forms of intoxicating agents and not indulge in 'immoral' activities. A slackening in any one condition would disqualify him. The coordinator claims that there are many ex-residents who have 'backslided' but are clean from drugs. They have indulged in one or more of the prohibited activities. The management terms these people as failures.

Hilltop Centre has a very good percentage of non-recidivism for those residents who graduated from its programme. So far only one of its 'graduates' had fallen back to cigarette smoking. Though the centre only produces a small number of 'graduates', there is no denying that it produces quality result. However, the coordinator warns that these 'graduates' are not 100% 'cured' as they are all undergoing a period of trial working either in the centre or other Christian settings. The coordinator cannot ascertain that they all would remain the same if they are placed in secular settings. However, he has a strong conviction that they would all pass the acid test.

FOOTNOTES:

1. Total Institution : According to Goffman (1961, page 11)
"A total institution may be defined as a place of residence and work where a large number of like situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life."

2. Thought Reform Movement : This is with reference to the 'Brainwashing' programme or modifying movement such as the 'Ideological Reform' programme carried out by the Chinese Communists in the late forties when they took control over mainland China.
(For further reference see : Lifton Robert J. (1962, Chapter One)