

SYNANON IN GERMANY: AN EXAMPLE OF A RESIDENTIAL SELF-HELP ORGANIZATION FOR DRUG DEPENDENT INDIVIDUALS

FREDERIC FREDERSDORF

Technical University of Berlin

ABSTRACT

Synanon is the major residential self-help organization (SHO) for drug dependent individuals in Germany. Synanon can be regarded as the prototype of German residential self-help. This article provides an overview of Synanon's history and social life. Further, by summarizing the main results of two studies about German Synanon (Fredersdorf, 1994, 1997), this article demonstrates how Synanon spawns other therapeutic communities as well as has psychological and social effects on participants. The article closes with suggestions for further social research on German SHOs.

INTRODUCTION

Self-help organizations (SHOs) for drug-dependent individuals in Germany can be divided into two groups:

- Non-Residential: Those groups following the tradition of Alcoholics Anonymous (AA), Narcotics Anonymous, Overeaters Anonymous, and others. Their members maintain their independent life in society. The self-help process is conducted in group meetings and outside social activities.
- Residential: Those following the tradition of American Synanon (s.b.). Their members give up independent life in society. Here, the self-help process is based on institutionalized social life and internal meetings. Members live together, work together, spend their leisure time together, and share psychological and social self-care.

In contrast to the social research on professional therapeutic institutions and on the non-residential institution of German AA, social research on residential SHOs in Germany is inadequate. About thirty residential SHOs for drug-dependent individuals can be identified in Germany today (Hüllinghorst, 1997, p. 127), the majority of which are based on Synanon principles. Accordingly, the present article summarizes the fundamental meaning of Synanon, illustrates its history and social life, shows how German Synanon spawns other therapeutic communities (and companies), and examines its psychological and social effects.

GERMAN SYNANON—HISTORY AND SOCIAL LIFE

German Synanon is largely based on the American prototype, which began in 1958 when ex-AA member Charles Dederich founded this residential SHO in Santa Monica, California. His charismatic leadership, a growing acceptance of new and unusual lifestyles, the contemporary social movements, and the growing drug problem contributed to the growth of this American SHO in the 60s and 70s. Things changed by the mid-70s, during which time Synanon devolved into a cult-like organization and Dederich was criticized for allegedly controlling the actions and thoughts of his hundreds of adherents, and also for siphoning off profits from Synanon-owned businesses (White, 1998). In 1980 Synanon Foundation lost its status as a non-profit organization (Gerstel, 1982) and in 1990 it had to renounce most of its property.

Yablonsky (1965) was the first to publish a book about the rise of early American Synanon. In 1968, Yablonsky's book influenced the founders of German Synanon, Herr and Frau Warnke, who at that time were addicted to heroin. The book was given to them by a physician, and this "medicine" had long-term effects. However, it took three more years until the couple was able to give up drugs. In autumn 1971, the Warnkes and three other couples traveled to West Berlin and rented an old apartment. Here, they established a residential SHO for drug-dependent individuals under the name of "Release-1." Its rules were prohibitions against alcohol, drugs (including cigarettes and legally prescribed psychotropic medication), and violence.

Four years later they got the permission from Dederich to rename their group "Synanon." When American Synanon began to devolve and Dederich declared a "holy war" upon society (Gerstel, 1982, pp. 253-268), founders of German Synanon disassociated themselves explicitly from him and his attitudes (Fredersdorf, 1994). Until the present day, they have gone their own way as German Synanon has become the first, most influential, and largest residential SHO for addicted people in Germany.

Today, when we speak about residential self-help addicts in Germany we speak about Synanon, the prototype of nearly thirty similar groups in the Federal Republic. German Synanon is located in Berlin and a neighboring federal state named "Brandenburg." In the center of Berlin, Synanon maintains a working and

social community of about 120 people who live together in a house near "Potsdamer Platz," the largest construction site in Europe. In Brandenburg, about 200 inhabitants of Synanon cultivate a farm which previously belonged to the East German agriculture production. Both establishments offer the framework for an abstinent life in an addiction-related SHO. The Warnkes still belong to the community they founded twenty-eight years ago.

WHICH ATTITUDES AND CUSTOMS HAS GERMAN SYNANON MAINTAINED THROUGHOUT TWENTY-SEVEN YEARS?

For the Warnkes, Synanon is intended to provide a way of life emphasizing abstinence and consistency. This is why the basic rules against drugs, alcohol, tobacco, and violence have never been changed for anyone. The inhabitants place their hopes in mutual help among drug dependent people. They adopted the "game" from Synanon USA, which became their favorite form of discussion group. Yablonsky described the game as an encounter group (Yablonsky, 1990). During the game, any issue or problem can be discussed in any way that participants like. New inhabitants play it every day in the evening or afternoon except for Sunday. Later it takes place three times a week. As a rule the game lasts for two to three hours. The themes of a game are as varied as the people who play it.

All Synanon activities are directed toward autonomous work. Today the SHO inhabitants work in more than a dozen businesses belonging to the community and earn between 30 and 40 percent of the organization's income. The rest of the budget is derived from private and public funds.

The whole day is strictly organized for everyone. One of the consistent characteristics of Synanon is for members to administrate common interests by themselves. This includes questions of law, business, health care (as long as they do not need a doctor), as well as questions of social life, child education, and public relations. Life in Synanon has always meant getting up together, eating and working together, and fulfilling some special services for the Synanon house such as taking care of new inhabitants or organizing leisure activities for the community.

Right from the start, and in conjunction with the work activities, Synanon promotes a broad educational and cultural environment. Educational efforts for adults include business reintegration seminars, additional training, and practicing fine arts. These fundamental qualities influenced most of German residential SHOs, which have explicitly or implicitly copied basic rules of this model.

WHICH ATTITUDES AND CUSTOMS HAVE BEEN CHANGED?

Even for an expert it is nearly impossible to describe all the changes Synanon has undergone since 1971. The following topics characterize the most important changes for the community.

During the 1980s and 1990s the number of occupants increased from about sixty to about 400. In 1995, a Synanon establishment in the federal state of “Hessen” separated from the community and continued functioning as a SHO under a new name. Since then about 250 people have permanently lived in Synanon “Berlin” and “Brandenburg.” The increasing number of inhabitants is based on the change in conditions of accommodation which took place in 1982, when Dr. Karl Deissler influenced Synanon to relax the rules of admittance.

Deissler had been one of Dederich’s best friends. Born in Germany, Deissler emigrated to the United States in 1931. Between 1931 and 1935 he had a fellowship at the Mayo Clinic in Rochester, Minnesota. Since 1935 he had practiced in Oakland, California, as a pediatrician. In the 1950s he dedicated himself to treating drug-dependent people. Later on he had worked in San Francisco. In 1961, he became the Medical Director in Synanon Foundation but had continued to practice in San Francisco. When Dederich waged his “holy war,” Deissler terminated his friendship with him, left the United States, and worked as an addiction expert in Switzerland. Before his death in 1998, he influenced German Synanon members to allow drug-dependent individuals to come at any time and in whatever condition they may be. Moreover, they no longer were required to fulfill any other prerequisites to enter.

The rise in the number of inhabitants forced Synanon to look for additional accommodations. For that reason they constantly restored old houses, spread their work over Germany and, after the fall of the Berlin “Wall,” founded a farm in East Germany. In the early 1980s Synanon began to open their community to society and to increase cooperation with German institutions, organizations, and public departments, probably because of what had happened in American Synanon.

German Synanon also began to install projects for former inhabitants. As we can see below, there are more than thirty projects which were founded and are run by former inhabitants. All the Synanon projects together represent an extensive social network supporting addicts in their autonomous efforts of reintegration.

SUMMARY OF A STUDY OF GERMAN SYNANON

Although by the late 1990s Synanon became the largest residential SHO for drug-dependent individuals in Germany, no scientist had ever evaluated it before. Supported by the German health department, section of drugs and addiction, and supervised by the Munich Institute of Therapy Research, the author conducted such a study in 1997 (Fredersdorf, 1997). The study was divided into two related parts. Part one was a snowball sample study of “projects” which were founded by former inhabitants of Synanon between 1980 and 1997. Part two was a retrospective follow-up survey of former Synanon inhabitants who left between 1/1/1992 and 12/31/1996.

Part 1: Study of Synanon Projects

Some of Synanon's inhabitants knew about some former members who successfully started an external business after leaving the SHO. Due to a lack of after-care, they had never collected information about this topic before. For this reason, Part 1 of the study dealt with these projects. We were interested in describing the network of projects around residential SHO and Synanon's role of a social "primeval cell" in the foundation process.

We supposed that unlike nations with a smaller population (e.g., Israel, see Ronel, 1989, p. 184) the contact with other SHO members or ex-SHO members in Germany is not extensive. Not even the members of the largest SHO knew about all the projects of their own clientele. This circumstance may be based on two different reasons: the great fluctuation and the in-group-view of Synanon itself (s.a.). For that reason, we used the snowball sampling method to gather information. First we held a brainstorm workshop where some twenty of the "older" inhabitants remembered names, addresses, or businesses of these projects. Everyone helped verifying and completing the data list during the following days. The raw data were updated in a second meeting one week later.

With participation of Synanon, we constructed a basic textbook containing nine fundamental issues around the foundation of what is known as "ex-inhabitant-projects" (date and motive of foundation, status of law, aims of addiction help, further aims of the project, number and fluctuation of the members, contribution of Synanon to the foundation, knowledge of any other comparable project). These themes were discussed in an interview with project founders, who were identified on the data list. Finally, some more projects were able to be identified through snowballing after the first interviews.

Altogether, thirty-four identified projects were founded by former Synanon inhabitants between 1980 and 1997: thirteen social organizations, eighteen enterprises, and three free social groupings without organizational frame comparable to Narcotics Anonymous.

One of the three free groupings is the Berlin Community of Narcotics Anonymous. It was founded in 1985 by two former inhabitants of Synanon. The two others are private informal groups around some central persons. These groups support resocialization by distributing information about jobs, leisure time activities, and by initializing other forms of social contact and social help.

Twenty-six of the thirty-four projects (all the 13 social organizations, 10 enterprises, and the 3 free groupings) are primary intended to help drug-dependent individuals. Nine of them work as addiction SHOs themselves, four as after-care associations for substance dependent people, two as therapy consultation, one as a sport association for Berlin addiction help organizations, and the ten enterprises partially pursue addiction-related helping aims.

Twenty-five projects emerged in Berlin, eight in other federal states, and one abroad (total $n = 34$). At the time of the injury, all but three of these projects were

still in existence, and all but four participated in the investigation. The following results are from the thirty consulted projects.

When going to press, sixteen of the projects created 218.5 full-time jobs on the “first” labor market (normal jobs). Seven of the projects concentrating on social help, officially cared for 431 disadvantaged people. This situation was improved by many people benefitting from the informal structure of the network.

Synanon gave different impulses to the social network. For several years four of the projects were subsidiaries of the residential addiction self-help organization. Synanon formally and informally supported them during their establishment and the first years. Today they exist independently. Current Synanon inhabitants were active in some external projects as members of executive committees. In other cases, current residents assisted the establishment of outside projects through sharing material resources and know-how (e.g., renting of rooms, letting of a trucks, counseling).

Synanon had no contact with nine of the projects. These projects continued certain principles of the residential addiction SHO (e.g., abstinence and absence of violence) and transferred them to their specific project goals.

The interactions of the projects are as varied as their tasks. Most of the projects are in contact with each other. Only eight projects do not interact with other initiatives of the social network. The initiatives support each other in vocational issues, contact each other as customers, reciprocally exercise quality control, transfer orders, or submit abstinent individuals as potential staff members. They inform themselves about current drug policies, act together at supraregional congresses (e.g., addiction SHOs) or maintain informal relationships.

Projects of former inhabitants are also in contact with addiction treatment facilities and other social institutions. Twenty-two initiatives cooperate with authorities, hospitals, drug counsels, charities, associations of addiction treatment professionals, special groups, consulting firms, and many others. The projects also cooperate supraregionally. The social network has a nationwide importance. Although the center is in Berlin, projects from different federal states maintain relationships, thus spreading the work of Synanon all over Germany.

Part 2: Follow-Up Survey on Former Inhabitants

Part two of the Synanon study dealt with the outcome of participation. We were interested in describing the effects of Synanon stay, particularly changes in drug use, and psychological and social functioning before, during, and after the Synanon stay.

First we investigated the administrative data collected by Synanon since 1992 (date of entry, date of departure, date of birth, sex, name). The data analysis shows that during the investigation period 4144 persons left the residential SHO. Since

20 percent entered Synanon several times, 5472 departures from the community occurred.

About 70 percent of the stays lasted fewer than fourteen days. Two reasons may cause this high rate of short stays: the large amount of 20,000 homeless people in Berlin and the easy admittance to Synanon. Many addicts use Synanon only as a short-term shelter and not as a way to become clean. For this clientele the SHO helps to ameliorate homelessness by providing food, drink, shelter, and hygiene if only for one night.

The majority of the people with a short-term stay were not considered the “real” therapeutic users of Synanon. We assumed that people with a stay over two weeks use the specific services of a residential SHO. About 20 percent of the whole sample stayed in Synanon between two weeks and half a year, 10 percent stayed there longer.

For these reasons we decided to take a stratified random sample. Moreover, we thought the people with short-term stay were less likely to reply to our questions (higher rates of refusal and missing values). The sample contains 771 persons with a stay *up to* two weeks and 572 persons with a stay *longer than* two weeks (a total of 1,343 people). Unfortunately, Synanon did not collect the addresses of those who left the community. We only know their names and dates of birth. With this information, the local government offices for registration of residents succeeded in sending us the addresses for 759 people (22 people died before and 562 people were not registered). These 759 people received a letter with our evaluation plan. Three hundred sixteen of the letters came back, that means 316 people changed their first addresses after leaving Synanon. We avoided making more efforts to get their actual addresses but preferred intensifying the response rate of the remaining 443 people. Altogether, we sent them four letters, we telephoned those who did not answer during six weeks, and we visited those fifty-three people that could not be contacted by telephone.

Between April and August of 1997, a total of 443 former inhabitants of Synanon (205 shorter-staying and 238 longer-staying) received a standardized questionnaire inquiring about drug-taking behavior, demographic and psycho-social variables focusing on the time before, during, and after the last Synanon stay. On the basis of retrospective questions we were able to describe the reintegration effects of former inhabitants by comparing two periods: the six-month period preceding the last Synanon stay and the six-month period prior to the survey.

The questions about the Synanon stay were developed by Synanon inhabitants, the Munich supervisor, and the author. The *Deutsche Gesellschaft für Suchtforschung und Suchttherapie e.V.* (an umbrella organization of German addiction research) published reliability, validity, and norms for the questionnaire in 1992.

Thirty-four and one-half percent ($n = 153$) of the questionnaires were sent back. By way of comparison, a follow-up survey on 742 former patients of several residential therapeutic institutions had a response rate of 21.4 percent

(Zimmerler-Höfer, Uchtenhagen, Dobler-Mikola, & Christen, 1996), and a follow-up survey on eleven residential therapeutic institutions had a response rate of 38 percent. Görgen, Möller, & Oliva, 1996). Considering the great fluctuation of the SHO clientele and these comparable follow-up studies on professional therapeutic institutions in Germany, this can be regarded as a good result for a follow-up survey on former residents of an addiction SHO.

Representativeness of the survey was tested by correlation analyses between the whole sample of 4,144 people and the sample of 153 people who had sent back the questionnaire (demographic variables of sex, age, duration of the Synanon stay, location of the Synanon stay, year of departure). We discovered similarity on the variables of *sex*, *age*, and *year of departure*, and we did not find differences between the other variables. Like this, we interpreted the study as “nearly representative” of German Synanon. The characteristics of the 153 people who sent back the questionnaire are presented in Table 1.

One of our basic goals was to determine whether former inhabitants were able to stay abstinent from drugs and alcohol. Half a dozen questions dealt with this topic. Calculating the “real” rate of therapeutic success means comparing different formulas. With the questionnaire data the drug-taking behavior of the questioned can be defined differently depending on the success criteria and the method of calculation. Eighty-seven respondents were completely abstinent at the time of the survey. The most optimistic estimate of success would thus be 87/153 survey respondents, which equals 56.9 percent. The most conservative estimate would be 87/443 (number of individuals who received the survey), which equals 19.6 percent. The true value probably lies between these two calculations.

If we restrict the sample to individuals who stayed in Synanon for more than two weeks, abstinence rates are higher. Using the optimistic method of calculation as above, 60.7 percent of the people who stayed with Synanon more than two weeks, were abstemious at the time of the survey. Using the conservative way of calculation as above, 33.2 percent of the people, who stayed with Synanon more than two weeks were abstemious at the time of the survey.

National and international research shows that reintegration is not only a question of drug abuse, but also depends on social and psychological conditions. Hence, the Synanon survey also investigated questions of partnership, social contacts, occupation/profession, living situation, and satisfaction with the entire social situation. These variables represent the main indices of social reintegration.

Social reintegration for ex-inhabitants of residential Synanon has been defined as “living in a steady relationship,” “having most of the peer-contacts with abstinent or non-addicted people,” “having a job or being on job training or school training,” “living in one’s own apartment, as subtenant, with relatives, or in an apartment-sharing community,” and being “satisfied” with these situations.

Altogether, the psycho-social conditions at the time of the survey are significantly more stable than at the time of the reception. Of the 152 respondents:

Table 1. Characteristics of a Sample of 153 Former Synanon Members

Nationality:	
German	112 (73.2%)
Other nationalities	16 (10.5%)
	(mv = 25)
Sex	
Men	122 (79.7%)
Women	30 (19.6%)
	(mv = 1)
Age	
18-23	11 (7.2%)
24-29	37 (24.2%)
30-35	46 (30.1%)
36-41	35 (22.9%)
42-47	15 (9.8%)
48-53	5 (3.3%)
	(mv = 4)
Educational Level:	
Low	75 (49.0%)
Middle	50 (32.7%)
High	25 (16.3%)
	(mv = 3)
Marital Status:	
Unmarried	89 (58.2%)
Divorced	25 (16.3%)
Married	21 (13.7%)
Widowed	10 (6.5%)
	(mv = 8)
Reasons and Conditions for the Last Synanon-Stay (multiple answers):	
Synanon has no waiting list.	109 (71.2%)
I was physically and emotionally down.	107 (69.9%)
I was not sober/clean.	93 (60.8%)
Synanon needs no cost-takings from health insurance institutions.	85 (55.6%)
I knew Synanon from before.	60 (39.2%)
I feared detention.	44 (28.8%)
I came at night.	32 (20.9%)
I used "therapy instead of punishment."	28 (18.3%)

Note: mv = missing values

- During the six-month period before the inquiry, 70.6 percent lived in a steady relationship, 60.2 percent had a partner who had no addiction problems, and 56.1 percent were more or less content with their current relationship situation.
- At the time of the survey, 63.5 percent had contact mainly with people who had no addiction problems compared to 30.4 percent with more contact to persons with current addiction problems. Sixty-eight point seven percent are more or less content with their current peer groups.
- During the six-month periods before the inquiry, 49.1 percent were employed. After Synanon, 12.5 percent finished a professional training or are still in training. Fifty-three point three percent were more or less content with their current work situation.
- During the six-month period before the inquiry, 15 percent lived as subtenants, with relatives, or in an apartment-sharing community, 51 percent lived in their own apartment. Only 3.3 percent had no permanent residence and 9.2 percent lived in state-owned facilities (9.2% missing statements).

All in all, more than half of the questioned (56.1%) can be defined as “socially integrated,” because at the time of the inquiry three (33.9%) or four (22.2%) of the social variables demonstrated reintegration.

It can be supposed that the effects of staying abstemious and being socially reintegrated are interconnected like a circle. A severe social situation will ensure self-confidence and will raise the hope of staying abstinent. On the other hand, the abstemious way of life will help find a job, new friends, a partner, and a new home.

The retrospective Synanon survey contains several bivariate correlation analyses, at least significant at $p < .05$ level, comparing on three investigation periods: the six months before the last Synanon entry, the time during the last Synanon stay, the six months before the inquiry.

Because the study is the first on German residential SHOs, we formulated fifty-five exploratory hypotheses including questions of different treatment successes depending on sex, age, condition of reception, duration, year and location of the stay at Synanon, condition of leaving, type of addiction, educational background, satisfaction with Synanon, position in Synanon, participation in further trainings, etc.

Four statistically significant differences were observed:

1. Synanon inhabitants leave the community in a better general condition. Their physical, emotional, family, and legal situation, as well as the situation with their peer groups, have improved significantly compared to the time of reception.
2. The duration of the stay was associated with the therapeutic success. The longer respondents stayed at Synanon, the more skills they acquired and the better their condition when they left. This result relates to the investigation period of one, two, or more than two years of Synanon stay. Unfortunately, the sample volume of 153 people did not produce more detailed information. In the future it will be

interesting to look for the break-even point (i.e., the most effective duration of a Synanon stay).

A long stay was associated with more positive later psycho-social stability (job, housing situation, social contacts), relapse frequency and—especially for polydrug-dependent people—on the taking frequency and/or abstinence of alcohol. This result shows that social reintegration is a time-consuming educational process.

3. Therapeutic effects accumulate with the period of total abstinence. This variable explains more variables of treatment success than all the others which were tested. Longer abstinence periods before, at, and after Synanon correlate with more professional, partnership, and peer-group stability during the six-month period before the inquiry and the satisfaction of life. They minimize the relapses after Synanon, the taking frequency of alcohol, opiates, cocaine, and sedatives during the six-month period before the inquiry. They increase the current abstinence of illegal drug and alcohol taking. This result shows that resocialization effects are connected to the experiences in abstinence. They do not end with the Synanon stay.

4. Visiting non-residential SHOs (AA, NA) after leaving Synanon contributes only partially to the therapeutic success. Taking part in AA and NA meetings was associated with fewer relapses only if former Synanon inhabitants joined AA/NA within three months of leaving Synanon. The only difference between participants in AA or NA meetings (50.3% of the questioned people) and non-participants was that NA/AA participants had more contact with recovering individuals and were less likely to use cocaine, cannabis, or stimulants. In all other aspects of the follow-up survey, AA/NA participants were similar to non-participants. This result indicates that Synanon clientele and AA or NA clientele seem to be different.

DISCUSSION

Using the example of German Synanon, the study showed that over a period of a quarter-of-a-century German residential self-help has constructed a nationwide network of services for drug dependent individuals, and that involvement in Synanon is associated with fundamental improved health and well-being. At the same time, this exploratory study had four main limitations:

1. The retrospective design and lack of control group weakens the basis for casual inference.

2. We have a large number of canceled address data because of the great residential instability of the clientele. We do not know how many of the 1,343 people went underground and continued a life of addiction and criminality and how many of them changed their living place because of other, more positive reasons (a new job, a new home, or a new family).

3. Individuals who received the survey but did not complete it probably had worse outcomes and more negative attitudes about Synanon than did the 153 individuals who completed the survey.

4. The study does not prove the stability of the reintegration effects because it only measures the treatment outcome once instead of measuring it prospectively. Further, the positive changes may be partially resulted from factors in respondents' lives after their Synanon stay.

Future German residential SHO research should attempt to correct these weaknesses through prospective studies that employ comparison groups and repeated measurement. Key topics for future studies include:

- the reasons why some people join residential SHOs for one, two, three, or more years and why other people leave it after a short time; in other words, what motivates individuals to become long-term SHO affiliates?;
- the situation of all the German residential SHOs: their aims, means, connections to Synanon, and success rates;
- the nationwide economic effects of residential self-help;
- the connection of residential- and community-based self-help groups;
- the international comparison with similar initiatives;
- the process and functioning of the self-help network: fluctuation, working methods, main users, etc.;
- the transmission of the discussed self-help effects on other fields of public health.

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Direct reprint requests to:

Dr. Frederic Fredersdorf
Kluckstrasse 35
10785 Berlin, Germany