

“Every Life Has Hope”: A Case Study on the Therapeutic Community Approach (TCA) in Drug Rehabilitation

JOEL JAN S. ALVAREZ
ESTHERLITA J. AMBOS
KAYE ANGELLIE C. NAPIGKIT
MADELAINÉ S. PLANIA
MARIA CECILIA M. FEROLIN

ABSTRACT

Drug addiction makes a person dysfunctional, hence a concern not just for the individual, but also the family and society. This study examines the effectiveness of a drug rehabilitation modality, the Therapeutic Community Approach (TCA), as implemented by “Fazenda de Esperanza”, a private organization in Masbate, Philippines with an aftercare program called the “Living Hope Group”; placing focus on its modality that relies purely on organic detoxification and non-medicated approaches – like value formation as part of a holistic change model. The model gives importance to social bonds or relationships between the drug dependents and their respective families and peers. The crucial role of these relationships is emphasized not only in the recovery process of drug dependents but also in attaining holistic change of the individual.

Employing mixed methods in data gathering, through in-depth interviews and focus group discussions, challenges faced by the respondents during rehabilitation and the role of community formed inside the center in overcoming them are explored. Findings reveal that most respondents who finished the program have successfully remained drug-free. All of the respondents affirmed positively the impacts of the two-tiered Therapeutic Community

ALVAREZ, AMBOS, NAPIGKIT, and PLANIA are BA Sociology graduates of the Department of Sociology, College of Arts and Social Science (CASS), MSU-IIT in 2019. FEROLIN is a Professor VI at the Department of Sociology, CASS, MSU-Iligan Institute of Technology.

Approach (TCA) – one year in rehabilitation followed by an aftercare program. While the one-year rehabilitation addresses the concern of drug dependency, the latter after-care program ensures that the graduates sustain sobriety through strengthened family bonding and a meaningful community support system. Hence this paper recommends the model of modified TCA - using non-medicated approaches and a responsive aftercare program for effective rehabilitation of drug dependents.

Keywords: drug rehabilitation, aftercare program, TCA (therapeutic community approach), organic detoxification, holistic change

INTRODUCTION

Since the early days of Philippine President Rodrigo Duterte's campaign on drugs in 2016, the rehabilitation centers and prisons in the Philippines have reported cases of experienced congestion and overcrowding due to the massive increase of identified drug addicts and pushers—an aftermath of Operation Tokhang where people immediately decided to join rehabilitation centers in fear of becoming victims to menacing police raids or vigilante groups (Maretti 2016). Even with on-going campaign against illegal drugs, the Dangerous Drug Board (DDB) reports that there is an incline percentage rate in terms of drug use that has been recorded from the year 2014 up to the present date (Dangerous Drugs Board 2018). In order to cope with the rising problem of congestions in various rehabilitation centers and to effectively address the current problem of substance abuse in the Philippines, different modalities had been adopted by Philippine government. One of the modalities that has been adopted by the Philippine government is a voluntary residential program accompanied by an aftercare program centered on values reformation and behavior modification—the Therapeutic Community Approach (TCA).

Considering the chronicity of drug addiction, residential treatment for substance use disorders emerged and were innovated in the late 1950s. Due to the unpreparedness of the mainstream organized health care to respond to the epidemic drug abuse, community-based models of rehabilitation were developed including a drug-free residential program called Therapeutic Community (TC) (Tims et al. 1994). As defined by Broekaert *et al.* (1998), “A therapeutic community is a drug-free environment in which people with addictive (and other) problems live together in an organized and structured way in order to promote change and make possible a drug-free life in the outside society.” The concept of Therapeutic Community was then used as an

approach in addressing substance abuse as well as social and psychological problems of an individual, utilizing community as the most fundamental core in the rehabilitative process and treatment (De Leon 1997). Aftercare Program services also play a part in the modality, involving the individual and family in counselling in order to assess and help maintain and sustain the positive changes made by the individuals during the TC treatment (NIDA 2015).

The Fazenda de Esperanza (also known as Farm of Hope) is an international drug and formation center, recognized by the Diocese and the Catholic Church. The center utilizes the TCA modality and admits people of all age, gender, and religion suffering from various kinds of addictions and related issues such as behavioral problems, depression, and all sorts of addiction (Malumo 2015). The center located in Masbate, Philippines, was the first Fazenda established in Asia, inaugurated in August 13, 2003 in Barangay Bangad, Milagros in Masbate City through the efforts of Fr. Pierino Rogliardo. The is unique among the TCA implementers as the entire process of treatment the drug dependent is purely natural, meaning there is no medication involved (Dos Santos 2014). The aftercare program called Living Hope Group (LHG) are then found in the Manila, Masbate, Naga, Cebu, and Iloilo. The (LHG) functions as an aftercare program of Fazenda that caters the needs for adjustments, support system, and a monitoring body to every graduate that are endorsed to them after the completion of the one-year program inside the Fazenda da Esperanza (Malumo 2015).

This case study examines the effectiveness of the Therapeutic Community Approach as implemented by Fazenda de Esperanza (FdE) and its aftercare program, the Living Hope Group (LHG), in rehabilitating and treating drug dependents. The ways and procedures the Therapeutic Community Approach (TCA) is implemented in the center is investigated, placing focus on its three ground principles (work, spirituality, and community) and the three phases of the program that the residents of the center undergo. Anchored on the Hirschi's (1969) Social Bond Theory, the roles and significant effect of the social institutions, specifically the peers, the family, the church, and the facilitators of Fazenda de Esperanza and LHG in the rehabilitation process is also examined. The study also details the effectiveness of the program based on the perspectives of the graduates of FdE's program and their respective families.

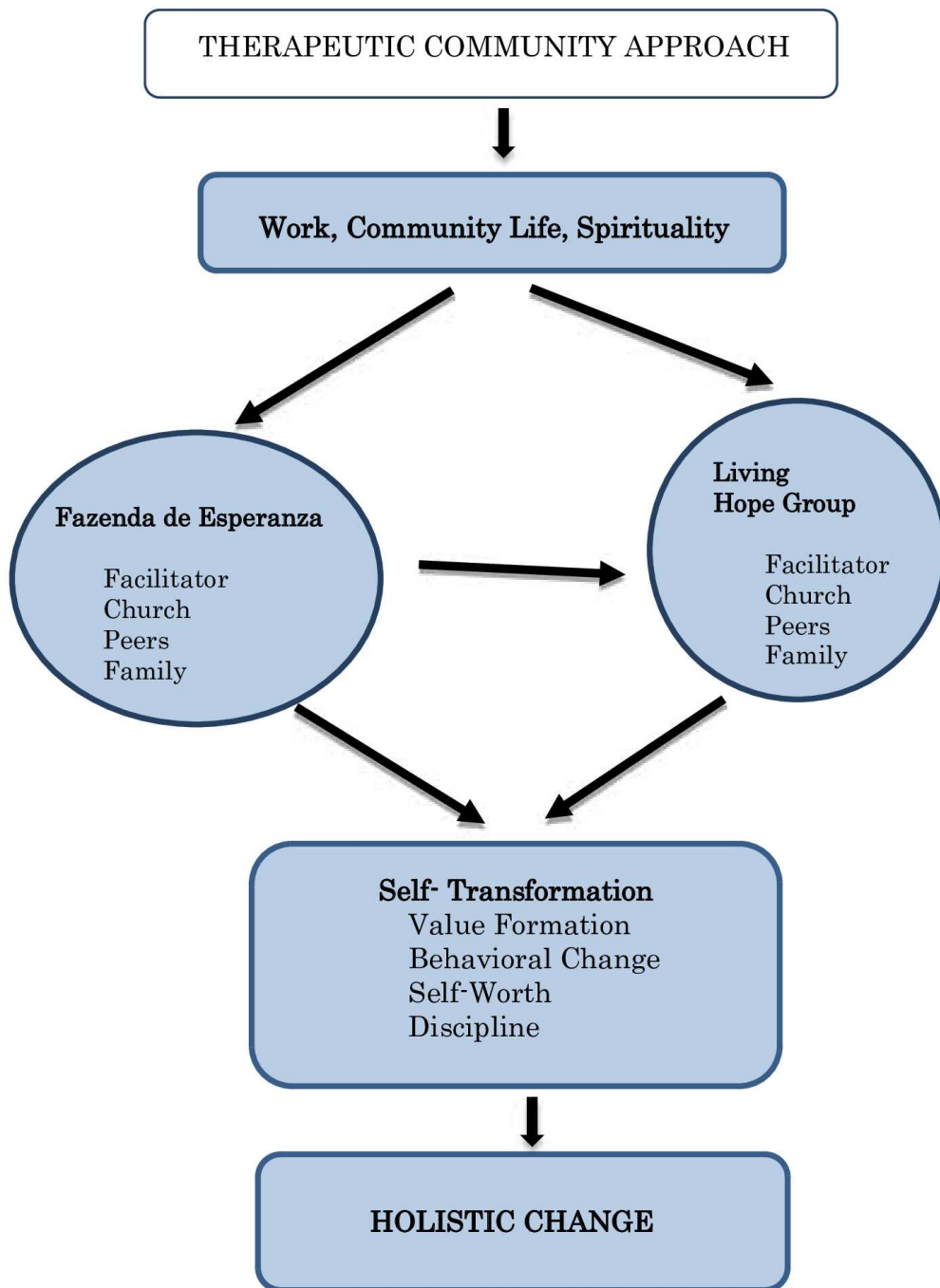
THEORETICAL AND CONCEPTUAL FRAMEWORK

This study uses two sociological theories – Containment theory and Social Bond theory – which help explain why TCA can be effective modality in rehabilitating drug dependents to attain holistic transformation and wellbeing.

Containment Theory by Walter Reckless. Walter Reckless (1961) asserts that the core of the theory is containment— that is, personal and social safeguards that shield the individual from committing deviancy. He identifies two forms of containment - the *inner containment* which involves the personal, social controls over behavior which include self-control, a good self-concept, ego strength; and the *outer containment* which deals with the structural buffers in the drug dependent's proximal, social environment that served to restrain them. In this study, outer control refers to the procedural method of controlling the deviant tendencies of the drug dependent in Fazenda de Esperanza through their work, community engagement and spiritual activities. These are also the parameters by which LHG, the aftercare program, will pursue its support and monitoring of the graduates of FdE/LHG.

Social Bond Theory. The Social Bond theory of Travis Hirschi (1969) strengthens the connection between the outer containment to the inner containment. According to Hirschi and followed up by Wiatrowski (1981), conformity is achieved through socialization, the formation of social bonds between individual and society composed of four major elements: Attachment, Commitment, Involvement, and Belief. The stronger each element of the social bond, less likely to have a delinquent behavior. Looking at the basic unit of the society which is the family, it provides a certain attachment among its members and constitutes a mutual feeling of love and respect.

Schematic Diagram



METHODS OF INQUIRY

This is a case study that employs a qualitative approach utilizing in-depth interviews (IDI), focused group discussions (FGD) and participant observation. A total of ten (10) respondents, (10) respondents, seven are males and 3 females, of the study were selected using *snowball approach* with the following criteria: (1) must be into drugs, or a drug dependent, upon his admission in Fazenda de Esperanza; (2) must have gone through at least six (6) months in the FdE program and had been endorsed to LHG aftercare program; (3) must have attended at least four weekly meetings of the LHG. The respective families and colleagues of the respondents were also interviewed, along with the facilitators of LHG as key informants, and some of the drug dependents' recognized peers. A focused group discussion with all the graduates of Fazenda was conducted and the researchers also attended one of the aftercare program's monthly meeting. This study was conducted in the aftercare program of Fazenda de Esperanza called the Living Hope Group (LHG) in Cebu City.

For the in-depth interview, a semi-structured interview guide was used and varied depending on the person being interviewed. The interview guide for the drug dependents were formulated to trace out the causes of drug abuse, relationship within the informant's immediate family and community before and after rehabilitated, personal experiences during and after rehabilitation and the intensity of drug relapse, if there are any. For the respective family members of the respondents, the questions were centered on the relationship prior, during and after the rehabilitation of the informant. The facilitators of the program were also interviewed on the ways and procedures inside the Fazenda De Esperanza and their aftercare program, the monitoring and assessments method in determining the sobriety of the informants, and their support system. For the FGD, questions regarding their time inside the center was pursued along with their sense community and camaraderie during and after rehabilitation.

The researchers observed ethical considerations throughout the whole process of the study. The real identities of the graduates remain anonymous throughout the writing process and aliases (personally picked by the respondents) were used in lieu of their real names. The respondents were fully informed of the study and methodology ahead of time and were provided with consent forms to document their consented participation in the study.

RESULTS OF THE STUDY

A. TCA General vs TCA in Fazenda

General Structure of Therapeutic Community (TC) Approach

The fundamental distinction of the Therapeutic Community Approach from other treatment approaches is the use of “community as method” (De Leon 1997). This means that it is the community who will teach the individuals to change themselves and provide the context of relationship and activities for social learning. As expanded further and defined by Ottenberg et al. (1993), Therapeutic Communities “forms a miniature society in which residents, and staff in the role of facilitators, fulfill distinctive roles and adhere to clear rules, all designed to promote the transitional process of the residents” and the residents is not held in by force but by their own will. The key components of a Therapeutic Community are: social organization, peer and staff roles, group and individual counseling, community enhancement meetings, community management elements, work as therapy and education, program stages and aftercare. Each is used to transmit knowledge and teachings to the residents, promote affiliation, and develop self-change (De Leon 2015).

The social organization of a TC is structured to have a staff at the top level complemented by resident peers who are at junior, intermediate, and senior levels. This peer level-to-community structure arranges relationships of mutual responsibility at various levels in the program. Peers and staff members of a TC, serve as role models, demonstrate the expected behavior and reflect the values and teachings of the community (De Leon 2015). Moreover, group and individual counseling activities provide opportunities for the residents to vent out their feelings and sentiments. These activities of counseling and dialogue can increase communication and interpersonal skills which supports the process of change (De Leon 2015).

Therapeutic Community Approach by Fazenda de Esperanza

The Fazenda de Esperanza (FdE), also known as “*Farm of Hope*”, is an association of the faithful and is recognized by the Catholic Church and supported by the Diocesan Church. FdE is unique among the TCA implementers as the entire process of treatment - including the process in the behavior modification and value reformation - of the drug dependent is totally *drug-free* or purely natural, meaning there is no medication involved. The rehabilitation program of FdE lasts for 12

months and is divided into 3 phases: detoxification, monitoring, evaluation and completion. The implementation of these phases is solely based on their three ground principles: **Work, Spirituality, and Community Life**.

Work includes intensive physical activities and exercise that the residents undergo for detoxification. In Fazenda, they are tasked to do some household chores and engage in farm-work such as raising livestock, dairy production, planting organic vegetables and rice grains, watering the plants, and harvesting. Residents follow a rotating weekly schedule that the facilitators impose to ensure that the residents can work in different areas. Sweating and perspiration achieved through work and exercise is considered a big factor in the detoxification process in Fazenda.

Spirituality at Fazenda. FdE practices Roman Catholicism and is rooted in the spirituality of Chiara Lubich. Inside the center, religious practices such as Prayer, Eucharist, Rosary, Bible Reading and Sharing, Meditation and Adoration are given importance. Priests are also present within the center so that the residents can receive sacraments. According to Fr. Dos Santos (2014), “Life in Fazenda is based on only one rule: Live the Gospel. The characteristic way of making spiritual reflection is to take a part of the daily scripture and meditate on it, trying to understand—through a Gospel Phrase—what God wants to say to each member of the community.”

Community Life. Inside the center, the residents are placed into a community wherein one’s progress towards recovery can impact the recovery process of others. The community in Fazenda also promotes a sense of belongingness and builds strong relationships wherein they can share their individual hardships and challenges with their fellow residents.

Three Phases of Fazenda de Esperanza Program

The first three months of the program focuses on what the facilitators call the “detoxification process”. During this phase, the drug dependents are placed in a work environment where they can sweat under the sun, this serves as their detoxification since the institution forbids the use of medication in any form when it comes to detoxifying the residents, aside from *Paracetamol* in times of fever. After being placed in a house where they will stay, a daily routine containing specific roles and responsibilities in terms of household chores is established and must be observed throughout the week. Every week, all of the drug dependents’ responsibilities in both the household and the work environment is reorganized in order to assign them in different positions. A drug dependent in the first three

months can rotate from working in planting vegetables under the harsh sun or into dairy production. The purpose of the said reassigning is to create a sense of collaboration and camaraderie with other residents to prevent them from isolating themselves and/or developing a sense of authority over others.

After the detoxification process, the drug dependent is now moved into the “formation” phase mostly during their 4th month where the workload is much lighter than the previous phase. . In this phase, the drug dependent’s behavior is being observed for further modification through counseling. Counselling is done through one-on-one conversations where the administrators tend to listen to the drug dependents’ personal difficulties currently experience. Another form of counseling also takes place inside of chapel wherein every after the drug dependents finish the rosary, a “sharing” will ensue where everyone reflects on the gospel and will apply it to the present moment. At the end of the day, another session will be conducted where drug dependents share their experiences in living the gospel they recently encountered. These forms of counselling then continue on all through the next phases of rehabilitation. If the drug dependent’s behavior is recognized as exemplary by the facilitators, he/she can be then picked out to be a “coordinator”. Coordinators are the then assigned to govern and supervise a specific group of drug dependents in the center. These coordinators undergo further behavioral modification through seminars and recollections that are conducted by the missionaries of Fazenda and priests from the diocese of Masbate. Throughout the seminars all of coordinators are taught how to handle the other drug dependents and how to further improving their own attitudes such as strengthening their patience towards others.

In the final phase, the facilitators tend to evaluate the progress of every drug dependent whether they need more and intensive assistance in terms of behavior modification. Every drug dependent differs in terms of their progress in resocialization, some factors that might affect their delay is the length and intensity of drug use. For those who execute fast recovery, those drug dependents are then now given responsibilities to help manage, monitor, and assist their fellow drug dependents in completing their program. Once they completed their own 12-month program, the drug dependent is then released from the program and immediately endorsed to the aftercare program, Living Hope Group, that is closest to their locations to further monitor their recovery despite not being inside the center anymore.

Experiences inside Fazenda de Esperanza

The residents claimed that the first few months inside the Fazenda De Esperanza were definitely not easy. They experienced several challenges while living in the center, one of which is what they call “boryong”. This refers to the sudden feeling of depression, an urge to be violent, or a sudden uncontrollable need to leave the center and go home. The residents claimed that their peers and community inside the facility have helped them in during their experience with “boryong”. One respondent, Tope, explained how the community inside the center helps them when they experience “boryong”. According to “Tope”:

“Mutabang mi sa community kung naa gyoy mag boryong, naa ra gyod imong mga brothers nga mutabang nimo. Di gyod na malikayan. Ug siya na pod, aw ikaw napod moy mu tambag ana niya.”

(We help the community if anyone experiences *boryong*, your brothers are always there to help you. That can never be evaded. If he experiences some troubles, well it’s your turn now to give advice.)

The most common phenomenon that the residents experienced was the strong longing for the family due to being separated with them. Staying in a center several miles from home without a direct line of contact or communication proved to be hard to most of the respondents. Tope also shared how hard it was for him to not have any communication with his family for the first three months:

“Kanang three months gyod wa gyo’y outside world ba. Way tawag, wa tanan. Murag three months kay nga way contact sa imong pamilya. Mao na siya’y, mao nay pinaka lisod nga nahitabo sa akoo didto.”

(You can’t contact your family during the first 3 months. No communication at all. That was the hardest for me)

The residents also claimed to have experienced several symptoms of drug withdrawal during the first months. Symptoms such as cravings, emotional problems, and behavioral problems such as being irritable and short tempered were found common among the drug dependents.

Despite these challenges encountered inside the facility, the residents provided a positive response when asked about what they felt inside the center when not using illicit drugs anymore. Answers like fulfilling, happy, freedom,

hopeful, thankful and productive were mentioned. The drug dependents also claimed to have experienced self-reflection within the program. Through the ground principles of Fazenda de Esperanza, which is Work, Spirituality, and Community Life, the drug dependents admittedly stated that they learned to be responsible and that they found a place where they belong as they are in a community where fellow drug dependents could provide social support while they were still inside the formation center. According to the respondent “Edward”, the center was able to teach him patience, love, and most especially contentment with the rule of “Live the Present Moment”. He said:

“Mudawat nalang ko na live the present moment. Kanang unsay mahitabo, unsay naa, mao lang usa di sako mangita’g mangambisyon ug lain.”

(I would accept to live the present moment. Wherein whatever happens, whatever I have, I’d be content and not look or want something else.)

Peers and the community inside the center were crucial in the process of recovery. Through an activity they call “sharing of experiences”, they drug dependents were able to know their peers within the center in a deeper level, creating a bond and a “brotherhood” inside the center. The respondents were all able to express how important their “brothers” were inside the facility in circumstances wherein they felt depressed. “Barney” explained what the other girls in facility would do to help the fellow drug dependents inside the center.

“Mag encourageay mi sa usa’g usa namo ba. Unya di lang mi kay gamay, usa raman god mi ka balay. Dali ra kaayo mi makakuan build og relationship ba. Mao ra gyod na akong buhaton didto. Live at the present moment.”

(We encourage each other. Then we are not small in number, we live in one house so it’s very easy to build a relationship. That’s what I do there. I live at the present moment.)

After finishing the program, respondents attested to have a positive outlook in life. Some respondents faced difficulties with adjusting to being outside the farm they got used to and still face the fear of a possible relapse. According to “Daot”:

“Paggawas nako lipay gyud kaayo ko, lipay unya na guol sad kay kuyawan lagi ko anang relapse. Kuyawan ko kay basig akong

mga barkada, mubalik na sad mi ug “jam” ana...mao na akong gikuyawan pag gawas nako.”

(When I got out, I was really happy at the same time I was anxious about relapse. I’m anxious what if me and my peers will be having a jamming session again. That is what I’m anxious about.)

Despite such challenges that the drug dependents face after finishing the program and returning to their own environment, through the intervention of the aftercare program, Living Hope Group, the drug dependents and their families continue their process of recovery.

New Life with Living Hope Group – Cebu (Aftercare Program)

After completing the rehabilitation program inside the Fazenda de Esperanza, the drug dependent is now then endorsed to the *Living Hope Group (LHG)* which functions as an aftercare program that initially caters the needs for adjustments, support system, and a monitoring body to every graduate that are endorsed to them after the completion of the one-year program inside the Fazenda de Esperanza. The Living Hope Group caters not just solely to the drug dependents but also their family. The facilitator encourages primarily the family of the drug dependent to join every meeting to orient them of the teachings and ground principles of Fazenda, which should be practiced in their homes, in preparation whenever their drug dependent family member is done with his/her program in Fazenda de Esperanza. It is crucial for the family to know the teachings and practices of Fazenda de Esperanza in order to help their drug dependent family member to continue the values that had been formed during their rehabilitation process and maintain their sobriety. As explained by the facilitator Mrs. Jerenia:

“...kinahanglan ang family gyud makahibalo na na sila iggawas...unsay dapat buhaton. Unsa ilang buhaton, unsa ilang usbon, para inig gawas sa ilang anak i-continue ang pagkamaayo ug pagka-sober sa ilang anak. Unya usa pud na bisag ninggawas ang ilang anak muattend gihapon sila kay usahay nay mga problema. Maisturyahan rapud namo.”

(...The family should already know what to do, what they need to change, for their child to continue to be better and sober. And he/she should still attend the meetings because they are still problems that will come on the way, so we could still talk about it and help each other out)

The Living Hope Group also encourages those drug dependents that weren't able to finish the program to attend the monthly and weekly meetings in order to give them constant guidance and support in maintaining their sobriety. Even if a drug dependent did not finish the 12-month duration in Fazenda, the program will still accept them without hesitation.

The LHG conducts monthly meeting every first Sunday of the month at Banilad, Cebu. The facilitator will then share the "Word of Life", a phrase from the gospel, which shall be put into practice by all attendees of the meeting for the whole month and then followed by sharing separated into different groups— by drug dependents, by fathers, by mothers, by wife/partners, and by children (if there are any). The purpose of the separation is to focus on the problems and difficulties each group faced. Each one then will share their current experiences, troubles or problems, that they faced throughout the past week or month and all will work together to suggest effective solutions. After the sharing, a mass will commence followed by all families eating together and sharing the food that they brought with them. With their weekly meetings, it will be done by the Fazenda graduates only. The weekly meetings are done every Saturday and the program will normally start at 1PM. The venue will be made upon decision at any of the graduate's house.

All of the respondents shared that the aftercare program, Living Hope Group, is considered important to them as it also serves as a vital process to help overcome drug addiction after the 12-month program in Fazenda de Esperanza. The program is described as helpful in terms of being a monitoring body and providing a community outside of the center that continues provide support in the recovery process. All interviewed family members also attested that Fazenda de Esperanza and Living Hope Group is proven effective and helpful due to visible, positive changes made by each drug dependent.

B. Roles of Social Institutions

Peers

Through a series of activities mostly "sharing of experiences", the drug dependents were able to know their peers within the center on a deeper level, creating a bond and a "brotherhood" inside the center. The respondents were all able to express how important their "brothers" were inside the facility in circumstances wherein they felt depressed. Peers and community aided the drug dependents inside the facility whenever they experienced several challenges (e.g *boryong*). And even after completing the program, peers still remain an essential element in recovery. In the aftercare program, the peers of the drug dependent are

there as a constant support system that the drug dependents can run for support whenever they face challenges whether it be on their journey to recovery or other problems faced in their homes or workplace. The drug dependents recognize the fact that they are not alone in the process of recovery and that they have a collective community that aims to help and be present in their journey.

Family

While in the FdE, the family are actually prohibited to visit the center during the first trimester of the program. However, communication is maintained through letters. The main reason for this one, according to the facilitators, is for the drug dependents to really focus on the rehabilitation program during this critical period; and the organization believes that when the respective family of the drug dependents does visit them during this period, the drug dependents may develop a sense of loneliness from home after being visited and might develop an option in not continuing the program anymore because of homesickness. Drug dependents that have close relationship with their families prior to rehabilitation considered their families as their motivation to continue the program.

During the aftercare handled by the Living Hope Group, the family is strongly encouraged to actively participate in the activities. The families are taught and informed on the teachings and practices of Fazenda de Esperanza in order to help their drug dependent family members to continue the values that had been formed during their rehabilitation process and maintain their sobriety.

Facilitators

The facilitators, as a part of the drug dependents' support system, execute control among them inside the facility. They implement the daily routine and monitor them on a day-to-day basis. They also serve as moderators of reconciliation when there is conflict among drug dependents. Despite having such a position inside the facility, the drug dependents and the facilitators have a close relationship within themselves. The Living Hope Group does not provide extension programs but the facilitators of the program are willing to extend help to those members who are in need by providing personal and monetary assistance for their educational and work endeavors. They also help those who need monetary assistance in emergencies such as accidents.

Church

The church provides a strong system of belief among the drug dependents in which they can concede themselves whenever they experience hardships. Inside

the center, religious practices such as the Prayer, Eucharist, Rosary, Bible Reading and Sharing, Meditation and Adoration are given importance. Priests are also present within the center so that the residents can receive sacraments.

According to Fr. Dos Santos (2014), “Life in Fazenda is based on only one rule: Live the Gospel. The characteristic way of making spiritual reflection is to take a part of the daily scripture and meditate on it, trying to understand—through a Gospel Phrase—what God wants to say to each member of the community.”

The drug dependents were also able to form and adopt new ideologies during their stay inside the center taught by the church. With the drug dependents following a set of spiritual guidelines and rules called “Word of Life”, they were able to follow new ideologies that helped in the process of value reformation. “Gyve” claimed that the center has taught him how to love as he followed the “Be the first one to love” ideology inside the center. According to him:

“Ang kuan man gud sa farm kay love ba...”be the first one to love”. Imbis imong garbo or imohang unsa ng naa dira imong gipugong-pugong...maabri man gud. Love man gud ang gipahinay-hinay ug kamang sa imuha.”

(“The rule inside the farm is love...”be the first one to love”.

Instead of letting your pride of whatever you keep within yourself. It will be opened. Love is what they slowly let into you.”)

According to the respondent “Edward”, the center was able to teach him patience, love, and most especially contentment with the rule of “Live the Present Moment”. He said:

“Mudawat nalang ko na live the present moment. Kanang unsay mahitabo, unsay naa, mao lang usa di sa ko mangita’g mangambisyon ug lain.”

(“I would accept living in the present moment. Wherein whatever happens, whatever I have, I’d be content and not look or want something else.”)

C. The Effectiveness of TCA

The Perspective of Drug Dependents

Value reformation was also highlighted as a significant part of the transformation of the drug dependents. All of the respondents claimed that the spirituality instilled by the facilitators of Fazenda de Esperanza have helped them in terms of accepting and facing the reality of every situation faced without resentment, giving a sense direction in their lives. In contrast to their perspective prior to their rehabilitation, all the respondents now have a positive outlook in life. They do not dredge into the negativity that comes along in every circumstance arises. Changing their perspectives and addressing every problem to what they call “trials”.

“pag naa koy na encounter na murag bug-at kayo na problema, pero diba mu abot sa panahon na mag self-pity nako, puro negative akong huna-huna, pero karon naay part sa ako huna-huna na mu-fight bitaw.”

(“Whenever I encountered a depressing problem, I will always arrive in a situation where I pity myself, I always dwell on negative thoughts, but now, there is a part of me that always want to fight.”)

- *“Kulot”*

Taking into consideration that relapse is inevitable, the drug dependents do not neglect their fellow drug dependent where they are considered and referred to as “brother”. This intimate relationship by the drug dependents was developed when they found a sense of belongingness through peers and community involvement in recreational programs and in their social interaction while inside the formation center. Also, through their activity “sharing of experiences”, it enables the drug dependent to express their feelings, and establish a brotherly connection that strengthens the relationship among the drug dependents inside Fazenda de Esperanza; this thus gives birth to a brotherhood, forming a miniature society within the community. The connection established between the drug dependents is vital to the whole process in attaining a full recovery. They support each other in terms of monitoring and encouraging one another not just in sustaining sobriety but also in self-development.

The Perspective of Families

The family members expressed that they prefer Fazenda de Esperanza Formation Center rather than other rehabilitation center because it is cost efficient

and makes use of organic ways and procedures specifically during the detoxification process specifically during the detoxification process such as physical work, exercise, purely organic diet, and sweating and perspiration achieved through intense work. All of them confirmed that the once-drug-dependent member acquired positive changes after the rehabilitation especially in behaviors like being hot-tempered, impatient, irresponsible and violent, which were their most common behavior prior to the rehabilitation. Families feel relief and sense of success as they see that the once drug-dependent family member has acquired some sense of responsibility, gained self-control, manages anger, and demonstrates a firm resistance whenever faced with temptations.

“gina control na niya ang iyang temper. Sige na siya ug ampo and rosary kay lain daw iyang paminaw.” (“He’s controlling his temper. He is always praying and praying the rosary, whenever he is troubled.”) - **Wife of “Gyve”**

“Oo, dilinasiya gusto magkuyog-kuyog sa iyang barkada nga mulakaw.” (“Yes, she does not want to go out with her old friends”) - **Mother of “Barney”**

CONCLUSION

The study affirms the Hirschi’s Social Bond Theory (1969) that highlighted the crucial roles of social institutions in the transformation of individuals towards attaining holistic change. The Family - provides support and motivation; Peers – encourages involvement and provides a “sense of belongingness”; Facilitator – ensures the implementation of policies and facilitates control among the drug dependents; Church – fosters the aspect of beliefs by providing principles that guide the day to day lives of the drug dependents.

The Therapeutic Community Approach, as implemented by Fazenda de Esperanza and its aftercare program, the Living Hope Group (LHG), produced a “changed person” of the hitherto drug-dependents. The graduates are described to have exhibited significant improvements in terms of physical, behavioral, and value aspects. The study also reveals that the TCA implemented by FdE and LHG strengthens and re-establishes the bonds (attachment, commitment, involvement and belief) of the drug dependents and their families. Moreover, the Containment Theory of Walter Reckless (1961) advocates the role of controllers; that is, personal and social safeguards that shield the individual from committing deviancy and

encourages the drug dependent into succumbing the process towards the holistic change. The outer containment as the theory argues, corresponds to the policies that is being implemented by Fazenda de Esperanza. The unwavering monitoring and implementation of these policies through the schedules and rules and regulations by the facilitators, provides a buffering effect to the drug dependent proximal, social environment that served to restrain them from committing deviant acts. The inner containment refers to the personal and social controls over behavior which include self-control, a good self-concept, ego strength that shifts the perception of the drug dependent which is evidently seen in value-formation, behavioral change, self-worth, and discipline, collectively undertaken by church and family. Hence, the TCA is once again seen as an effective modality for rehabilitating drug dependents.

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