TWELVE STEPS TOWARDS THE PROMISED LAND OF SOBRIETY:

AN INTERVIEW WITH DR ROBERT LEFEVER[10]

By

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Dr Robert Lefever is a general practitioner, founder and leader of the Promis Recovery Centre, which is a famous rehabilitation institute for addicted people. Promis is not part of the British health care system funded by National Health Service, but works in the private sector with several units all around the world. They provide a special kind of drug-free treatment, known as the Anonymous Fellowships' 12-step method. The results are convincing, seeing that the abstinence rate is 35.19% after one year of finishing the treatment, according to the Follow-up Study April 2006 of Promis.

Dr Lefever is by no means unknown for the Hungarian experts: his books, papers, work-books and lectures given in Hungary have had a significant effect on the Hungarian therapeutic communities applying the 12-step method. Some of the main topics of this interview include the philosophy of Promis and Dr Lefever's opinion of the British health care policy. Reading his liberal views, according to which not state-controlled paternalism, but individual responsibility is needed in the treatment of addiction, we find ourselves in the very centre of the contemporary debates on the welfare state.

This interview was recorded in March 2008 in the Promis clinic in Nonington, UK, where I stayed as a participant observer, thanks to Dr Lefever's generous hospitality.

April 2008, Pécs

Dr. Robert Lefever általános orvos, a szenvedélybetegek kezelésében híressé vált intézmény, a Promis Rehabilitációs Központ alapítója és vezetője. A Promis nem a brit állami egészségbiztosítás által finanszírozott egészségügyi ellátórendszer részeként, hanem a magánszektorban működik, számos egységet tartva fenn világszerte. Speciális, gyógyszermentes kezelést nyújt, mely az Anonim Közösségek által alkalmazott 12 lépéses módszer néven ismeretes. Eredményei meggyőzőek, ha azt vesszük alapul, hogy a Promis 2006 áprilisában készült utánkövetéses vizsgálata szerint egy évvel a kezelés befejezése után 35,19% az absztinensek aránya.

Dr. Lefever korántsem ismeretlen a magyar szakemberek számára: könyvei, tanulmányai, terápiás használatra szánt munkafüzetei, Magyarországon tartott előadásai jelentős hatást fejtettek ki a 12 lépéses módszert alkalmazó hazai terápiás közösségekre. Az interjúban megismerkedhetünk többek között a Promis filozófiájával, illetve Dr. Lefever álláspontjával a brit egészségpolitikáról. Liberális nézeteit olvasva, melyek szerint a szenvedélybetegség kezelésében nem állami paternalizmusra, hanem egyéni felelősségvállalásra van szükség, a jóléti államot övező jelenkori viták sűrűjében találjuk magunkat.

Az interjú 2008 márciusában, az angliai Noningtonban található Promis klinikán készült, ahol Dr. Lefever nagylelkű vendégszeretetének köszönhetően résztvevő megfigyelőként tartózkodhattam.

Pécs, 2008, április

10 The interview was made with the support of the HU/06/EX/452 Leonardo Mobility and the K68619 OTKA applications.

József Madácsy: Thank you very much for giving the interview. My first question is: what is addiction in your opinion?

Dr Robert Lefever: Addiction is probably a genetically inherited disturbance of neural transmission in the mood centres of the brain resulting in people being born with a sense of inner emptiness. This is not sadness caused by events, but an inner depression that has no explanation; and therefore we as addicts look for something to help us with this emptiness in our feelings and we discover that some substances and processes have mood-altering effects. We discover the mood-altering effects of nicotine or alcohol or cocaine or sugar or gambling or sex; and as a result we use these things to make ourselves feel better. But we then lose control of the dose: we take progressively more and it causes damage. We then try to give up, but we go back to the inner emptiness that we had before. So eventually we can't live with it, but we can't live without it. And that is why so many addicts commit suicide. The 12-step program gives the opportunity to resolve the inner feeling in a way that is constructive rather than damaging.

J. M.: You say "we addicts"...

Dr R. L.: I am an addict.

J. M.: Are you? What kind of addiction do you have?

Dr R. L.: My major addictions are gambling, shopping and spending, work and eating disorder. My weight would vary by fifty pounds up and down in a year which is...I don't know what it is in kilos...twenty-three to twenty-five kilos every year.

J. M.: When did you realize your addiction?

Dr R. L.: All my life, but I did not acknowledge it. What I knew I was different. What I did not know is that anything could be done about it. So I did not actually come to terms with having to do something about it until I was at age 47. Then, with my wife sitting in front of the divorce lawyer, I had to change my behaviour unless I wanted to get divorced.

J. M.: Do you see any connection between addiction and modern consumer society?

Dr R. L.: I see no connection whatever. I don't think that addiction has anything to do with society. Other than... I think that addiction requires three things to get it going. The first is the genetic predisposition. You can get neighbours in the same estate or people working in the same job: one has the genetic predisposition, the other does not; and that will make all the difference. There are lots of people living in very poor conditions, but they are not alcoholic. But the person who is an alcoholic will blame the poor conditions. So the consumer society has nothing at all to do with genetics. But can set up as with any emotionally traumatic experience a stimulus for the genetic predisposition to wake up. And in the third thing we need is the exposure. So I have never taken cocaine, because I have

never seen it. When I was young, it was not around, so I am not a cocaine addict; whereas I am addicted to the things that were around when I was young. So you need three things: genetics, trauma, something that stimulates the need for mood alteration, and exposure. And therefore treatment needs to be in the reverse direction. We treat exposure by being abstinent: we just don't take it. We treat the emotional trauma by having, you know, psychodrama or Gestalt or TA (Transactional Analysis) or EMDR (Eye Movement Desensitisation and Reprocessing) or NLP (Neuro Linguistic Programming) – there are lots of things to treat the emotional trauma. And then we treat the genetics by going regularly to AA (Alcoholics Anonymous). In the same way as every day I wear my glasses to counteract my short sight; similarly, I go to Alcoholics Anonymous or Narcotics Anonymous or somewhere in order to counter my addictive tendency. It is not going to change. My short sight is not going to change; I need my glasses every day. My addiction is not going to change; I need to work the 12-step program every day. And I counter the depression by being in with other people in AA. So I go to the meetings to counter the depression. I counter the denial by working the 12-step program.

J. M.: How do you think the British public copes with the problem of addiction?

Dr R. L.: Very badly. The British public, like any other population anywhere in the world, they will have ten to fifteen percent addicts; and different cultures have different particular addictions. In the UK we have had a lot of heroine, but now we are having a lot of cocaine, crack and also a lot of gambling. In Iceland they have a lot of alcohol; in Israel they have no alcohol, but they have problems with other drugs. In the Native American Indians they have a lot of alcohol problems; in the French and in the Italian, they are both wine-drinking countries, but there is more alcoholism in France than there is in Italy – so there are differences between populations. But I don't think any particular society actually causes any particular addiction, it is just by chance. In the Far East there's lots of "ice" – smokeable methamphetamine. We don't see it in the UK. We see a lot of methaphetamines, but not smokeable methampethamine – for some reason "ice" hasn't come here. So fairly presenting as far as the British people are concerned it's very different from anyone else, but I think the greater difference is the British Government. The British Government looks at Prozac and other antidepressants, and it looks at sensible drinking, and it looks at needle exchange and harm minimization and methadone maintenance – it doesn't look at the 12-step program. So the government, I think, is very much part of the dependency culture: it makes things easy for addicts rather than more difficult for them. It supports them rather than challenges them. It punishes them, rather then treats them.

J. M.: You are the director of the Promis Recovery Centre which is one of the most famous rehabilitation institutes in the world. Please present Promis – what is the essence of the treatment?

Dr R. L.: Promis exists to help any addict to meet other addicts and then to share what they have in common in a constructive way; that they can see how they have been ill and they can get well. We very much adopt the concept of addiction being an illness rather than a weakness or a depravity; we see it as a chemical disturbance: the way we were made. Now,

that is not an excuse for our behaviour: we need to take responsibility for our behaviour towards other people even though we're addicts. So I can't say I hit my wife because I am an addict – that doesn't go together. So Promis very much looks at people's behaviour and helps them to change that, but at the same time gets them to acknowledge that we are addicts, and we are not well, and we need to get well by working the 12-step program. Now over the twenty-two years that Promis has been here we have stuck totally to that philosophy. We do not prescribe drugs, we do not prescribe antidepressants, tranquilizers, sleeping helpers; we do not do intensive psychotherapy, we simply work the 12-step program. Finally, we do all sort of things such as psychodrama, EMDR, NLP, Equine Assisted Therapy, that's horses helping to nonverbal communication. We do many-many things that try to help people to enjoy themselves while they are here as part of their recovery. Why should recovery be painful, why should it be difficult, why should it be, you know, full of sadness and tears, and anger and grief? There are things that are part of any treatment but they don't have to be the only thing. I don't try to punish people into recovery, I try to help them to love each other and to learn form the opportunities they get here. So Promis I think is special because it is fun, because we help people to be happy, we help people to create, we don't humiliate people, we support them, we encourage them and we are all the time looking for new ideas, so it is a very exciting place with new ideas all the time.

J. M.: I have heard that you tried to make Promis a non-smoking institution but there were some problems with it.

Dr R. L.: We have a proverb that turkeys do not vote for Christmas: they don't vote in favour of Christmas, as the turkey gets killed at Christmas to be somebody else's lunch. Now, when I tried to make Promis non-smoking I lost two members of the staff immediately. And from that day to this I have never appointed cigarette smokers as counselling staff. Our counselling staffs are not allowed to smoke at all nor are they allowed to use antidepressants. They have to be completely clean because you can't help somebody else with his or her emotional problem if you are pushing down your own with nicotine or antidepressants or whatever. So I let that two staff go and I made no attempt to get them back. But as far as patients are concerned I lost four patients immediately. They said "I did not come here to treat my nicotine addiction; I came here to treat my alcoholism". And the word very quickly got out that Promis was non-smoking and so we didn't get any new patients. We were going to go bust; we were going to go out of business. And this turkey did not vote in favour for Christmas. So I had to compromise and say "all right we will have turkey" but every time I am here from that day to this, every weekend I mention the story about how I believe that the most important thing people can do, because it would double their chances for recovery, is to give up smoking. So I don't insist upon it. I'd like to – but I can't afford it.

J. M.: It is often said that the treatment of addiction has three levels: physical, mental or emotional and spiritual...

Dr R. L.: Yes, it is physical, emotional and mental: all of which is spiritual, so the spiritual is not the fourth, but all. The way I look at my body is part of my spiritual life. I keep myself

fit and I don't take drugs or do stupid things to my body. So it is a spiritual program. My mental health: I am always eager to learn new ideas, and I don't watch television and I do spend a lot of time discussing ideas; I look after my mental health and that is part of my spiritual life. I look after my emotional health and I don't do things that are bad for me, I don't do things that upset me, I do things that are challenging, but that is part of my emotional health – this is all part of my spiritual health. So that is all spiritual.

J. M.: Hum… and what does spirituality mean for you?

Dr R. L.: The human spirit, love, trust, all the innocence, beauty – these are all spiritual values. I don't have any religious belief, I, you know, I don't have any religion of any kind, but I have a very strong spiritual belief in the beauty of humanity and the opportunity that we have to be able to love each other, to support each other, to be with each other – and those are all spiritual values. I believe I have a spiritual illness and therefore I need a spiritual recovery program.

J. M.: Some of the Hungarian TCs employ sober addicted and non-addicted counsellors at the same time to show both behavioural patterns. As I can see there are only sober addicted counsellors here, why?

Dr R. L.: It takes time to have counsellors who have an instinctive understanding with the patients. We have many other staff who is not addicts but the counsellors are all addicts in recovery because we have the opportunity to say to a patient "you are telling lies", "you are wasting your time", "you are just starting a lot". Now, it is important from two aspects. One is… we can see it easily: you don't have to teach me how to do that because I can do it anyway. I can do it anyway because I have done it myself. But the second is the patients can see that we are like them and therefore they will trust us; they will tell me things that they would not tell my secretary. There's nothing wrong with my secretary, she's a very nice girl, but they would not tell her because they would not trust her – she is not like them; whereas I'm an addict, so they trust me, because I will not betray their confidence, I will not laugh at them or criticize them. I just accept it, because I am an addict myself. Though, I don't need non-addicted counsellors, whilst I do need addicted counsellors. We have all our staff, with psychologists: we have three psychologists in the centre – they are not addicts; we have a nursing staff – they are not addicts. So I have many people in the place who are not addicts but we don't need counsellors who are not addicts, we need counsellors who are, so they can make the necessary challenge and also be the necessary trustworthy individuals to help the counselling to the patients to tell them their secrets.

J. M.: What is the relation like between Promis and the British health care? Is the 12-step method accepted in it?

Dr R. L.: There is no relationship whatever between Promis and the British National Health Service. For two reasons: one is because I don't want patients from them and we are fully private. I do not take anybody here unless they pay the fees. Because I am not a social service, I am not part of government; I don't want to have their ideas. I want to

show how these ideas can work in the best circumstances. Because then you are examining the ideas and then what I would like to happen is the National Health Service to say "we like your ideas, we would try them out ourselves". What I don't want to do is to mix the British government ideas like methadone maintenance or the prescription of drugs such as Prozac, or harm minimization, needle exchange. I don't want to mix those ideas here: I want to be completely clean. So we are just doing 12 steps and nothing else. And then the government can see the success of our ideas and say "that's interesting, maybe we should try that". Whereas if I had a relationship with the national service they could not see the difference between what we do and what they do. But, secondly, I am a free lucky capitalist, I am a Thatcherite. I do not believe in government health, I don't believe that a National Health Service system is constructive; I think it's very destructive. I think there are many ways in helping people who can not afford the money but if you provide for people who can afford it, you finish up with a very distorted society, a dependency culture where people will be always looking for the ways that somebody else would take the responsibility. I don't think that is healthy. What I would say to my patients "You have to face up to your own responsibility. I'm not going to bail you out and I'm not going to ask anybody else to help you, you have to do it, you have to do it now." Now, with those ideas it helps people to get well and that's true in any aspect of life. In my medical practice working with people who are not addicts I have the same approach: "what are *you* going to do to help yourself to get well?" I am not going to say: "Oh yes, I can help you. I can give you this, I can give you that, I can write a certificate"; I'm going to say: "what will *you* do?" Because I think that is more responsible and caring and more likely to lead to long-term success while in the dependency culture, where the state does everything, the patient does not need to change.

J. M.: Do you think the 12-step method is accepted in British society?

Dr R. L.: No, the 12-steps are not accepted, there are no 12-step programs in the National Health Service, hospitals, none. Throughout the whole UK there is no 12-step work. Alcoholics Anonymous is very well accepted. So the interesting thing is if the patients agree, the doctors do not – the government does not. The patients vote with their feet, they go to AA, they go to Narcotics Anonymous, they go to Overeaters Anonymous, they go to Gamblers Anonymous and in general the ideas of Promis are very well accepted when I got them over on television. So the public agrees with me whereas the doctors do not. The doctors believe in prescribing, in getting drugs, they believe in cognitive behaviour therapy. You have to learn to take responsibility. Now, you tell that to an addict, I can say it, but they are not going to hear it from someone who isn't an addict. And when the government starts patronizing people it makes things worse, not better. So the 12-step ideas are not accepted by doctors and not accepted by government. Now, obviously I am working on that. I appear daytimes on television and I write books and so on, you know, to try to influence the ideas but I have been here for twenty-two years and they still haven't built a National Health Service treatment centre. But maybe one day.

J. M.: Promis is present in the UK, in France, in Switzerland, in Spain…

Dr R. L.: ...and in Holland and Dubai...

J. M.: ...yes, there are preparations in Dubai.

Dr R. L.: Yes, yes.

J. M.: And do you plan to create a unit in Middle Europe, for example in Hungary?

Dr R. L.: I'd love to, why not?

J. M.: There are many addicted people in Middle Europe.

Dr R. L.: Yes, and Hungary is certainly a place I would look at – not yet, I don't want to take up too much at once. I am also looking at Bangkok but I am not looking, for example, at anywhere in Africa, or in America or in Scandinavia, you know, I'm not looking at there. So Hungary is certainly a place I would like to have an outpost, at some stage, yes. That would be fairly close. I mean, one of these days I would like to have a unit in New York, just out of devilment, just out of fun, saying "come on", "about time to take back something you got there" – just to be cheeky. A lot of doctors in New York are still, despite all of the advantages of the 12-step program, they still are doing medication and psychotherapy. So I'd like to, just out of being cheeky, to go to America and say "come on". Because I've gotten a lot from America, I'd like to give something back.

J. M.: Yes, and about now, what is the most important thing for you at the moment?

Dr R. L.: Counsellor training. I try to get a challenge to the basic philosophy of British doctors to prescribe and to patronize and then to say "Can't you see what you are doing to yourself?"...and the patient says "Yes I can, but I can't stop!" – "Of course you can. I don't take drugs – why do you take drugs?" It is that they patronize patients. I want to give them much more than training programs and do more work in the media – so that I'd like to be behind me and yet in my profession I'd establish a framework of ideas that people can follow. I want to inspire rather than just educate. I want people to be enthusiastic, saying "Wow, look at that!" rather than just "What an interesting idea!" So counsellor training is something I very much do and progressively more media work. I personally don't want to build any more treatment centres; and as such it is not as important as making sure of what we bequeath is good ideas that work in practice. Then you can build your own treatment centres. So we might have an outpost in Hungary but I don't want to take over Hungary. I want you to take over Hungary. I want to give you the ideas; the opportunity in Hungary to see, you know, what might work. We would probably, for example, want to put something in Budapest. I love Pécs, it is beautiful, but I would rather be right in the centre so that more people could see it. But then you could run it. I don't want to run it, I show you how and give you all the materials and all the ideas and then you run it. That's what I think would make sense. So I don't want to be king of the universe. I want to develop the ideas and that's why I want to do the counsellor training; because if I can help one of the counsellors,

that counsellor can help a thousand patients. If I can help a thousand counsellors, that is a million patients. I could never see a million patients but I can help a thousand counsellors. Or maybe I can help ten, and they can each help ten and that is a hundred, and they each help ten and that is a thousand. The more I could work on the ideas and spread these, the more people. So my real goal is not for myself to ever cut down the number of patients I see. I'm a working doctor. I work with patients all the time. I run twelve group therapy sessions every week. So I am never going to change that but I don't want to become an administrator of some massive enterprise. I always want to be a clinician working with patients, because that way I am real. I am a real doctor. I am a real counsellor. I am not somebody just talking about it. I'm actually doing it every day.

J. M.: Thank you very much for sharing your thoughts.

Dr R. L.: You are welcome.