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PSYCHOTHERAPY: INJECTING DRUG USERS' CLING TO NORMALITY. A SERBIAN CASE²

Abstract: Psychotherapy is still more likely associated with mental disorders than with counselling in Serbia. Injecting drug users make a group whose members eagerly talk of being engaged in psychotherapy, contrary to the most of the other people who reluctantly reveal their visits to therapists. For this particular group of people psychotherapy operates as a tool of mental construction of the distinction between social and somatic illness. Injecting drug users are aware that the mainstream society looks upon them both as physically ill and as socially deviant, so in narratives about psychotherapy they tend to draw a line between their mental and physical appearance, suggesting that psychotherapy is their proof of being normal; physically damaged, yes, socially ostracised, also, but still sane and lucid. By doing this, they put strong accent on what they consider as emotional ability, i.e. that they are able to feel, express, and experience the same emotional charge in the same socially defined situations as the “normal” people do. This “triangulation” of psychotherapy as a means of self-explaining, mental model of being normal, and the place emotions play in such cognitive process in the injecting drug users’ narratives will make matter of our discussion. By displaying the explicit models of psychotherapy, normality and emotions in the cultural cognition of this group, we hope to point toward implicit models of these notions in Serbian culture.

Key words: anthropology; normality (as social construct/ cultural meaning); injecting drug users; psychotherapy; Serbia.

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Introduction

Psychotherapy figures still as something considered rather obscure in Serbia. It is not neglected neither condemned in public discourses, but it is strongly associated with mental disorders, and not with counselling (Cf. Ministry of Health 2007). One can scarcely hear that somebody is talking about visiting the therapist, save in communication with closest friends or relatives. The most obvious consumers of psychotherapy in Serbia are among educated people and pretty thin middle class³. Yet there is peculiar group whose members talks eagerly about taking part in psychotherapy and counselling. Injecting drug users who underwent or are undergoing therapy almost proudly speak of it. Although the most of them engaged with psychotherapy as part of their addiction treatment, they see it as distinct from the treatment as it is possible. For this group of people psychotherapy operates as a tool of mental constructing the distinction between social and somatic illness.

Injecting drug users are aware that the mainstream society looks upon them both as physically ill and as socially deviant (Žikić 2006), so in narratives about psychotherapy they tend to draw line between their mental and physical appearance, suggesting that psychotherapy is their proof of being normal; physically damaged, yes, socially ostracised, also, but still sane and lucid. By doing this, they put strong accent on what they consider as emotional ability, i.e. that they are able to feel, express, and experience the same emotional charge in the same socially defined situations as the “normal” people do. This “triangulation” of psychotherapy as a mean of self-explaining, mental model of being normal, and the place emotions play in such cognitive process in the injecting drug users’ narratives will make matter of our discussion. By revealing the explicit models of psychotherapy, normality and emotions in the cultural cognition of this group, we hope to point toward implicit models of these notions in Serbian culture.

Psychotherapy is not the issue in this matter, nor it is psychology for example. It is not study of any disorder in itself, nor analysis of any medical practice as cultural system (Cf. Kirmayer and Minas 2000, Kleinman, Arthur, Peter Benson 2006). Psychotherapy is an object of a certain discourse and we aim to interpret the social meaning of such discourse. This presentation is about injecting drug users claims that undergoing the therapy helps them feel as part of the society and about their expectances that it enables them to represent their social personalities as anybody else do.

3 There are no official data on this as we are aware, it is our interpolation based on cultural competence of the experiences of living in certain socio-cultural surrounding, but also on the informal conversation to some therapists and their clients.

Methodology and sample

The material for this presentation is obtained from 15 in-depth interviews conducted with the injecting drug users on different occasions between 2005 and 2014 in several Serbian cities. The most of the interviews were performed in Belgrade and Vojvodina. This is kind of a by-product of the researches directed toward the issues of the injecting drug users' health, mostly their coping with AIDS-driven risks, hepatitis B and C, tuberculosis, their experience with Serbian healthcare system etc (Cf. Rhodes et al. 2008a,b; Žikić 2009, 2013), but it should not be think of as some kind of the second-range topic, because their encounters with psychotherapy occupy significant part in two interview sections: on the healthcare system, and on their self presentations.

It is true that not all of the injecting drug users who took part in researches contributing material for this paper have ever visited the therapist. The most of them did not in fact. Those among them who did are singled out in this research as an interesting case of how group of people who occupy the margins of the social life in cultural perspective of the general population is grasping for themselves the practise socially alien to general population – and thus culturally marginal – in an effort to strength their cultural self-presentation and social position.

Although the interviews in initial researches feature the informants from the different social surroundings, with different education, cultural background and social status, as well of different ethnic origin, the informants who provided us with the material for this presentation show interesting tendency to clustering according to several parameters: sex, gender, age, length of injecting, subsistence, housing, education, and ethnicity. The most of the informants are male, heterosexual, over 40 years old, with over 20 years of taking drugs by injecting them, having more or less steady income, owning their own place of living, completed at least high school, Serbs. Contrary to the general sample, this one lacks homeless people, sex workers, persons of under age, those injecting less than five years, and Roma.

The additional material for comparing the injecting drug users' claims of normality to similar notions in general public of nowadays Serbia is provided by the research on models of what is considered as “normal”, “natural”, “deviant” in Serbian culture, as well by the research on emotions in Serbian culture, both of them ongoing since 2009 (Cf. Žikić 2011a,b, Ilić 2014a, 2017). Those researches combine interviews, media and resource analysis and the characteristics of their informants' samples which coincide with that of the injecting drug users featured here are: gender, subsistence, education, and to some extent ethnicity. This is mostly an ethnographic account in an attempt to make a case study on the issue of normality in Serbian context by using material obtained from the social group which members are usually discursively deprived of normality.

Psychotherapy in Serbia and injecting drug users in counselling/treatment

Perhaps the key factor responsible for the obscurity of psychotherapy in Serbia is its absence from the healthcare system. This absence is not total, of course, but psychotherapy is not recognised as a service provided by the public health system to the general audience. It is offered only in mental health institutions as a *part* of the treatment. Those who want to use it as a counselling, or need it as a treatment relies upon private practice of the certified psychotherapists, usually the psychologists or medical doctors first trained at the university, and then completing special educational training by the psychotherapists appointed by The Association of Psychotherapy Societies of Serbia.

Being out of the scope of everyday living experience of the ordinary people, psychotherapy falls into the category of something unusual, and its association to mental illness, somehow perceived as an official medical discourse, supplies it with the tag of practice related to abnormality – first in medical sense, and then abnormality in general sense. Usual question for a person who appears to behave as anybody else in the social communication and reveals that he/she visits the therapists is “why, what’s wrong with you?” with the additional comment following often, “I’d say there’s nothing abnormal in you”. That is probably why there exists no clear distinction between notions of counselling and treatment when the psychotherapy is mentioned, neither in those who do not go to see the therapist, nor mostly in those who do.

Those injecting drug users who go to see the therapist do it for two main reasons: as part of their drug addiction treatment, and as the result of their wish to cope with the hardships of their situation being the injecting drug users in the surrounding which is overtly antagonistic to them. The most of the informants from the initial researches who met the therapist first in their drug addiction treatment have done it by their own will, and we included them in this presentation; those who were forced to the treatment usually did not want to talk about it in detail, consequently developing the negative attitude towards the psychotherapy, as toward the healthcare system in general, and they are omitted in this presentation.

The informants found themselves comfortable with the therapy mostly because they realise it is the way that they can talk open about how secret their life is in fact, that there are means designed them to express their emotional and not just intellectual self, but also those meant for helping or preventing them to harm themselves, or to learn to articulate different categories of harm, such as physical, medical, emotional and so on (Cf. Baumann and Hill 2016, Greenberg and Pascual-Leone 2006, Morris et al. 2014)

Those informants who said that they have gone to– or that they are already visiting the therapist for the reasons not related to getting clear off drugs explain those visits as something which makes them look upon themselves as distinct

from the other injecting drug users. They perceive that matter as not related to using the drugs only, but to the unwillingness of the non-injecting world to accept such use of the drugs as the injecting drug users' business only. This latter situation we will refer to as a counselling, while we think that the first one could be regarded as a treatment, although it is not of some importance for this presentation.

Being “normal” as an injecting drug user

The most of the informants admit they let themselves into the treatment at least a bit reluctantly. They wanted to get off the drugs, or they wanted to stay clear once the initial drug treatment has been over, but it was not an idea on their own to go to see the therapist. Usually a partner or a family member gave them such suggestion. That makes the most striking difference between them and those informants who decided on their own to embrace counselling, and besides that and the initial reason to undergo the psychotherapy, the outcomes are similar, or even the same; that is why we do not insist on separate analysis of the two groups, nor envisage them significantly different having in mind the aim of this presentation.

Such outcome is the claim of these people that they are in no way different than the people who do not inject drugs, considering social and emotional communication and responsibility; it is not that they think of themselves in this manner, but rather it is their thought on the human world. It is sure that their self-sustainability and how long they live up to by injecting the drugs play great part in their self-confidence to which certain despise on their own towards those injecting drug users who were not so “successful” in managing risks related to that life-style contributes also.

“Look on me, I’m not sloppy! My flat’s no messy, it’s not dirty junky hole! I know my risk, don’t share, don’t use stash which is not in my home.”

“I know how to inject, how to organise things... never was even near an overdose, never contracted anything...”

“Yes, I live with (hepatitis) C, it’s not a big deal when you’re not a dirty junky, you have job, you have medicine, go to see your doctor regularly, don’t look like a street hassle so no one knows you take drugs”.

Nevertheless they attribute much of that confidence to some inner revelations they happened upon in psychotherapy.

“I now think of living. I mean, injecting is part of living and I’m aware now that I’ll inject until I die, but it should not prevent me for doing other things I want and am capable to do, and honestly... I’m not feeling guilty (for taking drugs)... not anymore.”

“First, I thought it is about the atonement. Then I learned it is about me...”

Their claim is that they expected somehow from the therapy to supply them with the insights which could help them to confirm to themselves first, and then to their surrounding, that they are human beings, *just like* their non-injecting acquaintances, and that their inner capacities are not necessarily obstructed by their addictive habit.

“Look, know that you’ve been told by many injecting drug users how the AIDS bothers them or HCV, overdose or so... but it’s not what I’ve been bothered by ever since... since my parents learn that I’m injecting... my friends... I mean those who were my friends then... they’ve all like looked upon me like I’m contagious or... I don’t know, some kind of freak, mentally disabled person or so... And then, you know, I started to feel like I’m an aberration... like failure, no matter I kept my job through all of that...”

“It helped me to articulate stuff... yes, I’d probably do anything, and I mean not *everything*, to get the drug if I’d had to – and God helped me so didn’t have to – never had to steal from a child, or to hit an old woman, or God forbid what else... yes, I robbed somebody’s home once and got away with it... and yes I’m ashamed for doing that... and that me being ashamed means I’m only human, like anybody else is!”

The changing perspective on themselves overlaps, at least partly, with the changing perspective on the world. As they claim the better understandings of their inner self, they say that the world loses a bit of being place of puzzles for them and place of animosity towards them.

“When I learned that’s OK for me to be angry to my friend who wanted me to share the syringe, but also for her to be mad with me because I didn’t want to share the dope, and nothing of that prevented us to get along together, I realised that it’s something like I saw X and Y (old, childhood friends, non-injectors)⁴ quarrelling – or at least it looked to me they’ve always been in some fight, and then going to show together, or rejecting chicks and guys approaching them when they’re alone, and so...”

“I wanted to slap her across the face... can you imagine me hitting somebody... but I was so nervous at the moment and in need to get fixed, and didn’t have patience for anybody else for anything, think of me, and only me... and when I told W (the therapist) about it, and she reminded me on how my parents used to be worried when I was young and still at home... and doing stuff... you know, all things they tribute to injecting... I somehow reverse the situation and thought, ‘oh, but it was again about me, but they cared, they really do’, and I was like... feeling like bastard, you know, but that’s alright, real people are bastards too sometimes, they care and they don’t, and that’s the way the world is.”

The deeper understanding of themselves mean to them like they have found the key they missed for the communication to the world outside their

4 Obviously we did not want to use neither real names, nor any names, thus providing full anonymity of our informants but also of their surroundings, for we feared that even false names, changed for the purpose of this presentation could have left some of the informants uneasy with thoughts like could those be associated to them in any way perhaps.

injecting surrounding. They feel this as an important means to finding their way out of the mental modelling of the binary constructed world in which they, as the injecting drug users, belong to something abnormal, in contrast to the other people.

“It took me years to get that I’m not looking just as an ordinary junky... you know, sick and so... and that people don’t have to see junky in me when I first appear somewhere, but that it’s that I looked disinterested and blank what tagged me out. And I wasn’t, I mean... just didn’t feel right when I’m with somebody who’s not the drug addict and I... I didn’t know either that my self-pithiness and my... my drug addict position... that they make me nervous, sometimes stunt, rude... I learned how to behave politely, yes I... like I was following the instructions, that’s how I feel about it... I behave really as I was taught so... And the first time I heard them talk to me, ‘that was kind’ I knew it (the therapy) worked out for me. And yes it... well, brought me closer to think I am like anybody else.”

“It looked to people... meaning not the addicts... that I’m always angry, shouting when talking or saying nothing when been asked something. And I just didn’t know what I want to say, to whom to reply or so... you understand me? I felt insecure because I’m an alien from outer space, zombie from the otherworld... had to fight that thought in my mind that injecting means... I don’t know... like you’re dead to everybody. Didn’t get that we’re all living and fighting and loving and yes, dying by our own means, that there’s no reason for me to feel like a pariah...”

Getting clear with what their emotions are in certain occasion plays crucial part somehow in their explications of “normality”. Their claim is that the ability to articulate, express and address the emotions in a manner proper to some social situation is what should be considered as “normal” human behaviour. They present themselves like they are convinced that together with the mental ability, the emotional ability – or at least social recognition of the emotional expression or attitude – is what counts somebody as a “person”.

“I scored more than hundred on some IQ test when I was back in the high school. You know, I was an excellent pupil back then... I... people called me things, but no one ever called me a stupid. And I didn’t act like a stupid, no... I mean maybe it’s stupid that I do drugs, but know what I mean... Now when I know to control my emotions, when I’m not so clumsy when talking to people, when they know that I understand them... not just understanding what they are talking, but what’s behind that talk, and they... they can see me responding alike... think that no one will call me a junky either.”

“It’s not like your crying when everybody else cry, like you’re at funeral and you... mimic... It’s not in making an effort not to overreact when crying, or thinking ‘am I crying enough loud’. Yes! It’s important when other people observe... to notice what are you doing and how you’re feeling, but they must... feel... feel you feeling the same, understand what I mean? And that means

you're aware of yourself, you're aware of the other people, you what are they doing and why are they doing so, and you know your feelings, you know what's your attitude towards that all, you not just recognize the situation, you feel it... share it with the others, and that means that you're a person as anybody else is, not some kind of... don't know... human misery or so..."

The notion of the "proper emotion" means basically that socially expected reaction is matched. This has two further meanings for the informants: that they could be recognised and accepted as social persons, and that they are in possession of all of the ordinary human capacities.

"I felt sorry for him, how many times did you hear so? But what if I tell you I had to learn how to feel sorry? I mean, I know what I felt but before dr Z sessions (the therapist) didn't get neither how important is for people to know what I feel when I'm with somebody... I don't know... in the park, café, somebody's place... nor how to show it that everybody could know what I feel and that I'm not pretending. You know, I know it now, it's important to people to know if you're honest with them or not... then they judge you rightly."

"I was in a park with my... uhm, friend. We've just scored, don't know, an hour ago, couple of hours or so, and... you know... and he, he never gave himself into talking much and never caught the idea why I kept seeing M (the therapist) after it was clear that my drug addiction treatment's a failure. And there was that girl, little girl, I don't know 3–4 years of age, she fell... tripped over something, didn't see and suddenly there was blood all around or it looked like so because her face was all in blood and just later I learned she cut her lip and hit her nose when falling down the concrete. And he... mean, my friend, he kept on seating like he just stoned, like it didn't happen hours ago, and me... I jumped from the bench and I didn't do anything in fact, maybe it was look on my face, because I was terrified and I felt bad for someone so small got hurt... just stood there and yes, reached for her, and then her nanny grabbed her, took care of her, but she looked upon me so warmly and didn't forget to say 'thank you' to me so nicely, and I caught the glimpse of her companion on my friend, it was mixture of detesting something and being puzzled."

But there is another thing than gaining self-confidence in the informants' narratives on public emotional display appearing as their key to be recognised and maybe accepted as worthy social persons. It is not just about their ability to behave according to what is socially expected or even accepted; it is reaction of other people, the non-injectors, what stands for itself as some kind of proof that they can be observed as anybody else are.

"First I felt... like on open book, window ... I don't know, hollow or so. But R (the therapist) told me it's going to be that way at the beginning, that people are not "reading" me for the purpose of taking some advantage of me when they show they understand my expression, that communicating means exchanging and understanding each other's expressions... So who can tell the difference between you and me then?!"

“I know it now, it’s the distinction between me shivering when in crisis and in urge to score, and me shivering of fear (laughing). Yes it’s in shiver, or about it, I don’t know (laughing). It stands both for me being in need to score now or to die and for me being scared to death when saw the car crashed into the lamppost. It was awful, I mean being there when that... guy... I heard it about later... when he hit that post, and... don’t remember anything much but being scared, or shocked, or whatsoever, and that it wasn’t just for a moment. Some kind of fear was in me, and didn’t realise that I was shivering a bit some time after accident occurred until I was asked by an old lady am I alright, do I feel sick and so on... And frankly, I felt a bit sick, but what stroke me must was that feeling of fearing something I could not be precise of at the moment.”

Being not perceived as lifeless and emotionally non-responsive appears as two major concerns of the informants. They pay so much attention to how to learn through emotional display and reaction to it if they should consider themselves as “normal”, and/or whether the non-injecting world attribute them with normality accordingly. Their construction of what could be model of the “normal person” is focused almost entirely on the inner capacities of the man. Having no reason to discuss intelligence for example, or capacity to learn, or on the other hand cunningness and the ability to plan things and execute those plans – which all are not disputable according to their everyday or life experience, they try to tackle the issue of emotional response to some social defined situations.

They are doing it for two main reasons: to explain self and to detach the label of the self-centred people. The purpose of self-explaining is to state that they have make a clear step from those injecting drug users they consider as “junkies”, and that such a step is leading them toward the conviction that they belong – or that they could belong, have the right to think so etc. – to the world of the “normal persons”. The purpose of detaching the label of being self-centred comes as a need to give the evidence that they are not the people who care only about themselves and will do anything just to get the drugs, as it is usual to think of the injecting drug users in Serbia (Žikić 2015). Together these two purposes make the basis for the statement that the ability to choose the adequate emotional answer to the demands of social communication is what tells whether the injecting drug user may be considered as “normal” according to the general social criterion.

The link that is (still) missing, or “defining” what is thought of as “normal” in general social context

Unlikely to the views of the injecting drug users, “normality” is constructed differently in general public in Serbia. The emotions, or the emotional displays, do not play significant part in it. The stress is on the social responsibility, as well on the perception of the role gender plays in it (Cf. Lutz and White 1986, Žikić

2011a,b, Ilić 2014b). When it is about emotions, the principle difference is in *what kind of normality* is considered by whom in taking them as its hallmark. For the injecting drug users, emotions are seen as a mean to demonstrating their mental sanity, mental ability, cognitive promptness etc. Their comprehension of illness is shaped mostly by their physical health concerns: AIDS, HCV, HCB, Tuberculosis, chronic diseases etc. Being ill means for them being physically ill mainly, and for the most of them are aware that they could not be physically fit in any sense comparing them to the non-injectors, their efforts of proving that they are “as anybody else” are directed towards the mental. It is true also that more injecting experience they have, the less likely is for them to contract HCV, the most prominent infectious disease among the drug injectors in Serbia (Judd et al. 2009, Žikić 2015).

But being “as anybody else” in general discourse mostly does not take the mental in consideration. The question of mental sanity is not something that is considered as the matter for discussion. It is left to assuming according to the intuitive guess. The proper emotional response to some socially defined situation is something which is taken for granted. It is “allowed” of course for anyone to behave “odd” here and now, depending on his/her mood, attitude towards the trigger of situation requiring response etc, but that assumed to be within the widest possible range of reactions, so it hardly plays any part of whether somebody is *defined* as “normal” or not (Ilić 2013).

It is true that injecting the drugs is considered as deviant, but it is quiet unclear is it deviancy in strictly social or in strictly mental sense. People mostly tend to see it as kind of social maladaptation, of not having enough strength to face with the tasks life is putting before everybody, as bad answer to troubles, or as kind of an escape, but really seldom as the act of madness. The colloquial phrase that something is insane – meaning that something is out of socially usual or even comfortable order, applied to injecting the drugs means rather that it is not socially acceptable, than it is something insane in the clinical sense. Social “definition” of normality in Serbian context requires meeting different demands than proper emotional response.

“Being normal” is statistical definition in fact. It means acting as the most people do usually and this is the closest to explanation which is offered by the non-injecting informants explicitly. Anyway, “normal” is associated to the social obligations, responsibility and giving meaning to somebody’s life rather than to the mental health issues. It lists some characteristics which obviously are thought of as what is expected of the “normal person”. This include education, job, owning one’s own home, but also some other “criterion” which the most of the injection drug users do not meet, no matter they completed high school or received university diploma, manage to keep the job and own their own place. Those also are not the features of “the usual” injecting drug user in Serbia, although the most of the informants of this presentation could find themselves comfortable with those criterion, but they still hold their lives are significantly

different in terms of wellbeing, like do the injecting drug users elsewhere in the world (Cf. Dietzel et al. 2010, Armstrong et al. 2013).

Being the “normal person” means being normal in social sense. It has nothing to do with illness, mental or physical. It is so probably because people interviewed in the study assume “normal” as somehow statistical model or category, but are also taught that the important cultural norm nowadays is not to consider mentally disturbed persons or the disabled ones as abnormal; different and worth to be pitied for cannot participate in the social life as anybody else, but not as the part of some social otherworld, as it is case with the injecting drug users, among some other social groups.

In trying to define the most obvious social expectations the informants from the general population tend to model what is kind of an expected way to live. That excludes for a example substance abuse, as well criminal activities or the adult person does not want to find the job, but also unwillingness to participate in supporting the family, neglecting social ties – stressing the kinship, including spiritual kinship, or menacing the neighbourhood. On the other hand, the most important things that it includes are heterosexuality⁵ and positive attitude towards marriage and family. It is not that is thought that everybody will or must marry; what does count is the positive *attitude* towards it, together with expressing the wish for conceiving children and parenting – someday in life at least.

Taking good care of children and having the sound relation with parents once when person is adult, meaning the willingness to sacrifice for the good of the next generation in the family, but also to give financial, emotional, or any kind of support to parents and siblings, together with to be hold by friends and colleagues as the trustworthy person, someone who is reliable and who could be counted on when somebody close to him/her has a problem, all of that have to be found additionally in that provisional list of what attributes make person “normal” in a social sense. And the most of those the injecting drug users lack, not only by the opinion of the non-injectors, but in the light of the mostly solitude way of life they live and the fact that their concerns are pretty much self-centred indeed. Their self-esteem may be on rise for that the therapy is also about alongside with their enhanced ability to formulate their feelings according to the perceived public expectancy of displaying the emotions (Cf. Brown and Marshall 2001, Crocker et al. 2006), but the question still remains whether all of that makes them more acceptable to the non-injecting environment for real.

Their social ties mostly are either superficial or cut considering their closest relatives, their non-injecting friends and acquaintances will rely upon them seldom if ever. The situations in which they appears emotionally sound

5 Even it could stand as pretty mach lame excuse for homophobia, or at least heteronormativity, insisting on heterosexuality is seen in general population as the prerequisite of such an important aspect of the social normality, as is establishing relation between the two people from the opposite sex which will serve as basis for their marriage.

in public and justly considered as their important step from “the ordinary junky” thanks to their psychotherapy sessions occur in surrounding in which they accidentally happen rather as the part of communication in their micro-surroundings which include the non-injectors. The thing that they can not be told as the injecting drug users among the people who do not know about it really could make the world for them but still it is not what will count them as socially “normal” in the strict sense.

There is no explicit statement on what does it mean to be “deviant” applied to the injecting drug users, but what prevents people from considering them the same way they consider themselves when talking of social normality is attributing the injectors as being irresponsible and selfish. Although it looks like addressing the personal traits, it is about social obligations in fact. The injecting drug users’ inability to maintain stable mutual social relations based on trust with the non-injectors (and often with the other injectors), the tendency to live alone, or worse, to neglect the children if they have it, their non-commitment to the other people, letting down one another in many occasions, taking advantage on their parents or siblings as long as they are willing to help them, or not paying back the favours the non-injectors who once cared for them have given to them etc, all are the constituents of the judgment general public makes on them.

Conclusion

Those injecting drug users who agreed visiting psychotherapist or chose to do so by themselves claim that they have made the improvement in their mental stability concerning orientation and navigation through life, that they have (re)gained self-confidence, and that they have learnt how to recognise their emotions, how to express them according to what is regarded as proper response to some social occurrence. They feel themselves as significantly different from the “ordinary junkies”, meaning: the injectors who live in mess – describing with that word both physical conditions of their lives and their mental condition; let us say that they see selves better than those injectors in any way. The psychotherapeutically experience is thought by them as a tool equipping them with the means sufficient to be perceived as “normal” by the non-injecting word. But such perception, although factual in the context of them expressing their emotions, or emotional attitudes publicly, is ostensible only.

The general public in Serbia constructs the notion of “normality” a bit different than the concept which is important to the injecting drug users. Acting in public in certain manner is something that counts of course, but it is regarded as obvious whether somebody’s behaviour is “normal” or not in that sense of meaning, for being “normal” means not just obeying the social norms in interpersonal communication or meeting the demands of what is socially expected in some particular context. It means orienting one’s social personality towards playing certain social roles in a certain manner and that manner holds

many of demands that the injecting drug users simply are not able to meet, no matter how much they have worked with the experienced and trained professional on their inner development.

“Normal” is social category, suggesting the way of life which is preferable in a given culture, and drug addiction of any kind obviously falls apart of it. Seeing the therapist and doing one's own best to take the most possible advantage of it is huge and not futile effort indeed; yet it stands still rather as a mean of the injecting drug users own conviction and confidence of themselves being the same human beings as anybody else, than something which is widely appreciated by the general public. Somehow the “esoteric” status of psychotherapy in Serbia contributes certainly, but socially unacceptable practice together with the behaviour caused by the addiction do it even more.

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Psihoterapija: bedem normalnosti intravenoznih korisnika droge: slučaj Srbije

Apstrakt: Psihoterapija se u Srbiji još uvek češće vezuje za mentalne poremećaje nego za savetovanje. Intravenozni korisnici droge čine grupu čiji članovi rado govore o psihoterapiji, za razliku od većine drugih osoba, koje nerado otkrivaju svoje posete terapeutu. Za ovu određenu grupu, psihoterapija predstavlja oruđe za konstruisanje mentalne distinkcije između društvene i somatske bolesti. Predmet ovog rada obuhvata tri aspekta, od kojih je prvi mesto koje emocije imaju u kognitivnom procesu psihoterapijskog lečenja, zatim psihoterapija kao sredstvo samoobjašnjavanja i psihoterapija kao mentalni model normalnosti. Predstavljanjem eksplicitnih modela psihoterapije, normalnosti i emocija u okvirima kulturne kognicije grupe intravenoznih korisnika droge, nastojaćemo da ukažemo na eksplicitne modele ovih pojmova u srpskoj kulturi.

Ključne reči: Antropologija, normalnost (kao društveni konstrukt/kulturno značenje). Intravenozni korisnici droge, psihoterapija, Srbija.