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Original research article

The prohibition of sexual relations in a therapeutic community: as seen by therapists and clients

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Abstract
This ethnographic study is a critical reflection on what is traditionally one of the cardinal rules within most of the therapeutic communities that are engaged in treating people who are addicted to narcotic drugs. That rule forbids the initiation of sexual relationships and partnership relationships between clients in the community. This study of clients and therapists in one specific community examines how clients perceive the rule that forbids the initiation of intimate relations during treatment, and whether those perceptions change during the course of treatment. It also addresses how therapists view the rule, and the impact it has on their work.

The community's clients perceived the prohibition as encompassing more than just physical intimacy and close contact, extending to the formation of profound emotional connections. Each client participating in the study approached the obligation to abide by the restriction on sexual relations in their own unique manner, and devised personal strategies for managing it. The therapists regarded the regulation against sexual involvement as crucial for maintaining the appropriate course of therapy. They emphasized that romantic involvement within the community setting disrupts the group dynamics and has a detrimental effect on the therapeutic process.

Similarities and disparities in attitudes toward the rule were identifiable among the clients and therapists. Both groups of respondents were convinced of the rule's significance, as it encourages clients to prioritize themselves and their own treatment.

Keywords: Drug users; Sexual relations; Therapeutic community; Treatment

Introduction

The treatment of drug users in a therapeutic community is characterised by a high degree of structuralization and involves a great number of rules, conventions, and rituals that clients are expected to observe (Caputo, 2019). In most communities, one such rule is the prohibition of sexual relations and the formation of partnerships among clients. This rule raises certain ethical and practical problems that have rarely been addressed in foreign studies, and only exceptionally in a few domestic Czech theses and dissertations. Our study was intended to expand knowledge in this area. The goal of the research was to describe how clients and therapists in a particular community perceive the rule forbidding sexual relations and partnerships among clients, and which factors influence them to follow it.

The research section of the work is based on a study by Helena Prentice (2022), which formed part of her diploma thesis. The presented topic receives little coverage in the professional literature, and the resources we use in the theoretical part are the only resources available.

Theoretical bases

A therapeutic community is a residential program that purposefully creates a group of people who share a common problem (in our case, addiction to narcotic drugs) in order to facilitate psychosocial change in the individual. Change is achieved through intensive psychotherapy and participation in recreational and vocational activities (Kaye, 2019). Another characteristic of a therapeutic community is clients' participitation in the management and decision-making in the community, through which they learn to function within day-to-day mutual human relationships (De Leon and Unterrainer, 2020). Clients jointly decide whether to allow other clients to move on to later phases of treatment (Kalina, 2008; Richterová-Těmínová et al., 2003). Another typical feature is the location, which is usually a small community or an isolated area where the clients are unable to obtain drugs (Therapeutic community for drug addicts, 2004). Living in the community places high demands on clients, both physically and mentally (Dingle et al., 2019). Sports and vocational therapy are part of the treatment, along with both challenging and more leisurely activities. A community is usually made up of fifteen members; the aim is for it to resemble a large family group and to enable work with a group

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dynamic. Clients recruited into the therapeutic community are long-term users of narcotics who have had serious problems in their lives. Most of them have had experience with other kinds of therapy (Šefránek et al., 2014). An applicant for this long-term form of therapy must demonstrate that they are motivated to undergo treatment and truly want to change their life (Kuklová, 2016).

A law of the Czech Republic, no. 357/2005, Coll., on protection from harm caused by alcohol, tobacco products, and other addictive substances, defines a therapeutic community as a health care service. It is further defined as a social service by Law no. 108/2006, Coll. Fifteen therapeutic communities for drug users are currently active in the Czech Republic. More than 500 people with drug problems pass through their programs each year, and a significant number of these do not return to their former lifestyle. Therapeutic communities are considered to be one of the most successful forms of treatment for drug addiction (Šefránek et al., 2014). The effectiveness of treatment in a therapeutic community cannot be measured by simply listing its individual programs; the community functions as a whole (Preslová et al., 2011).

A therapeutic community involves a number of rules and conventions, which vary depending on the stage of treatment in which the clients find themselves. The most important of these are called cardinal rules, which ensure the basic safety of the community's clients and are the only ones that are non-negotiable (Preslová et al., 2011). Violation of these rules can result in the expulsion of a client from the therapeutic community (Kalina, 2008; Richterová-Těmínová et al., 2003). Among the cardinal rules are prohibitions surrounding the use of drugs and alcohol, violence, discrimination, and normally, entering into intimate relationships with other clients (unless the community has given its consent to that). In practice, this usually means that if a client does have sex, or enters into a partner relationship with another client, one of them must leave the therapeutic community.

There are various reasons for upholding this rule. The main one is that, as with any other strong coalition, a sexual relationship or partnership between two clients is undesirable in a group. It places a disproportionate burden on the entire community and is incompatible with the client's role in the therapeutic process. The presence of a couple in the community can negatively influence the group dynamic and evoke feelings of jealousy or a similar kind of rivalry. It attracts a lot of attention and leaves less space for other important topics (Kalina, 2008). In cases of infatuation, the goal of overcoming addiction loses its importance and the attention of the client is diverted. This can result in mutual reinforcement of addictive behavior and deciding to end the treatment (Bluthenthal et al., 2006). If it happens while the partners are still in the community, the breakup of a relationship formed during the treatment can cause a huge crisis for all involved. Also, people who are drug-dependent often enter treatment with fundamental problems in the area of interpersonal relationships, such as victims and perpetrators of domestic violence, sexual abuse, and rape. Most of them have little experience with partnerships and sexual relationships that do not involve drug use. If they have not completed the therapeutic process, these clients have a tendency to re-adopt maladaptive models of behavior, and the final outcome is a relapse into drug use (Preslová et al., 2011). Finally, instances of sex within a therapeutic community of drug users are generally considered to harm the reputation of the facility.

Still, in light of the lack of scientific research into the subject, it is not possible to say with confidence that sex between clients in a therapeutic community of drug users necessarily leads to unsatisfactory therapeutic outcomes. We also do not know how stable the relationships that arise during therapy are, how long they last on average, and how satisfied the partners are with them.

The arguments against allowing sex between clients in a community seem to be rational, but they must be subjected to constructive criticism and appropriate proof. We must try to uncover valid reasons for applying the rule forbidding sexual relationships. According to Kalina (2008), the prohibition of such relationships has been one of the most discussed and most controversial rules of therapeutic communities since they began. Dvořáček (2011) goes a step further and disputes the claim that relationships within a community are always negative, because they have deep importance for a person in spite of their impermanence. He also observes that other subgroups that arise in communities do not receive the same amount of attention, even though they can have similar consequences. As for the potential for harm to the reputation of a facility in the eyes of the public, he queries whether sexual relationships between students are damaging to a university's reputation. He suggests that the rule should exist only in the form of a recommendation. According to Nathan et al. (2011), a lack of sex can cause frustration for some clients. He believes that sexual relationships are common in adult treatment programs but admits they can be a source of conflicts.

Some institutions that provide therapy of the communal type in the Czech Republic allow relationships under certain conditions (*e.g.*, the therapeutic community at Němčice), and even provide their clients with access to a condom dispenser, as does the psychiatric clinic at Červený Dvůr. In this way, they make sex between couples possible but reduce the risks of sex during treatment and even the possibility of unwanted pregnancy.

Materials and methods

The participants in the research were clients and therapists in a therapeutic community operated by the non-profit organization Magdaléna in the Central Bohemian region. The selection of the research site was based on the willingness of the facility's management to provide unrestricted access to the researchers for conducting the investigation. It should be noted that the researchers had no prior employment history with the facility. The facility's management was approached to assist in the identification of eligible participants for the purpose of the in-depth interviews, who the researchers subsequently asked to partake in in-depth interviews. Factors considered during participant selection included: achieving a balanced representation of both genders, and including participants with varying durations of stay in the current treatment program. One of the participants acknowledged a breach of the established rule, resulting in the termination of their treatment.

The facility treats adults who are moderately or heavily dependent on narcotics and who have a significant degree of psychosocial impairment. Clients are admitted to the community after they have completed detoxification at a specialized facility. Five clients and four therapists participated in the study. The clients were chosen on the basis of recommendations from employees of the Magdaléna non-profit. Basic information about the clients of the therapeutic community who took part in the study appears in Table 1. The names given are fictitious and are used to facilitate the presentation of the information gathered in the interviews.

Table 1. Basic information about the participants in the study – clients of the Magdaléna Therapeutic Community

Name	Age	Gender (F/M/NB)	Educational level	Profession	Type of dependence	Duration of dependence	Time in the community	How many times in treatment
Eva	31	F	High School Graduate		Alcohol, Metham-phetamine	12 years	5 months	2×
Anna	22	F	Elementary School		Alcohol, Metham-phetamine	8 years	1 month	2×
Jana	37	F	Elementary School		Alcohol, Metham-phetamine	16 years	3 months	3×
Dan	31	M	Elementary School	Cook	Alcohol, Metham-phetamine	15 years	12 months	2×
Ivo	38	M	Elementary School	IT	Alcohol, Metham-phetamine, Opiates	18 years	3 months	2×

The therapists were chosen by agreement with the employees of Magdaléna's therapeutic community. Table 2 provides basic information on the participants in the study, chosen from among the employees of the therapeutic community.

Table 2. Basic information about the participants in the research – employees of the Magdaléna Therapeutic Community

Name	Age	Gender (F/M/NB)	Profession	Psychotherapy training	Length of time employment by the community	Experience in the field
Hana	47	F	Practicing therapist	no	3 years	5 years
Pavla	42	F	Therapist	yes	3 years	15 years
Lea	38	F	Therapist	yes	2 years	2 years
Dita	55	F	Drama therapist	yes	3 years	3 years

Based on the goals of the study, we formulated the following research questions:

1. What is the attitude of therapists and clients regarding the importance of forbidding sexual relationships?
2. What factors lead therapy participants to follow the rules?
3. How do therapists interpret the rule forbidding sexual relationships, and to what extent do they enforce it and impose punishments for breaking it?
4. What impact does the rule have on therapists' practice?

Our analysis of this issue began with qualitative research using participant-centered methods, including semi-structured and unstructured interviews with clients and therapists in one therapeutic community. The data we obtained during interviews were then synthesized and interpreted using thematic analysis. The chosen methods allowed the researchers to analyze data on the attitudes, behaviors, and conventions of the community in its natural environment, with an emphasis on its day-to-day activities. Observation of the participants closely followed their participation in the usual activities of the therapeutic community and in everyday situations. "We become intimately involved with the people we study" (Bourgois, 2002). The information obtained from observation of the participants and from the semi-structured interviews with them was analyzed and interpreted, and answers to the research questions were developed. The interviews were conducted in February and March of 2022.

In open coding, texts are divided into sequences which are given identifiers reflecting certain themes. "The goal of open coding is to uncover recurring themes in a text that are related to the research question. This provides a list of themes that are then analyzed and categorized" (Švaříček et al., 2007, pp. 211–212). Responses that had the same meaning were identified. Specific categories were established on the basis of thematic analysis and were divided into subcategories as necessary.

Axial coding builds on open coding. Its goal is to look for connections between the categories that were established in the process of open coding. The stress here is on tracing causes, conditions, and consequences. It is also appropriate to focus on individual processes and strategies. During axial coding, the researcher searches for new categories and looks for the concepts that are inherent in the topic of study. In this, the researcher uses his or her knowledge of the theory related to the subject matter. He or she combines findings that result from analysis and theory and fits them into the context of the given problem. In many cases, based on the results of analysis, new questions arise and themes emerge that require further research (Hendl, 2008, pp. 250–251).

Results

Clients

The issue we studied was the prohibition of sexual relations. The clients explained this as not only a prohibition of physical contact, but also a ban on initiating a romantic relationship. Therefore, clients in the community perceived prohibition as including not just sexual relations and other intimate contact, but also the development of deep emotional relationships between clients. In that regard, clients made efforts to avoid falling in love with any other person while residing in the community. Awareness of the need to remain focused on therapy for the duration of their stay in the community played an important role. The ability to take time for themselves during their stay and not become be distracted by intimate relations was important to the clients.

The context in which the clients perceived the prohibition on sexual relationships was also highly important. The amount of time they had spent in the community played an important role in how they perceived the rule. All the clients respected the rule at the beginning of their therapy. They often said that it did not even cross their minds at the beginning of their stay in the community to look for a relationship. For many of them it was inconceivable that they would ever fall in love there.

As their time in therapy progressed, however, their opinions changed under the influence of events and the conditions of life in the community. They unconsciously developed relationships with other clients. These relations had considerable potential for developing into intimate relationships.

It was clear from their answers to questions that during treatment the respondents realized how difficult it was to follow this rule. For example, Jana said: *"It constantly gnaws on me like a little worm, what might happen if... if it was somehow... if there was something more there... That was turning in my head. I don't know... how everything would be after that. That kind of thinking is just bad."* The main reason given was that forming relationships within the community was very difficult, and the conditions of the clients' lives together played a major role in that. Eva, who broke the rule prohibiting sexual relations and became pregnant while in the community, said: *"I didn't expect it and I felt like... we were sort of starting... to have a lot of fun together and we were just friends and then all of a sudden we agreed not ever to be alone together. That we just wouldn't have that kind of contact..."* All of those interviewed remarked that there were a number of instances known to the community when the rules were broken.

The clients also stated that during their stay in the community they had to deal with sexual desires and the need for emotional closeness. These feelings made it difficult for them to follow the rule forbidding the forming of relationships. They often found themselves in risky situations that threatened breaking the rule. This mainly occurred when clients were alone together and a certain amount of attraction existed between them. All of the interviewed clients admitted that they had got themselves into risky situations in the community. In most cases, the participants linked the ban on sexual relations in the community with a ban on any kind of relationship at all. Eva said: *"It's like any bigger friendship is not good here, where someone fastens themself onto another person... even if they are only friends."* From the answers, it is clear that some clients make a distinction between physical contact and other relationships that can develop between clients. For example, Anna said: *"I have heard here... or the therapists have said, that there were two people here who fell in love with each other. You just can't stop that... And it turned out all right somehow."* In her interview Eva added that there was sexual tension between her and another member of the community that grew into a sexual relationship they were able to keep quiet for four months. Eva became pregnant as a result of that relationship. Her partner left therapy before that fact became publicly known. In the end, Eva had to leave the community as well.

All participants in the research considered the prohibition of sexual relations to be rational and logical. Jana said: *"Yes, that's how I see it... logical, because physical contact between a guy and a girl is actually forbidden, and also same-sex couples too, right, that would really disrupt how things go in the community..."* The majority of those interviewed stated that they accepted the rule because they needed to focus strictly on themselves during therapy. A relationship would, in their opinion, influence their therapy, and that would be unacceptable. Dan said: *"I think that a relationship ties you down in a way, it prevents you from devoting yourself fully to your own therapy."*

Individual participants in the study approached the obligation to comply with the prohibition of sexual relations in their own specific ways and developed their own coping strategies. These included trying to banish thoughts of breaking the ban with physical and mental activity, or by focusing on other things. Clients talked about trying to close themselves off from others and building up barriers. On the other hand, some clients chose to bring things out in the open and talk about their feelings. The coping strategies that clients in the community chose had concrete consequences. Clients usually felt guilty about any inclination to violate the ban. In a number of cases, clients resorted to lies and deceit to hide their true feelings or to avoid revealing a breach of the ban. As a result, clients also suffered from guilt at having to resort to lies and deception. In many cases, however, they reported that they were unable to find any other solution to their situation.

One reason for guilty feelings was the fear of punishment. The clients were very much aware that they could be ostracized from the community and that their treatment could be terminated. Most of the clients interviewed said they had witnessed the expulsion of some clients from the community who had violated the ban during treatment. During the interviews, they mentioned situations in which they themselves had experienced temptation. All the clients interviewed agreed that these were essentially everyday situations that would not have posed any risk in the context of life outside the community. Jana described similar situations she encountered while working in the community. She stated that she often felt some mutual sexual tension with another client in the workplace. She found the whole situation rather uncomfortable because it was basically impossible to avoid the other person. Clients perceived such risky situations negatively and associated them with the fear of breaking the rules.

However, it was clear from the interviews that at times the rules were violated within the community. In such cases, clients chose to lie and not say anything. Often, however, someone else in the community knew about their behavior. For example, Jana confessed to a community member that she had broken the rules *"just so I could talk about it, yeah. Just share it with somebody"*. It was evident from the interviews that, in this regard, clients covered for each other. Eva confessed that she and her partner had lied to the community throughout their relationship.

Therapists

The therapists reflexively considered the rule banning sexual relations to be essential to ensuring the appropriate course of treatment. They expect clients to focus primarily on their own therapy while they are residents in the community. *"I've been in the business or generally associated with it for a while... and I think it's very important because when they violate it* [the rule]*, which is something I've experienced a few times since I've been here, those clients just don't get better, they just don't give their full energy to the process, to their issues"* (Lea). The therapists state that a relationship within the community interferes with the group dynamic and has a negative impact on the therapeutic process. The clients learn a great many new things while residing in the community, which include self-knowledge, creating a set of values, and changing the role models they follow. Because of this, they are able to gradually assume responsibility for their own lives and continue in abstinence outside the community. Most therapists say that the clients choose to enter the community voluntarily, and thus commit themselves to respecting its rules. They also often say that the clients must establish priorities for the course of their treatment. In that regard, the therapists viewed the rule of no sexual involvement as very important. In particular, therapists identified it as a cardinal rule with which each client is familiarized prior to entering the community.

When it comes to the therapeutic community, high demands are placed on clients. In particular, they have to contend with controlling and repressing their sexual urges and

often have to deal with romantic feelings. According to the therapists, clients are often convinced that they have found their one true love in the therapeutic community. For that reason, they choose to break the rule forbidding sexual relations and thus risk exclusion from the community. From the therapists' point of view, such feelings are nothing more than a "crush", and relationships formed during treatment rarely last. The clients' relationships often have a pathological character and hinder a client's complete recovery. From the therapists' perspective, many clients are promiscuous and exhibit an unhealthy relationship with their own bodies and physicality.

The therapists were aware that staying in the community was very challenging for the clients. In particular, they cited the fact that men and women are confined to the same space for more than a year and cannot have sexual relations. In this regard, therapist Lea stated: *"On the one hand, I obviously understand that it's terribly hard for those clients when they've been here for a year and can't* [have sex]." Pavla stated that she discusses clients' sexual urges with them quite often during therapy. Specifically, she said: *"It's just one of those things. They have a desire for sex, they admit that, and I don't think it's something bad, it's just natural."* The interviewed therapists associated life in a therapeutic community not only with treatment, but also with a learning process. They talked about the "journey of self-discovery" and the acceptance of one's own emotions as things that an addict must go through in order to be able to return to society. The prohibition of sexual relations in the community plays an important role in that. Paul stated: *"He* [the client] *builds a kind of a hierarchy of the values which are more important to him, and somehow he has to come to terms with that, like he does with all his cravings."*

Informing the clients in advance and pre-emptive action by the therapists to prevent the development of risky situations play important roles in a strategy for ensuring proper behavior. The therapists' ability to monitor life in the community and detect the signs of incipient relations between clients are part of that strategy. Limiting situations where clients can be alone together is another important element. The community itself also plays a role; according to the therapists its members are able to notice any violation of the rules and report it. Practicing therapist, Hana, said: *"They tell us: 'We saw this person here and that person there.' Or the ones in the CHRPA* [authors' note: the CHRPA is a ward for people with dual diagnoses] *say: 'Look at that.' That's how you start to notice more of what is going on."* In that connection, Lea stated in that a lot depends on the age and maturity.

The ban on sexual relations in the community often results in lies and subterfuges, the aim of which is to conceal violations of the rule. On the other hand, the therapists have encountered situations where clients have fallen in love and have spoken about it openly, which made it possible to resolve the situation. When clients do break the rule, they are required to sign a contract promising that they will not meet privately. However, in cases of serious violations of the rule, clients can be expelled from the community. The therapists always make an effort to try to find some place for the clients to continue their therapy. It also happens that clients do not break the rule while living in the community, but enter into a relationship after their therapy has concluded.

Discussion

Within therapeutic communities, the issue of intimate and sexual relations while staying in a therapeutic community is addressed fairly often. It is often a topic during meetings of therapeutic teams and crops up in the context of supervising the community. Broža (2007) considers the ban on sexual relations to be a key rule in a therapeutic community, although he admits there is a certain amount of controversy attached to it. He says that the rule forbids something that is connected with the clients' natural needs. Both clients and therapists remarked upon that same fact during the interviews for this study. The therapists recognized how strong sexual urges can be and the difficulties associated with respecting the ban. Nevertheless, they insist that clients follow the rule. For their part, the clients were aware of the rule before they joined the community and intended to respect it. It therefore appears that the ban is an immutable rule, the importance of which no one actually doubts.

Both clients and therapists referred to the rule as something more or less important in the interviews. Above all, they associated it with the client's need to focus only on their therapy and find a solution to their personal problems. Preslová et al. (2011) mention this fact and believe that many people enter the community with distorted ideas about partner relationships. Such people are prone to forming toxic relationships that have negative impacts on the treatment process. The therapists also stressed the importance of keeping to the rule in order to preserve a positive group dynamic. This concern is, to a large extent, based on social group theory. According to Nitsun (2014), subgroups have a negative effect on the functioning of the larger group. The author speaks of "anti-groups", which represent a destructive force in the framework of a community. These destructive forces disrupt the process of treatment and in so doing exert influence over all members of the group. One characteristic of anti-groups is their tendency to keep secrets. The therapists we interviewed frequently encountered this phenomenon in cases where the rule against sexual relationships was breached. Similarly, it often happens that certain members of the community are aware that the rule is being broken, but deliberately keep silent about it in the presence of others. This also has a negative impact on the therapeutic process and the functioning of the community. While partnerships and sexual relations in the community are viewed negatively, friendships are considered to be positive for successful treatment, especially for young women (cf. Bluthenthal et al., 2006; Nathan et al., 2011).

Although no one in our research group mentioned it, the group of therapists in the work of Bíliková (2014) reported that masturbation had clear support from therapists. This included the creation of a space for masturbation (porn magazines in toilets) and the permissibility of erotic aids. According to the interviewed therapists, masturbation is a permitted means of releasing the constant tension that clients of the communities are exposed to, and it also enables them to get to know their own body.

It is possible to view the prohibition of sexual relations in the community in terms of a parallel between substance abuse and sex. Sex and the initial phase of attraction bring a certain degree of pleasure to the persons concerned, in the same way that addictive substances do. In this context, it is worth mentioning Dvořáček (2011), who describes addiction as a disorder of pleasure acquisition. The addicted person wants to achieve gratification immediately and without much complication. During treatment, however, they are forced to delay the pleasure associated with the drug and seek some kind of substitute. Love or sex may become a substitute for drugs in the community, and this ultimately has a negative impact on the course of treatment (Reihman et al., 2003).

According to Mravčík (2012), every community interprets the rule prohibiting sexual relations in a different way. In practice, this means that different boundaries are set within different communities for acceptable behavior. What is considered a violation of the rules in one community (and punished) can be acceptable in another. That fact can be confusing for clients.

Ultimately, it cannot be said with certainty that sex between clients in a therapeutic community of drug users inevitably leads to an unsatisfactory therapeutic outcome. The reason for this is the lack of sufficient scientific research work devoted to the question. However, there are many rational arguments that support the rule. The experiences of the therapists we interviewed indicate that relationships formed within the community are not long lasting and are often built on inappropriate patterns of behavior. At the same time, it is always necessary to act with care and be sensitive to the nature of each individual case when enforcing the rule.

Conclusion

The research highlights the shared belief of clients and therapists in the therapeutic community regarding the importance of the no intimate relationships rule. Balancing clients' natural sexuality with the focus on treatment proves challenging, particularly as clients spend an extended period in the community. The clients' approach to treatment influences compliance with the rule, while fear of punishment fosters deception and cover-ups.

The viability and necessity of the rule remain open to debate, as does determining the severity of violations that warrant treatment termination. The prohibition of intimate relationships within therapeutic communities holds significant importance for both clients and therapists, although their attitudes towards the rule exhibit some variations. Clients and therapists alike agree that the rule is crucial as it allows clients to focus on their personal treatment. However, some clients believe they can maintain successful treatment even if they engage in relationships within the community.

Therapists firmly believe in the rule, emphasizing the need for clients to address their individual issues before entering healthy relationships. Clients' adherence to the rule primarily depends on their commitment to recovery and their prioritization of treatment. Those who consider treatment their highest priority are less inclined to violate the rule. Therapists perceive the rule as prohibiting both partnerships and sexual activity within the community, but not the presence of sexual urges that are not acted upon. The rule affects therapists' work by necessitating vigilance in preventing rulebreaking and identifying potential relationships among clients.

While therapists recognize the significance of the rule, they remain open to exploring alternative approaches that may prove effective. Potential strategies to navigate the intricate landscape of intimate and sexual relationships within the treatment process may provide a direction for future research on the subject matter.

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

Zákaz sexuálních vztahů v terapeutické komunitě z pohledu terapeutů a klientů

Souhrn

Předmětem této studie je kritická reflexe toho, co je tradičně jedním ze základních pravidel ve většině terapeutických komunit zabývajících se léčbou lidí závislých na návykových látkách. Toto pravidlo zakazuje navazování sexuálních a partnerských vztahů mezi klienty v komunitě. Tato etnografická studie klientů a terapeutů v jedné konkrétní komunitě zkoumá, jak klienti vnímají pravidlo zákazu navazování intimních vztahů během léčby a zda se toto vnímání v průběhu léčby mění. Zabývá se také tím, jak se terapeuti dívají na toto pravidlo a jaký dopad má na jejich práci.

Klienti komunity vnímali zákaz tak, že zahrnuje více než jen fyzickou intimitu a blízký kontakt, a to i vytváření hlubokých citových vazeb. Každý klient účastnící se studie povinnost dodržovat omezování sexuálních vztahů řešil svým vlastním jedinečným způsobem a vymýšlel osobní strategie, jak situaci zvládnout. Podle terapeutů je regulace sexuálních vztahů zásadní pro udržení vhodného průběhu terapie. Zdůrazňovali, že tyto typy vztahů v komunitním prostředí narušují skupinovou dynamiku a mají škodlivý vliv na terapeutický proces.

Mezi klienty a terapeuty byly identifikovány podobnosti v postojích k pravidlu. Obě skupiny informantů byly přesvědčeny o významu pravidla, protože vede klienty k tomu, aby upřednostňovali sebe a svou vlastní léčbu.

Klíčová slova: léčba závislosti; sexuální vztahy; terapeutická komunita; uživatelé návykových látek

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