

Psychotherapy Guidebook

PSYCHOANALYTICALLY  
ORIENTED  
MILIEU THERAPY

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# **Psychoanalytically Oriented Milieu Therapy**

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# Psychoanalytically Oriented Milieu Therapy

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## DEFINITION

Psychoanalytically Oriented Milieu Therapy is the application of the theory of psychoanalytic ego psychology to the design of all aspects of an environment. The total milieu (including the physical setting, the structure and detail of the patients' lives, and the staff who work daily with the patients) is used to provide the necessary conditions for the patient to resolve inner conflicts and develop strong, healthy personality structures.

## HISTORY

The first effort to apply psychoanalytic understanding to the “life structure” of the patient was made by August Aichhorn, who, after World War I, treated a group of “wayward” youngsters in an institutional setting. In the 1940s further development of this approach took place in various parts of the United States (with Stan Szurich in San Francisco, with Fritz Redl in Detroit, at Southard School in Topeka, at Bellefaire in Cleveland, and at the schools of the Jewish Board of Guardians in New York). The work of Maxwell Jones and Harry Stack Sullivan was also very influential. In 1944 Bruno Bettelheim

became director of the Sonia Shankman Orthogenic School of the University of Chicago and, for the next twenty years, worked with staff, colleagues, and consultants in psychiatry, psychoanalysis, anthropology, and education in developing a model of Psychoanalytically Oriented Milieu Therapy.

## TECHNIQUE

The essence of the therapy is a deep and respectful consideration of all aspects of a person's life with the purpose of understanding how each aspect can be utilized to help the person heal and grow. I will describe this through examples of how it is effected at the Orthogenic School. The physical setting is a potential therapeutic agent, since it is often the most pervasive and permanent element in an institution. At the school, decisions on furnishings are made by the director in consultation with the staff and patients who will be living with those furnishings. When an entire institution is furnished in this way, as beautifully as possible, the residents begin to get the message that they are, and deserve to be, respected. Very little gets broken or damaged.

The structure of the day is also considered and can have a similarly powerful impact. For example, all of the children (forty), teachers, and counselors who are working that day meet at the end of the school day and after lunch on Saturday. Once a week the director comes to the meeting to

discuss matters of common interest, such as: redecorating, which condiments should be available at every meal, or why people have difficulty eating. At these meetings, each person is supported by all others, and there is an institutionalized time for the director and all residents to listen to what any patient has to say. This meeting structure again conveys respect, support, and the conviction that each person can influence what happens to himself.

In a therapeutic milieu, the interactions between patients and staff are given the most careful attention. Some of the most significant times for a brilliant autistic boy were when his teacher sat with him while he used the toilet, for a psychotic adolescent it was when he was sick in bed, and for a schizophrenic girl, when she met a dog on a shopping trip and clung to her counselor. Our children are rarely able to communicate their anxieties and fantasies around such critical issues outside of the time when they are actually experiencing them. Therefore, they need to have the therapeutic person available at the time the critical issues are aroused. Since these are the interchanges that are most important, they are discussed at formal and informal meetings with staff, director, and consultant psychiatrists.

The following is a brief indication of some of the implications of the theory of psychoanalytic ego psychology for this therapy. The primary task of strengthening and developing the ego is accomplished by the ego exercising its function of satisfying the demands of the internal and external worlds. We,

therefore, try to design an environment where this is possible and which gradually becomes more challenging. For example, in regard to satisfying internal demands, some kind of food is always available to the patient in such a way that he can get it himself; and the bathrooms are very attractive and easily accessible. Thus, because of the physical arrangements and the traditional structure, the patient can, with little difficulty, satisfy his needs.

We at first drastically reduce the demands of the external world so that the patient can have success in meeting them. We gradually impose demands, always trying to have them make sense in the patient's terms. While they do have to live with five or six other people, at first we require only that they not hurt themselves or anyone else. Gradually a meaningful program is developed, in terms of what they are cognitively ready to learn, what will appeal to them psychologically, and what will help them to master their internal and external worlds.

In order to choose appropriate experiences and respond appropriately, the staff has to understand the patients, themselves, and the nature of the unconscious. At the daily meetings with the director and/or consulting psychiatrist, the staff is helped in this understanding. The school is designed to facilitate many other interactions: the staffs meet frequently and the director and senior staff are available for consultation and support. The efforts of the staff in all these meetings are continually to try to understand,



reevaluate, and rethink our work so that we can build a world for these patients that can be healing and growing — a therapeutic milieu.

## **APPLICATIONS**

The principle of considering the psychological impact of all aspects of an environment has very wide application. It has, for example, been very effectively applied to normal classroom situations, from preschool upward.