Psychotherapy Guidebook

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DEFINITION

In its present form Sociotherapy is traceable to the concept of milieu therapy developed in the United States and Europe after World War II. Milieu therapy has been characterized as using "social psychological forces" in shaping the social organization of a treatment program (Rossi, 1973). The authors of this article prefer Sociotherapy to milieu therapy because the prefix of the former has wider implications, reaching into the dynamics of interaction and association, while "milieu" connotes only the environmental aspects of the technique. The sociothera-plst is a psychotherapist who intervenes knowledgeably and supportively in the patient's life outside the patient-therapist dyad.

HISTORY

Writing of a concept loosely called "social therapy," Elliott Jaques in 1947, at the Tavistock Institute, showed how therapy of the individual and the group, as well as therapy for the resolution of intergroup tensions, were all related to each other. In the hospital setting a leading proponent of

Sociotherapy is Maxwell Jones, whose therapeutic community was a far-reaching attempt to create a milieu responsive to patients' needs (Jones, 1968). Sullivan, Fromm-Reichmann, and Anna Freud each contributed to Sociotherapy's conceptual framework through exploration of links between patient behavior and treatment setting. However, the hospital is not the exclusive domain of Sociotherapy; the emphasis on the social interactions of the patient in natural groupings builds also on the work of those such as Karen Horney and Erik Erikson, who stress the individual's cultural and psychosocial field. Marshall Edelson's Sociotherapy and Psychotherapy (1970) is a very important contribution, though its perspectives are shaped by a particular example, the residential therapeutic community, described in a companion book, The Practice of Sociotherapy (1970).

TECHNIQUE

Edelson thinks of the sociotherapist as a clinician whose orientation is "to the situation of social system rather than the personality system." In this sense he develops a theoretical separation between the inner and outer provinces of psychotherapist and sociotherapist:

Psychotherapy is concerned with an intrapersonal system, with intrapersonal states, conflicts between intrapersonal structures, and the specific intrapersonal determinants of motion; and with direct attempts to

intervene in, and alter, this intrapersonal system. Sociotherapy is concerned with the situation; with the social system and social conditions; with the reality of available social, physical, and cultural objects; with the world of means, opportunities, facilities, media, values and norms; with the relations, especially the strains, between entities (persons or groups) as these play different parts in achieving the shared goals of the social system; and with direct attempts to intervene in, and alter, this social system. (Edelson, 1970)

Yet this schematic distinction is less valid in practice. The sociotherapist uses his concern with the social system and social conditions as means of making "direct attempts to intervene in, and alter, this intrapersonal system." He designs the setting to be a basis of interpersonal systems that will facilitate the patient's individual development.

APPLICATIONS

Psychological problems are often connected to estrangement and isolation. Intact relational activities that could offer support, such as the extended family, have withered away in our mass urbanized society and patients entering therapy often suffer from pronounced social handicaps. Institutional life, like that of the ward, belatedly provides a kind of network, but hardly anyone would choose it voluntarily, since apart from intrinsic deficits, the stigma of "mental patient" is a severe burden. Thus, regardless of

diagnostic category, many patients seeking psychotherapeutic treatment voluntarily also need an interactive and ego-restorative environment, a world that is neither unreally sheltered nor a sea of unknown faces. A lack of mastery, of integrity, of vocation and the inability to relate satisfactorily to other people may all be linked impairments.

Sociotherapy is thus strongly indicated for patients whose ego deficits have resulted in an impoverished, fragmented, or rigidly protected network. Core emotional problems can be explored in depth in the therapist-patient dyad, while the void or chaos in which the patient lives can be addressed in the sociotherapeutic realm through specific activities or goal-directed tasks in continuous feedback. In the full sense treatment involves the dyad as well as what lies beyond it; both interact with each other.

Initially, patients may resist Sociotherapy for various reasons (anxiety, fear of apparent loss of an exclusive relationship with the therapist, etc.). These contraindications, however, have to do with issues of individual case management rather than with nosology. With cases of paranoia and extreme ego fragility, sociotherapeutic intervention would also have to be monitored slowly and carefully.