

## THERAPEUTIC EFFECTIVENESS OF SOCIAL NETWORK INTERVENTIONS COMPARED TO GROUPS OF 'INTIMATE STRANGERS'

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*Actively promoting network building and integration can be effective in diminishing or preventing fragmentation of families in crisis. Such an approach supports the strengths and resources of the network members as well as the identified patient(s) and lessens the likelihood that the service agency will unwittingly foster an unnecessarily dependent relationship.*

*In addition, the project described in this article has the advantages of helping client families maintain connections with their roots and of bringing them into a network in which they can be helpers as well as the helped.\* This kind of network intervention may sometimes be sufficient in that the resources within the network may be able to adequately deal with the presenting problems. At other times, it may be more appropriate to use such an approach in addition to more traditional forms of treatment.*

There are not many shiboleths left in the theory of therapeutic effectiveness, but one of these is the reverence for anonymity and confidentiality that has led to a blind spot with regard to the potential therapeutic effectiveness of working with natural groups, especially those composed of family and other significantly related persons. The unit of intervention has, of course, been debated ad nauseum: individuals; couples, families; intergenerational families; and both natural units, such as classrooms, businesses, and departmental units; or natural collections of family, neighbors, colleagues, friends called social networks. General consensus leaves the battleground to those who must find one single answer, like the size of the Procrustean bed, and allows the majority of therapists to select those units with which they feel both comfortable and effective.

However, especially in the U.S., there has remained a continuing emphasis on the privacy, the individual responsibility for solutions to

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\*It also makes the child's transition into and out of foster care less jarring because the families are connected.

one's own problems, the protection from misuse of personal information by governmental units, and the suspicion that gossip and less formal behavior will always be destructive.

This has sometimes led family therapists to suspect that those who focus on individuals are settled in so many long range goals and years rather than weeks or months of therapeutic effort, primarily because the weakest link in the system, who has been extruded as a 'patient' becomes responsible for change not only in himself but in the system as well. The alternative, now ideologically reprehensible, is of course the 'adjustment', or manipulation of the individual to accept the system and conform to it. Group psychotherapeutic methods were certainly conceived and brought forth in the atmosphere of preserving individual privacy in one's own world, while sharing one's humanness in the artificially created intimacy of groups of strangers.

This approach to the solution of problems via therapeutic change in the individuals participating has a number of recognizable strengths, as well as some vulnerable weak spots. Some of the more significant elements of can be described briefly.

Among the strengths, is, of course, the freedom from pressure for the individual in the anonymity of groups of strangers. It not only permits one practice in making new relationships; and in approaching people who one has previously not felt at ease in social settings. It also breaks the polite rules, allowing feedback to each person of the discrepancy between intent and effect of actions, words, and patterns of self presentation. While this aspect of group therapy interaction provides some immediate connection of response and reinforcement (both positive and negative) it also separates in time and place the consequences of behavior. This permits trial efforts, experimentation with new roles and encourages attempts at new perceptions of self and others, without the risk of consequences in one's own life space. The immediacy of the feedback also often provides some verification of change before the new patterns are established in an external context, and thus provides an antidote to discouragement and the extinction of effort when the habitual patterns of response from family, friends, work associates and others have not permitted the perception of new aspects of personality or are not flexible enough to respond in kind to changes of behavior. This aspect of positive reinforcement is one of the strengths of the groups therapies—and a very essential piece of all social learning.

The group also provides some checks and balances within its collective experience, so that at least a resemblance of reality testing is available. To some extent the heterogeneity of the group frees the therapist from having to be all things, and all knowing; and permits the multiple foci of each

person's experience not only to be validated, but to be of service to the others in the group in its appropriate time and place.

These elements of group emotional support, of a place and time set aside for practice of new roles and patterns, and of verification of change and reality checks are parts of the tremendous strengths of group therapeutic models. However, a few but increasing number of models are now becoming available for comparison that carry with them many of these strengths, but do not rely on the anonymity and separateness of the artificially composed group. Instead, these therapists work with natural contexts of extended family and social networks of persons who are involved with one another in daily living as well as in the conflict resolution, crisis coping, and problem solving which leads one or more of the natural group to seek outside assistance in the form of a therapeutic intervention.

Only a few persons are bold enough to challenge the sacredness of confidentiality, and to maintain that freeing the natural group from the constraints of its secrets looses energy for problem solving otherwise bound up in maintenance functions.

Ross Speck, Ronald Laing, and Carolyn Attneave, have been outspoken among those recognizing this source of potential creative resources. Especially within contexts of family therapy, the need to develop open clear communication has become a standard operating procedure, although there is always the need to establish the context in which revelations of family skeletons, secret collusions, extra marital affairs, and other typical 'secrets' can be shared without destructive fallout. Perhaps initially it appeared easier to induce a shared collusion of conspiratorial secrecy within the group of strangers than to produce within the natural group the elements of trust and respect that are essential if the energy available from the fission of secrets is to be used in a controlled, constructive manner instead of explosively. However, utilizing the safety of the anonymous group only replicates the problem in a new form and does not accomplish the final therapeutic task of enabling people to accomplish this task in their own life space.

The very strength of the anonymity of the traditional therapeutic group makes it difficult after a very few sessions to reconcile the contrasts between the freedom, the new vocabulary, and the new social conventions of the group life and the patterns of the real worlds of the individual or couples who are its members. Although now generally recognized as a common phenomenon, when the natural sequence of events led members of the group therapy sessions to meet outside of the scheduled times for meals, dates, and even sleeping together, this was considered a breach of contract by the early leaders of the field. Nevertheless, such intimacies and shared "secrets" within and between subsets of the group, no matter

how natural a consequence of its original collusion of secrecy plus its intimate revelations, is disruptive of the illusions of anonymity which gave the therapeutic group some of its initial energy.

Perhaps in short and intensive bursts, the tools of group therapy are effective in the ways originally intended, but groups with a longer life, of months and sometimes years, become part of the warp and woof of the lives of members outside the therapeutic sessions—which may even for some fill a void left by church, synagogue or Sunday School as a gathering of likeminded friends and a leader or two for recharging batteries.

Group interventions, using many of the same techniques as well as new ones of their own, have been evolving from a focus within natural social networks. These interventions facilitate problem solving, energize familiar rituals or develop new ones, and establish the cultural climate that fosters growth in the context where it can continue. The effects seem to be long lasting, and the time span required for active professional involvement in network interventions seems to be relatively short term. A use of the social network as the unit of intervention becomes a natural extension of family therapy, since for most of the egocentric U. S. population friends fill niches once occupied by extended family members. Even the language of “Aunt”, “Uncle”, “Sister”, “Brother” or “cousin” is often used, whether whimsically in terms of “kissing cousins” or seriously as in the Black community where close friends are spoken of as “going for brothers”. Folk wisdom is here many strides ahead of the formal social scientist who has been bogged down with kinship systems and bloodlines or legally sanctioned relationships.

It is both satisfying, and a challenge to work with such a unit of people, who have real problems to solve; who know one another, but who may not have experienced real intimacy: and whose relationships before and after the interventions continue or fade on a realistic life-time continuum. It is a challenge because some of the security of the proscenium arch separating ‘theory’ from real life must be given up. One not only rehearses for new behaviors, one actually begins to implement them, and the professional is responsible for not a single person’s welfare, but of the interacting members of a live system. Nothing can be set aside as “just a game” since its repercussions will always be a part of the collective memory. On the other hand, immediate feedback, and shifts of relationship within real life systems is an even more potent source of reinforcement to sustain change than the dress rehearsal of the synthetic group.

Obviously, rules about individual confidentiality and collusions about secrecy are impossible. However, within the context of the intervention, one of the most dramatic results is usually the dropping out of the rules against admitting that one has known at least part of the secrets all along. Fantasies and ghosts can be replaced with realities, and human beings

confronted with reality can usually deal with it in effective coping ways. Experiencing this in one's own context is one of the most healing experiences that can be provided.

However, bringing this healing about, calls for a very different role at times for the therapist. Except as a model the therapist's acceptance is no longer the most important of the bag of tricks held. Insight must be owned by the group members who will live with it and who become the healing agents in real life as well as in the special sessions. Some therapists find this exceedingly difficult, for their own ego needs and super-ego pressures require them to be more responsible for success even as they are concerned about failure.

Nevertheless, the resources of the group exceed that of any therapeutic individual or team, and often the value of the heterogeneity of social network membership contributes solutions and supports efforts at change that a professional would not dare to attempt or could not possibly provide the human power and time to undertake or see through. Most of the energizing strengths of the synthetically created can be developed in the naturally related group, and the reciprocities as well as the strengths of group energies focused around problem solving for its members are as available in social network intervention as in traditional group and family therapies. The advantages of persistent relationships, or immediate reality testing, and of a much shorter time span of involvement on the part of the therapists, all recommend that serious attention be given to meeting the challenges of using the natural intimacy of social networks, rather than relying solely on the traditional group as the units of intervention. Perhaps one does not replace the other, but each contributes along a continuum of therapeutic methods and technologies. With more experience and more sharing of therapeutic activities using natural groups, criteria for when to use these units and when to use traditional group methods may be more easily discriminated.

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