Community Project "The Living Room" (Part II)

By

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Community Project on the Social Therapy Club, "The Living Room"

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COMMUNITY PROJECT

ON THE

SOCIAL THERAPY CLUB, " THE LIVING ROOM "

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The Living Room is a part of the Postgraduate Center for Psychotherapy, and was added to the multiple treatment, training and research facilities that the Center offers to the Community as Mental Health resources.

The project on the Living Room which Drs. Waxenberg, Campos and myself undertook came about by the needs to structure further this social therapy club that had aroused our interests, as expressed by Dr. Fleischl who had introduced it in 1959.

The purpose of the Club was to be an adjunctive to psychotherapy and to help reduce the isolation and loneliness of the members who functionned relatively well on the outside but seemed to need a sheltered environment to establish closer social relationships and contacts.

The club itself, functionned under the leadership of Dr. Fleischl and different assistants who either worked on a voluntary basis or as paid staff. Before the three of us took over this project to work on, we had all been specifically interested in different areas of it's structure and considered what level of the problems we would be more efficient in. We worked very closely as a team but for training purposes had to write up separetely our projects, although there is a sequence in our work.

PROBLEMS OF THE AGENCY and AREAS OF CONSULTATION

Dr. Fleischl, when she met with us, clarified the needs of the Living Room as being on three specific levels: referrals, membership and organization of the Club.

My part of the project follows that of Dr. Waxenberg who studied the referal system. We had agreed that I would study the constituency of the members and try to clarify the instability in the Club that Dr. Fleischl had mentionned. Dr. Campos worked on the subject of the inner structure and organization of the Club.

The members of the Living Room joined the Club after their therapists had gotten in touch with Dr. Fleischl. In our ~~previous~~ joint conferences and before our study was accepted as a Community project, Dr. Fleischl had brought up the fact that openly hallucinating patients and acting out patients created an impact and great anxiety on the remaining members. The question as to whether to take members from the community or patients of therapists unconnected with the Center was also a problem we discussed. I decided to attempt to device some criteria of intake after having participated in the Club's meetings and noticed empirically the level of the members. The basis of the Social Therapy Group was to set a situational treatment were the members interacted socially and experienced relationships among themselves and the staff. I had in mind to establish some kind of social diagnosis.

We held different conferences among ourselves and with Dr. Fleischl as we considered the Living Room as a potential community project. We discussed thoroughly the needs of the agency and clarified that the problem areas were the source of referals, the constituency of the members, the organization within the club itself and matters of keeping records. Dr. Fleischl stated that she needed consultation on these areas.

As we presented the potential project in class to Mrs. Wolberg after writing up our outlines, we became very clear of how the problems were still very diffuse in our minds, as we were unable to convey them clearly to our audience. Gradually the more we discussed our mutual areas of work, we became aware of how these conferences were beneficial to us and helped us to have a very sharp definition of what our tasks were. We noticed the interest that was aroused in the audience and the increase of referals to the Club. Beside clarifying our participation, we automatically became aware of the role of the consultant. In the process of writing up our work we had to change three supervisors which each contributed I feel personally to my understanding of what I was doing about the constituency of members.

I decided that I would have a closer contact with the agency if besides working as a consultant I could participate actively as a remunerated staff member. Dr. Fleischl and Dr. Campos suggested that I should start a round table discussion group on saturdays. Gradually the members that attended the saturday group increased in number, they became more active verbally and with some encouragement have started socializing on the outside. Completely silent members with time have started interacting and have received a great deal of recognition from the other members. There has been a gradual change in their fundamental behavioural attitudes as they experienced different responses from their environment. At times personal frictions have arised which I handled as I became more secure, by pointing out that the Living Room was a stepping stone for their progressive better functionning in the community. Interpretations were solely on the behavioural level and based on interaction instead of dealing with unconscious material and transferential relationships. I have shared this experience

with the staff in our meetings were we continuously stressed the social interaction. We constantly brought up that the goal of the Club was experience in a social situation, and that the conditions offered by the Club were not unlike those of everyday life.

In trying to work on the problem of constituency of members we decided in joint conferences that I would have a short intake interview with the applicants. This was for screening purposes and I had decided that rather than stressing the psychiatric diagnosis, I would try to find a social diagnosis. In class and in supervision, I arrived to the conclusion that the screening would only be beneficial if I could find out the motivation of the applicants. I had already decided from previous experience reported to me by Dr. Fleischl not to take psychotic or rather openly psychotic patients and also to screen out those who could not contrl their impulses as they had been detrimental to the remaining members in terms of the anxiety they created. Although we did not receive such referals, I came across some applicants who definitely would not be suitable for the Club because their pathology and the reactions I assumed tney would arouse in others and which would be harmful to them.

I set up a method of screening where I start by attempting to find out the motivation of the applicant and try to clarify and potentiate it further by bringing up the resources of the Club. I then get information about the background of the applicant and his role in the family unit. I found out that this is an important issue and helps us speculate about the role that the member will play in the Living Room. Phrases such as : I was the baby in the family, I was the youngest and they kept everything from me or I assumed all the responsabilities, etc. " were very important clues about theis position in the Club. I convey this material to the staff so that the new member can be further helped and also contribute to the

Living Room. I finally write up briefly my personal impression of the applicant, how he or she related to me or responded in general to the interview. By this I mean whether they just respond on a very dependent level, answering briefly to my questions or they can relate spontaneously and come up with pertinent questions they might have. I have noticed at times the tendency of some applicants to bring up too personal material when it is not required and some who completely flood the interview with their complaints. All these factors have a great value upon their later interactions in the Club. Finally Dr. Orhbach devised a questionnaire based on the average social activities of the applicant in the past month to determine his or her withdrawal degree and the attempts made to get out of it.

26 members were scheduled to see me and of these I screened only 19, the remaining either did not show up or cancelled their appointments. We had decided that only patients of therapists connected with the Center would be accepted as a rule but the few exceptions that may arise were to be seen by Dr. Fleischl. I had in mind to handle the applicants that were not suitable by contacting the referring therapist via Dr. Waxenberg.

It is interesting to note that those I felt were unsuitable refused themselves to be introduced to the Club. This came out very clearly with two applicants who were extremely isolated and who just came because their therapists wanted them to. One was a young man, who during the interview almost had a paranoid outburst and yet insisted he would come back the following week. We got in touch with his therapist and discussed the case and he did not return as I felt he was not yet ready to interact in a group. Another patient was a negro young woman who also was solely motivated by her therapist. She cancelled or broke three appointments. The fouth time as I interviewed her I felt she was extremely inappropiate for the group and through her passive aggressive behaviour and provocation would become

a scape goat in the Club, although she would not have been the first negro introduced to the Social therapy club. I screened out another young man who was in treatment 5 times a week and whose only interest was "psychodrama", I felt that he was diluting his treatment and that the Club would not be helpful to him. The applicants that were referred after a very short time in treatment either dropped out od did not show up with the exception of Dr. Fleischl's patients whox probably come because of her presence and leadership of the Club. This seems to be a continuation of a relationship whereas applicants who are referred before they are capable to establish a relationship with their therapist are threatened by this new situation.

I have arrived to the conclusion that even if there is a slight motivation on the part of the applicant but if shem or he is aware of their isolation, that they can benefit from social therapy. The motivation of the therapist is also very important as I have experienced this with my patients and Dr. Fleischl's patients, and the patients of therapists who keep in touch with us. Some members initially seem to lack any kind of motivation but become gradually active members probably because of the interest the therapist shows in the Club. Contacting the therapists of the members is an added valuable asset and this is one of the points we have stressed in the staff meetings.

The induction of the new members tot he Club was another problem which gradually I learned to handle differently. Initially I introduced the new member to the staff and left. In our joint conferences we became aware of how much the first contact with the screening therapist was important and now I remain for a period of time with the new member in the meetings.

PROCESS OF CONSULTATION and RECOMMENDATIONS:

As consultants of the Social Therapy Club , we initiated regular staff meetings and meetings of Drs. Fleischl and Campos with the volunteers. We have stressed the necessity of records of attendance and special notes of members in regard to any behavioural change, participation or development. Many problems have aroused in the staff meetings where the discussion took some times a personal angle in terms of competition. We were able to stop these and refocus on the goals of the meetings and the goals of the Living Room which is to help the interaction among the members as an adjunct to psychotherapy.

The question of "psychodrama" and it's implications were discussed. The members had a tendency to use this activity on a deep interpretative level which were disturbing or anxiety provoking on some members. We definitely recommended to change part of this activity as we did not know well enough the members and their dynamics and could create intolerable anxiety. The drama group now became " socia drama" and is just a spontaneous play acting in front of an audience but still under supervision. We have discussed active leadership and how it can foster dependency and have recommended to give more responsability to the members , the leader still being there.

We have noticed anxiety in the staff when the screening was established as only few patients were referred and only a few of these showed up. We suggested that the important factor rather than being the number of members is the relative stability of the Group as well as the flexibility to tolerate a flow of members who should come as long as the Club helps them achieve their initial goal.

One of our important suggestions after we leave is the definite need of at least one part time staff member who should share the responsabilities of the Club with the director and would work on the different levels we have

started. This is a crucial recommendation as we have seen the necessity of a person who would in addition to Dr. Fleischl coordinate the referal system, intake and induction of new members.

Further discussions on fund raising, the use of members as leaders, the opportunity to have more active members use their potentials have been done. Team work among the staff is one of the points we have stressed.

In the past 40-50 members have been participating in meetings, some of them come to every meeting and some make a choice of art therapy, art teaching, socia drama, round table discussion or main meetings with different activities. I have found that the participation of the members falls into different categories. Initially they are just passive participants and receivers, gradually they become more active and become helpers of the more withdrawn members, that is they become givers and finally they start functionningon a more independent level, assume leadership. Eventually the goal is for them to step out of the Living Room into the community. The sickest patients seem to attend all levels of meetings and have made of the Center and the Social Therapy Club their home and their only social activity. This is a point that was discussed in the staff meetings and noted so that more encouragemnnt to their becoming more independent should be made. Members that I have interviewed have expressed that the Club gives them the opportunity to feel accepted by peers, to relate to them with less inhibitions and to socialize to a greater extent.

Because of lack of time I was not able to work on the question of drop outs. Whether these were caused by lack of motivation of the applicants, whether the Club was not able to meet their needs or whether theyx were not selected on the basis of the Club's objective is still unclear.

The Club as it was pointed out by Dr. Fleischl in 1959, was created to " fill the gap between therapies and living " and become " a living experience for it's members.

My part of the work in the Living Room as screening therapist and my process of intake and induction of the new members have been brought up in the staff conferences. Dr. Fleischl has become aware, as stated previously of the need of a part time staff member whom she will indoctrinate to share with herxx the additional work that we have felt is essential to the functionning of the Club.

In the process of our work in the Living Room, the Social Therapy Club was added as a department to the facilities offerred by the Postgraduate Center of Psychotherapy, at the present time various activities are offered 5 times a week to the members.

CONCLUSION:

I can clearly say that during this period of study in the Social Therapy Club, I became aware of the role of a consultant. We not only dealt with the presenting problems but offered suggestions to the staff and established a basis where they would handle the difficulties themselves and incorporate them in the structure of the Agency. Regular records are kept, Dr. Fleischl is considering several people to indoctrinate and help her carry with the procedures of referrals, screening and induction, Dr. Waxenberg at the present is willing to continue with his work in the Living Room and Drs. Fleischl and Campos have talked this over with different therapists.

I did not encounter too many difficulties personally but have learned by trial and error a method of screening based on the motivation of the applicants, their behavioural responses in terms of their position in the family and their individual responses in the interview. The goal is for them to apply their experiences and insights in a sheltered environment with the purpose of later carry this insight in the community.