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DEFINITION

Social Influence Therapy is concerned with altering clients' views or perspectives about themselves, their relationships with others, and the quality of their life in general. To accomplish this the therapist attempts to gain a position of influence, and then to use this position to deliver a therapeutic (attitude-changing) message. The therapist borrows freely from other disciplines, those persuasive techniques that are of demonstrated or potential value. Such strategies are adapted mainly from social psychology. Thus, the therapist attempting social influence incorporates ideas and tactics from such areas as attitude change and interpersonal attraction. The literature on placebo effects in medicine also serves as a source of tactics. Influence attempts by the therapist are the primary strategies of treatment and are initiated and controlled by him. It is, in fact, the position of those sympathetic to this view that most contemporary therapies involve strong components of influence; social influence therapists simply attempt to identify these and then maximize their efficacy through careful pretherapy planning.

In most instances, such techniques will be used as adjuncts to more traditional therapeutic approaches. For example, a therapist may use primarily rational-emotive techniques but also use the counter-attitudinal strategy of requiring clients to express attitudes contrary to their own, if their own are seen as maladaptive.

Similarly a therapist may favor a nondirective approach but use a variety of tactics to build his client's expectations of benefit from treatment.

Succinctly, then, Social Influence Therapy is an approach to treatment that attempts to change the clients' attitudes or perspective by employing a range of persuasive tactics adopted from areas outside of therapy.

HISTORY

Notions of the therapist's role as an influence agent have been abundant in the literature of psychotherapy for some years. Only very recently, however, have attempts been made to define this as a primary function of the therapist or to suggest the tactical implications of this role definition. If one considers the historical background to include those writers who have recognized that therapists function as influence agents, antecedents would include J. D. Frank's Persuasion and Healing (1968); several of Goldstein's papers but most prominently Psychotherapy and the Psychology of Behavior Change (1968) by Goldstein, Heller and Sechrest; and a variety of papers on

power, influence, and expectation effects in counseling and psychotherapy.

Despite the frequency of such views, few of those who have expressed them would regard themselves as social influence therapists. A major attempt to bring this diverse literature together and conceptualize therapy primarily in these terms was this writer's 1974 paper (Gillis). While few of the views presented were original, I urged that the tactical implications be taken seriously and described an array of maneuvers that might facilitate therapists' influence attempts. An equally important function of this paper was that it called attention to an extensive literature in social psychology that had relevance for treatment.

This paper was followed by my students' attempts to empirically demonstrate the application of social psychological conceptions to therapy (Berren and Gillis, 1976; Childress and Gillis, 1977; Friedenberg and Gillis, 1977). Gillis and Berren (1977) also collected major articles relevant to the topic in an edited book, currently in press. A major item in this collection is a monograph that attempts to present a systematic view of therapy as an influence process.

TECHNIQUE

As noted, Social Influence Therapy borrows its techniques freely from areas traditionally considered remote from counseling and psychotherapy.

For purposes of discussing tactics, influence therapists have found it convenient to consider therapy as a four-stage process: 1) enhancing the client's belief in, and commitment to, treatment; 2) establishment of a position of influence; 3) the use of this position to deliver the therapeutic (attitude-changing) message; and 4) provision of evidence that change is taking place. A number of techniques may be employed for each of these purposes. Because of space considerations, only examples of tactics from stage 1 will be given here.

Research on cognitive dissonance reduction suggests that individuals come to value highly those things that they have worked hard to attain. Clients may thus be required to make some sacrifices to gain admission to therapy. One way to accomplish this is to have clients complete an extensive testing battery before beginning treatment. In an effort to enhance clients' beliefs in the value of therapy they are sometimes referred to reports of successful cases or required to discuss their upcoming treatment with patients who have recently had a successful therapeutic experience. Because of evidence that individuals often tend to adapt attitudes that they have publicly voiced, clients are sometimes asked to deliver a prepared therapeutic message to other persons having similar difficulties, or, in other words, to serve as counselors. In most cases, clients entering treatment will first be given a pretherapy interview. While one purpose of this session is to provide information about therapy, its major function is to point out the value and

effectiveness of treatment.

APPLICATIONS

Most of the efforts of those who espouse this view have gone into developing a new conceptualization of therapy. Applications have been relatively few. Influence strategies have been successfully used with several clinical cases, however, including phobias, paranoid delusions, passive-dependent disorders, and general family distress.