Ross V. Speck

SOCIAL NETWORK INTERVENTION

Psychotherapy Guidebook

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DEFINITION

Social Network Intervention is a clinical approach to difficult problems within a person or within his family, utilizing a professional team of two or more members as the catalyst, and from forty to one hundred friends, kin, or neighbors as the therapeutic agent. Certain editors have labeled the approach "network therapy," but there is a consensus among workers in this field that network intervention is a more accurate term, in the same sense that crisis intervention is preferred to "crisis therapy."

I define a social network as that group of persons, family, neighbors, friends, significant others who can play an ongoing important role in supporting and helping an index person or family. It is the layer surrounding the family unit that mediates between the family and the larger society. It is the remnants of the tribe in primitive societies. More modern equivalents are those people who assemble at family reunions, cousins' clubs, weddings, and funerals.

HISTORY

I began working with schizophrenic families in their own homes in 1958, on a National Institute of Mental Health (NIMH) demonstration project, "Family Treatment of Schizophrenia in the Home," with Alfred S. Friedman, Ph.D., as program director. During the next seven years our co-therapy teams saw several hundred families, each with one or more diagnosed schizophrenic family members. The goal was to study and treat the family on a regular basis, avoid hospitalization, and in the great majority of cases to use no medication. We were testing the efficacy of family therapy.

In about 80 percent of cases we were able to modify the social shared psycho-pathology and prevent hospitalization. However, in about 20 percent of cases the problems of double binding, mystification, sick-role reinforcement, scapegoating, etc., seemed to arise from outside the family. We found in these cases that a family member would be absent from the sessions in the home as a potent resistance against family change. John C. Sonne, M.D., Jerome E. Jungreis, M.S.W., and I named this resistance "the absent member maneuver." We also found that there were extended family members or other members of the family's social network who played the same absent and powerful role. For example, a family's lawyer had been giving personal advice to the family for years. When invited to participate in the family therapy he refused on the grounds that his relationship to the family would be altered, and he felt needed in his leadership position.

In another case the mother's sister's husband made a contract with the family that in exchange for financial help, they would come to his house for a debriefing after each family therapy session. He would tell them what to accept and what not to accept from therapy.

We began to see that difficult problems such as symbiosis (a relationship of mutual dependency), suicidal preoccupation, marital impasse, or schizophrenia often stretched beyond the family into larger extended family groupings. It became apparent that treatment failure often had to do with working with too small a unit — such as the family. Therefore, we began to invite significant family relatives and friends to the family therapy session in the home.

In 1964, at the suggestion of Erving Goffman, Ph.D., I read Family and Social Network by Elizabeth Bott, Ph.D. She had done a research project in London in which she carefully studied the social networks of twenty "ordinary" British families. The concept of the social network has been developed in 1954 by John Barnes, a British professor of anthropology.

The work of Barnes, Bott, and Edward Jay supplied a theory and a construct that enabled me, a clinician, to develop a technique of working with the network or tribe. By 1966 I had assembled the first social network of a schizophrenic person and was conducting weekly network meetings aimed at

modifying the family pathology and alleviating the chronic distress and crisis.

Since then my colleagues Joan Lincoln Speck, Carolyn Attneave, Ph.D., Uri Rueveni, Ph.D., and others have done Social Network Intervention on over fifty networks, and have supervised the process in many more. As networks vary in size from forty to two hundred persons, we have used the technique with several thousand people.

TECHNIQUE

Techniques evolve with experience, trial, and error. In the first network intervention, I met with the network in the index family's home for weekly sessions of two or three hours over a nine-month period. I did not realize then that I was operating with one foot on the accelerator and one foot on the brake. However, this long first experiment did expose me to practically every emergency, trial, or continuum that a network intervenor (my term instead of therapist) might encounter. Most subsequent network interventions have been accomplished in one to six long evening sessions, with two or three meetings being the most frequent series.

We meet in the home of the family who requests network. The technique is very energetic and hence is only used when other methods — individual, group, family, hospital treatments, etc. — have failed. It can be used to avoid hospitalization.

The intervention team has a leader — intervenor — an encounter expert, and two or three other team members we call consultants. The team huddles, wanders about, picks up gossip, group process, and affect (moods and emotions) and is the catalytic agent that keeps the network group moving to its task. The team's role is analogous to shaman or medicine man — not tribal chief. The network members are encouraged to do the work of helping change the family.

When the family decides to try the network method, they are told to pick a date within the next week, set a time (usually 7:30 p.m.), and then call all the people they know — relatives, neighbors, friends — support systems for every member of the family. From four hundred to one thousand telephone calls result. They tell the network that they are having a tribe meeting in their home, with professional psychotherapists present, to get help with tough family problems. Curiosity and mild paranoia ensure that forty or more people will attend. By experience, I do not like to work with less than forty persons and I so inform the family. Usually fifty or sixty show up.

The intervention team meets with the family for one or two hours — sufficient time to clarify in simple terms what the family wants — a job for an unemployable person, separate living arrangements, prevention of suicide, change in behavior patterns, etc. Then the team meets to plan structure and strategy for the meeting, with alternate plans as well in case of resistance and

stalemate.

We conceptualize the network as the tribe a person belongs to. The industrial revolution created a large middle class with separate smaller homes, and destroyed the Western medieval extended family living system. The remnants of feudal society where people lived in large groups have survived in the somewhat invisible social network.

In all old, simpler, more primitive tribal societies, the tribe effectively solved problems of living for individual members. The American Indians, the Hawaiians, African tribes, the Eskimo, and many others had healing ceremonies for personal problems.

> 1. Thus, the network intervention begins with a retribalization. When the network has assembled (by 8:00 p.m.; the team gets to the home at 7:30 p.m. to move furniture, get acquainted, watch sub-groupings and group affect), the intervenor calls for silence, then gives a short (three-minute) talk about tribes and the reasons for the assembly. Then the network is asked to stand up and begin humming until a tune or song appears. There are many ways to transform a crowd into a working group. I prefer to war-hoop and jump up and down with the network for a couple of minutes. Then I get everyone to close eyes, hold hands, and silently sway. This is hypnotic. You now have the group's attention and they are aware of a common bond.

2. We call the network process the network effect. Its next phase is polarization, which is accomplished by setting up competing sub-groups — inner and outer, with the family telling what they want, the rest of the network responding. People polarize over issues, such as generation gap, conservative-liberal, power-powerless-ness, male-female, etc. Polarization increases the energy of the newly formed group. The team instigates active debate and watches for the innate group leaders whom we call the activists.

3. Polarization leads to mobilization of the activists, who will help the tribe formulate goals and plans. They will also help organize and lead support groups for each of the family members. Between network members they are available for crises or consultation.

4. The fourth phase of the network process is common to all large groups. It is called resistance-depression. The intervention team helps to resolve this recurrent phase by brief mini-encounter methods, encouragement, and other retribalization or polarization techniques.

5. When network goals are reached, the whole tribe feels breakthrough has occurred.

6. This is followed by a feeling of accomplishment, elation, and exhaustion.

APPLICATIONS

Network intervention is useful in many human situations where a plateau or stalemate has occurred. It has been successful in preventing suicide and hospitalization. Difficult paranoid and other schizophrenic situations can be alleviated. No claim for cure is made here. Networks are the best employment agencies. I know of no better solution for problems of symbiosis.

We have used network intervention on professional organizations looking for change and in some professional racial-ethnic stalemates. Some political groups are using network principles to expand or consolidate their groups.