SOCIAL SYSTEM PSYCHOTHERAPY

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DEFINITION

This paper focuses on clinical methods for intervention, collaboration, and coordination with the social systems that comprise the social matrix of an identified patient. The conceptual basis for these methods derives from the field theory of social psychologist Kurt Lewin. He proposed that a person exists and acts with a field of social forces. Change in behavior may occur in two ways. We may seek to change the structure and function of the person, so that he acts upon and interacts with his social matrix in a different fashion. This is the modus operandi of traditional psychotherapies. In contrast, social system therapies focus on changing the structure and function of the field of social forces, such that the person is provided a more healthy social matrix of existence. In turn, the changed social field impacts upon the individual to produce a changed repertoire of individual behavior.

There is not one social system therapy, but rather a spectrum of therapeutic strategies that involve various social systems of the individual. The basic science methods of social anthropology are used to define these social systems (Boissevain, 1974). They have shown that a person can and

does relate to a finite number of persons, about fifteen hundred. These people can be arranged in what is termed zones. These are like a series of concentric circles about the person, arranged in terms of intimacy, importance, and basis of relationship to the person. The first order zone contains the nuclear family of the person with whom there is regular contact, intimate relationship, and high degrees of instrumental and affective (emotional) exchange. The second order zone comprises close friends, neighbors, co-workers, and relatives who are of high significance to the person and with whom there is a high degree of structured and expectable exchange of affective and instrumental resources. The first and second zone comprise what I (E. M. Pattison) call the "intimate psychosocial network" as it is critically related to mental health function. The third zone consists of persons with whom one has less regular contact, such as distant friends and relatives, or people whom one sees frequently but does not value highly, such as neighbors or co-workers. This is a network of potential relationships. As one makes geographic moves, changes jobs, or enters different life stages, people may move between these three zones of the person. The third zone is important as a recruitment area for mobilizing social resources for a person. The fourth zone is the "effective" zone. These are people who are strategically important, so relationships are maintained and can be a resource. These might include a family doctor, business acquaintances, and neighbors. The fifth zone is the "nominal" zone. This consists of people known only casually or through others, or representative of

agencies of services. Such people are linked to the person only in terms of specific needs. Examples might be a minister, caseworker, or information provider.

Another means of analysis is by the definition of set. Consider the metaphor of an oriental tapestry. One can look at the tapestry in terms of various sets. That is, we can look at the floral arrangement, the geometric patterns, the blue areas or the red, follow individual colored threads through the weaving, etc. In other words, we use different set criteria to perceive different patternings in the same whole tapestry.

In like manner, we can use different criteria set to determine different social networks among the fifteen hundred people in a person's life. The personal set is the ego-centric subjective network. This is how a person perceives and defines the relationship of himself to the fifteen hundred people in his life. The categorical set is people arranged by an objective criteria according to a given category. An example is a family network where the objective category is legal kinship. An action set is defined by people linked by a common course of action together. An example would be a mental health team conference about a patient that involved mental health, school, police, welfare, probation, and church representatives who meet to conclude a common course of collaborative action on behalf of the patient. The role-system set are people linked by specific role relations, although their actions

may be various. Examples would be members of a therapeutic community, or patients and staff of a day-care center. The social network relationships are defined by the organizational structure. The field set is determined by content of common interest. Examples would be the common interests that bring together a church group, members of a sailing club, or participants at an old-age activities center.

HISTORY

Social system therapies have several antecedents. First is the extension of family therapy from work with just the nuclear family, to psychotherapy of the extended family of grandparents, relatives, and other family members living in the home; and psychotherapy with multiple family groups. A second contribution comes from family sociology that has demonstrated that not only blood kin, but "functional kin" who are friends and neighbors may comprise the functional extended family. A third contribution comes from the recognition in community mental health of the value and utility of mobilization of community support systems. At present there are a wide variety of clinical methods being reported in the literature, although they have not been heretofore systematically collated.

TECHNIQUE AND APPLICATIONS

From a system point of view the issue is not what is or is not therapy, but rather it is a question of definition of social system boundaries, specific system contracts, and types of system interventions.

The Personal System — First Zone Interventions

The first zone consists of the nuclear family constellation. Family therapy would be the social system intervention here. Married couples group therapy and multiple family therapy are corollary methods. The professional is therapist of the social system.

The Intimate Psychosocial System-First-Second Zone Interventions

This social system has been usually defined by the "category" set; namely, who is related to the nuclear family by blood or marriage. The clinical method is an extension of nuclear family therapy applied and modified to meet the needs of a modified kinship family structure, which may include the extended family system, or may be expanded to include such functional kin as neighbors, co-workers, community residents, etc.

My colleagues and I (Pattison, 1973; Pattison, et al, 1976) approach direct psychotherapy of the psychosocial kinship unit comprised of those in the personal network of the defined patient. In contrast to the above, which use a "category" set, I use a "personal" set to define the psychosocial kinship

system. This technique is addressed to changing neurotic social systems.

Finally, there is the "network intervention" of Speck and Attneave (1973). They also use a "personal" set. However, they differ from me in that they do not necessarily attempt to change the structural function of the psychosocial system. Rather, they define their work as mobilizing the system to effectively respond to the patient. Further, they do not limit their work to the intimate psychosocial network of first and second zones, but may work briefly with a group of up to two hundred people, which includes third- and fourth-zone people. Their method is addressed to changing psychotic social systems. Nevertheless, we still have the therapist directly meeting the ongoing social system.

The Temporary Psychosocial System — Quasi-First-Second Zone Interventions

Here we deal with situations where there is no adequate psychosocial system available, so a temporary whole system is constructed. Examples are the therapeutic community devised by Maxwell Jones to treat sociopathic disorders, the therapeutic communities and Synanon for the treatment of drug addicts, and the hospital and day-care social rehabilitation programs for schizophrenics. The therapist here does not treat the patient, but "directs the system."

The Ecological System — Third-Fourth-Fifth Zone Interventions

This social system is not a face-to-face interactional group, but rather a linkage of persons who provide a discrete set of services. That is, those who are linked to a patient, or can be linked to a patient in order to catalyze the provision of useful affective and instrumental support. The intent of this type of system intervention is to assemble an effective response network. Thus, people in zones three to five may be assembled in one place to organize and plan an effective response to the patient. Such a conference might include a psychotherapist, a probation officer, a schoolteacher, pastor, neighbors, family, and relatives. The aim is to achieve communication and congruence of goals among all the people with whom the patient may have contact through explicit linking of the patient with each person in each ecological niche in the community. The professional here is a "system coordinator."

The Kin Replacement System — Third-Fourth Zone Interventions

Here we face the problem of the patient who lacks an available number of people to recruit into his social network, to provide affective and instrumental care. Hence, part-time replacements are necessary.

> **Sub-type A:** The ongoing partial replacement system. This system is best exemplified in self-help groups. The self-help group does not become involved with the totality of the person's life, but does provide socialization, support, guidance, and

assistance around specific life problems, such as alcoholism, child abuse, divorce. The self-help group does not involve the totality of possible life actions as in the intimate psychosocial system. But it does provide ongoing network relations so long as the person remains identified with the problem behavior.

Sub-type B: The time-limited substitution system. In this type of system the person is offered a more total relationship to meet an intercurrent stress or crisis, but the system is available only on a time-limited basis to substitute for the lack of a personal social network. Examples here include Big Brother and Big Sister programs, widow-to-widow programs, and crisis intervention groups.

In both sub-types of kin replacement, the professional plays the role of "system collaborator," in which one aids the patient to become involved in such a replacement system.

The Association System — Fourth-Fifth Zone Interventions

These social systems offer instrumental and affective support on a less intimate and less global basis. They are voluntary associations. Examples would include ad hoc systems such as tavern groups, street-corner gangs, and school cliques, and organized systems like church groups, book clubs, social clubs, service organizations, and recreational associations. Although such voluntary social systems have other social aims and functions aside from

psychological support per se, they also provide a rich social matrix for less intimate but nonetheless important human relationships. These systems of voluntary associations became a replenishment resource. The professional relates to these systems as a "system cooperator."

In summary, I do not wish to define each of these systems as "treatment systems." For each system is not a treatment system, nor does the professional have a mandate to treat each system (Pattison, 1976). But I have tried to illustrate how the professional plays different roles vis-a-vis the system so that the patient can appropriately participate in and utilize each social system.