SOCIALIZATION AS A REHABILITATIVE PROCESS
LOUIS BERKOWITZ, M.S.W. AND ABRAHAM LURIE, Ph.D.*

This paper describes a social rehabilitation project for the mentally ill which utilizes the facilities of a community center to improve social skills. Discharged patients are purposefully moved through a four-phase series of progressively broader social experiences with the goal of having these patients become autonomously involved in community center activities in the same manner as other community center members. The paper describes the joint effort of a voluntary psychiatric hospital and a community center in New York City in implementing this program.

Aftercare programs for mental patients are currently receiving greatly increased attention due in part to recent evaluation and research findings. Emphasis on rehabilitation is a logical development in the light of changes which have and are currently taking place in psychiatric hospitals and in the treatment of mental patients. These include milieu therapy, use of groups, chemotherapy, open wards and increase of activity programs. We now recognize that patients treated in mental hospitals are not necessarily completely cured at discharge.

As the data produced by research effort begin to accumulate, it has become clear that there are many determinants of behavior and that, in order to be helpful to patients, we must examine as many of these determinants as we can isolate.

Our understanding of mental illness, although far from definitive, is nevertheless leading us to an appreciation of what patients may require in the way of rehabilitation. Rehabilitative efforts, in areas formerly talked about in terms of the ideal, are today being examined with great seriousness. We see more clearly that after leaving the hospital, patients may require the active support of psychotherapy or other forms of treatment, often for an indefinite period. The National Institute of Mental Health, on the basis of accumulated findings, is suggesting models of clinical treatment and aftercare facilities which stress the principles of continuity of treatment as applicable to inpatient, outpatient, and aftercare services for as long as necessary (Freyman & Mayo, 1963).

The efforts at Hillside Hospital in providing aftercare services have been described elsewhere by Lurie and Pinsky (1961) and by Wachspress (1963). These efforts have increased in the direction of utilizing community resources which will not interfere with the continuity of care.

Community influences play an important part in rehabilitation, not so much in terms of community education, a variable which has not yet been tested, but rather by providing resources which can be used by the patients in making adjustments to community life. Toward this end, we are interested in learning about the communities from which patients come to the hospital and to which they must return.

In the course of exploring community influences and resources we focused on three main areas of the rehabilitative process to which the community, through its institutions and agencies, can make a substantial contribution. Areas needing concentration to achieve some modicum of success are living arrangements, employment, and socialization experiences.

SOCIALIZATION EXPERIENCES

The area of primary concern to those involved in this project is socialization and interpersonal relationships. There is increasing evidence that poor interpersonal affiliations and lack of exposure to socializing experiences are correlated with a higher rate of incidence of mental illness. Langer and Michael (1963) reported in their study of mental health in the Yorkville community in New York City that

*Mr. Berkowitz, a social worker and N.Y. State Certified Psychologist, is Executive Director of the Educational Alliance, Hillside Hospital, Glen Oaks, New York. Dr. Lurie is Director of Social Work at Hillside Hospital. This project was supported by NIMH grant #MH101H-2.
individuals who are friendly with ten or more neighbors ran less than the average risk of becoming mentally ill. Having no friend involves a much greater risk than having even two or three friends in terms of becoming ill. They reported that the greater the number of spare time activities, the less is the risk involved in mental health. Those in a high socioeconomic status report more activities than the lower income group.

While the project was designed for the purpose of providing a socialization experience for former mental patients, the approach to this project was different from similar projects in the past.

Until recently, the response to the socialization needs of the expatient has resulted in formation of a variety of post-hospital social clubs. The first organization of this kind is reported by J. H. Friedman (1961) who described a group of expatients from Hillside Hospital who founded such a club in 1934. Within the past decade, the interest in developing such groups has been marked (Palmer, 1958; Wechsler, 1960).

The reports and studies which have been made of such groups generally favor their development. Lucas (1959), reporting on an expatient group in Detroit, Michigan, concluded that “professional persons as well as referral sources agree that there is a need for such a group.” Goertzal, Beard, and Pilnick (1960) in describing Fountain House in New York City pointed out that an objective of expatient organizations is to “provide a social, interpersonal environment which can successfully accommodate the former patient, regardless of his symptomatology.”

The experience of Hillside Hospital with its expatients’ organization has been described by Silverberg (1962), the former Executive Director of the Hilda and Israel Strauss League. He concluded that “expatients present a wide variety of personalities and needs and cannot all be served in the same social environment. Separate and differentiated settings are necessary for different individuals such as the ‘chronic’ and ‘transitional’ ex-patients.” These thoughts paralleled similar findings by the World Health Organization (1953) which stated, “It should not be considered either necessary or even desirable that former patients should remain too long as members of old-patient clubs.” The Joint Commission on Mental Illness (1961) also emphasized this point of view by stressing the importance of integrating the expatient “with other people in relative peace.”

Follow-up reports concerning Hillside Hospital patients, however, have indicated that those who sought community centers for social and recreational outlets were finding it difficult to sustain themselves within the community center structure. We, therefore, set ourselves the task of developing a service which would offer the expatient a dynamically structured program for leisure time activities within a community center program. The present Hillside Hospital Educational Alliance Program, supported by a three-year NIMH grant, was conceived to enable expatients to integrate into the community in a healthier manner than would be possible in an isolated, segregated social club consisting only of expatients. It was felt that by locating the project in a community center which served all community members, expatients would be more closely and beneficially exposed to relatively healthy people and their activities.

**Project Structure**

The project has been organized so that expatients are purposefully moved through a series of progressively broader social experiences. The patients are involved in a process consisting of four phases. The first phase involves the preparation of the individual for the project while he is still a patient at the hospital. In the second phase, the expatient, as soon as feasible after his discharge, participates only in expatient groups at the Alliance which we have designated “core groups.” During the third phase the expatient joins groups at the Alliance composed primarily of “normal” members of the community center while still continuing his association with the core group. Finally, in the fourth phase, the former patient leaves the core group and autonomously involves himself in community center activities on the same