Group-Based Psychotherapy Integration in Theory and Practice: Therapeutic Community Revisited

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A group-based theoretical integration model presented in this journal (F. Knobloch, 1996) is elaborated in practice. The core aspects of the group-based system are described and illustrated with clinical examples as they apply to a modified therapeutic community: (a) the creation of the therapeutic world to represent real life and its multiple realities; (b) the group schema model as a context for problem identification and exploration; (c) the collaboration between therapists and group members; (d) the exploration and experimentation of problems through individual and group tasks; and (e) the transfer of new behaviors to real life situations and (f) the systematic application of major psychotherapy theories and techniques.

KEY WORDS: psychotherapy integration; group psychotherapy; therapeutic community.

INTRODUCTION

In a 1996 issue of this journal, Ferdinand Knobloch proposed a theoretical integration model applied to group-based systems. He extended discussion from an individual to a group context and specified the modified therapeutic community as an ideal setting for the application of a pluralistic approach to theory integration (Safran & Messer, 1997). Therapeutic communities have been most associated with special populations such as substance abusers (Yablonsky, 1989), prisoners, disturbed adolescents, severely mentally ill, and the homeless (Campling & Haigh, 1999). Rarely

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have therapeutic community concepts been associated with the treatment of more everyday problems associated with either neurotic or chronic health disorders. This paper highlights the clinical experiences of group members in a treatment center designed according to the Knobloch’s group-based integration model as applied to a therapeutic community (ThC).

The therapeutic community movement that developed in wartime Britain focused on efforts to create psychosocial environments that healed and empowered patients. The early work of Richman and Bion (Clark, 1999) followed by Bridger (1990), Main (1946), and Foulkes (1948) in the Northfield Experiments and Jones (1956) at Mill Hill discovered that hospitalized mental health patients benefited when they discussed their experiences with each other as well as their reactions to life in the hospital environment. The early leaders shifted psychoanalytic practice and psychiatric care from an individualistic worldview to a group perspective grounded in the belief that social cohesion would create a healing community. They considered all social interactions of patients and staff to be part of the therapy material. Rapoport (1960) characterized the main themes of the therapeutic community as “permissiveness” with a focus on the expression of feeling; “communalism” or the sharing of all activities; “reality confrontation” where staff and patients gave feedback to one another; and “democratization” when staff and patients shared the authority for the treatment environment.

With the liberalization of the large mental hospital bureaucracies during the 1950s, the therapeutic community movement and social psychiatry flourished. From the mid-70s to the present, therapeutic community values clashed with more traditional views about medical authority. Hospital closures, the rise of biological psychiatry, and short-term interventions weakened the movement. The journal Therapeutic Communities: International Journal for Therapeutic and Supportive Organizations has kept the ideas alive and therapeutic communities have continued to function throughout Europe (Kennard, 1999) and the United States. In postwar Czechoslovakia, Knobloch (1968) first established a therapeutic community in Lobec as part of a comprehensive mental health system. Soon after he left Russian occupied Czechoslovakia in 1968, he established his first community in North America at the Haney Forestry Camp in British Columbia, Canada (Knobloch, Reith, & Miles, 1973). He adapted ideas and experiences from the therapeutic community movement and integrated them into a systematic group-based theory and model of psychotherapy.

Through a theoretical unification of interpersonal, small group, and social learning theories, Knobloch translated psychoanalytic principles into themes of “sociodynamics” (1996). A parsimonious way to understand human interactions, as they occur within social networks, the “group schema”