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# Confrontation in the Therapeutic Community - An Analytical Approach

In a recent contribution to this journal (Studying a Therapeutic Community, by Barry Shenker, May 1977 Vol. 5 No. 5,) the author describes his overall aim as one of answering the question of "what makes the community a viable social group?". He writes at length about the need for the researcher to "recognise his own perceptions of reality which he takes for granted and which influences his understanding of others' perceptions" and he describes his own article as being about his "experiences and conclusions based on this type of analysis".

My argument with Shenker's article is that it does not fulfil any of these promises. Whilst it can be read as an adequate description of what it is like to be a member of a therapeutic community, it does not provide an analysis of the type he sets out to do. Indeed, what we are given as analysis of the community, are what might properly be considered 'field notes'; a series of descriptions of incidents, interpretations of incidents and theories about why these incidents may have occurred. In order to clarify this complaint I want to discuss just one of the incidents described by Shenker, and to go on to look at how a concept like 'confrontation' might be handled by an analyst.

Shenker's description of the event is as follows:

> ". . . . .a prospective resident came for an assessment - an opportunity
> for the group as a whole to get to know him and decide whether
> to accept him or not. One of the residents began to question
> him thoroughly and determinedly on what seemed to me to be
> totally irrelevant aspects of his childhood. This went on and on,
> and I felt like shutting him up since it seemed to me to be more
> an ego trip for him than a proper assessment. I subsequently
> discovered that the staff member present felt the same way.
> (By the way I was flabbergasted later to hear a female resident
> tell the persistent questioner how pointed and relevant his questioning
> had been.) But this staff member had said nothing. I thought perhaps
> he felt that he should not in any way dominate the discussion,
> but I could not get a clear answer. The general question that
> arises is - why are staff not prepared to confront residents on
> issues? Can it be that they too fear the alienation of residents?
> Unlike me, they live in the house for a lengthy period, even years.
> Perhaps they feel it easier to play it cool, close their eyes, even
> when they sense something wrong; perhaps too, quite naturally,
> they do not wish to develop bad relations with any residents; and
> quite possibly they are afraid of asserting their authority since
> it would be against their ethos." (page 133)

Firstly we are given Shenker's own description of the questioning, which is that it was "totally irrelevant" and an "ego trip". Then a second party,

the staff member, is introduced, who lends support to this assessment. That
is, it is clear by this stage that it is not merely the researcher's own, possible
inaccurate assessment, but that it is shared by a fully fledged member of
the community, a staff member.

(Indeed, with very little trouble, we can hear the term 'staff member' here
to allude to a responsible member of the group, who has enough experience
to come to a 'correct' assessment of events, thus lending authorisation to
Shenker's own, since although nothing is said about the amount of that member's
therapeutic experience, neither is there any suggestion that he is inexperienced).
This collusive description is then contrasted with the alternative description
("pointed and relevant"), the status of which is eroded *in the telling* by its
introduction as something which "flabbergasted" Shenker. That is, it is clear
even before we hear what the female resident has to say that the first descrip-
tion is the preferred one. By the time we read that the staff member had
"said nothing", the description of the incident as a 'missed opportunity to
confront' has become so heavily substantiated that it appears that in some
real and concrete fashion that is what it was. Shenker's subsequent question:
"Why are staff not prepared to confront?", and his list of theories about
their lack of preparedness, can then be read as 'trading off' the assumption
that this version of the incident as a 'missed opportunity to confront' is correct.

I am not suggesting that Shenker should not have thought or felt or acted
in this way. Indeed this type of honest recording of events, perceptions,
reactions and reflections can be of enormous value to a researcher, since
it provides a record of what it is like to be a participant in such situations.
However, if the record of such thoughts, acts, feelings etc, is then regarded
as the analysis itself, then what the reader ends up with is an account of
the perceptions, reflections and criticisms of a member of the community,
an account which remains firmly within the organisationally prescribed blue-
print of that community, and which trades off all the policies, beliefs, ideologies
and conventions of reasoning which members take for granted as organisation-
ally accepted ways of doing things, as if these policies, etc., are 'already
known' by the reader, and as if the ways they are used require no proper
analysis or description themselves. My complaint then is that Shenker has
used his own perceptive *as a member* in order to construct this account;
that he has not 'stood back' and examined this perspective as a topic for
analysis, so that what he produces as an analysis remains firmly rooted within,
and can only be understood with prior knowledge of, the framework of the
community he sets out to describe.

One example of this "member's concern" can be seen in Shenker's account,
with the type of question he chooses to ask. Having established that this
occasion constituted a 'missed opportunity to confront', his question is not:
why didn't a confrontation occur on *this* occasion?, (which is not only a logical
question to ask on the basis of his prior argument, but which also has the
analytical potential to lead into a description of what the concept of 'confron-
tation' entails and the sorts of occasions on which it might be seen to occur).
Instead, he broadens the field out considerably by asking: why are staff
*not prepared* to confront? The inferential jump between the "facts" as established
by Shenker (i.e. that there was a missed opportunity to confront and that
no confrontation occurred), and the generalised wording of the question
"why are staff not prepared to confront?", requires that all those policies,

etc. which go to make up the organisational knowledge of the community, be used as a *resource* for understanding the relevance, validity and importance of the point Shenker is making. Whereas in an analysis of the therapeutic community as a social group, it is *precisely these sorts of policies, etc., which constitute the analyst's* topic for investigation.

By this stage I hope that I have to some extent clarified the difference between what counts as a 'member's account' and what counts as 'analysis', and that I have thrown some light on the difference between using members' organisational knowledge as a resource, and treating that same organisational knowledge as a topic worthy of investigation in its own right.

Confrontation is thought to be of particular value in the therapeutic community, since many of the 'residents', 'patients' etc. are considered to have little idea of the way their own behaviour affects others; that part of their 'problem' is their own lack of awareness of how other people see them. (Whilst confrontation is a fairly traditional therapeutic method of getting people to look at themselves, communities may additionally use a variety of other methods designed to achieve the same end e.g. video, specific types of psychodrama etc.)

The first point I want to make is that 'confrontation' is a members' concept. Questions of what it entails, when it does or should occur, what it should achieve, whether or not it works etc., are problems for members. That is, it is not up to the analyst to draw up specifications of what confrontations look like, or a list of the sorts of occasions on which confrontations should occur, or to examine the aftermath of such confrontations to see whether or not they achieved the desired effect. What an analyst might be interested in however, are the ways in which members themselves use a description like 'confrontation' in order to describe and account for a particular event, or use such a description to make their own activities accountable.

For example, I would suggest that in describing an activity as a confrontation, the describer could be seen as choosing one particular characterisation of that activity from a range of possible alternative characterisations which might include 'accusation', 'warning', 'suggestion', 'threat' etc. Thus we cannot formulate any general description of a confrontation like for example "any blunt comment on a person's behaviour", since it is part of the daily work of members to decide for each occasion of its possible occurrence what counts as a confrontation. One important aspect of this notion of 'formulation after the event', is that on any occasion something that sounds like a confrontation may turn out not to be, and may get treated in subsequent talk as, for example, an unfair verbal attack on another member, an indication of unnecessary aggression on the part of the speaker etc. At the time of its production then, such an activity might be described as having the status of a 'candidate confrontation' which would be open to acceptance or rejection by hearers in subsequent talk, on such grounds as, for example, 'fairness' 'accuracy' etc. 'Confrontations' then are situated occurrences, and the materials for deciding whether or not an activity 'counts' as a confrontation, are to be found not in the production of that activity itself, but in members' subsequent activities.

The second point to make is that in terapeutic terms 'confrontations' are things which are done on the basis that the confrontee is in some way displaying maladaptive motives or maladaptive character traits. That is, to say that someone is confronted about something, is to say that they are found to be "in the wrong". This does not mean that people are only confronted if they are obviously behaving 'badly', rather it means that the confronter is in the position of showing that the motives or character of the confrontee are 'bad'. For example, supposing a resident always makes his bed properly in the mornings, and always does his share of the cooking, washing up and cleaning without demur; a confrontation over such behaviour may nevertheless come about provided that a 'bad motive' attribution can be made - he may be said for example to be doing all this only in order to avoid conflict with others, or because he has a 'problem' of always accepting authority without question.

In order to discuss this point further, let us take the case of a girl resident who arrives in a therapy group and instead of sitting in the small circle of other residents and therapists, takes her chair slightly out of the group, thus distancing herself geographically from the others. Whilst in itself this sounds like a fairly innocuous, even trivial incident, nevertheless it sometimes happens in therapy groups that such an apparently minor event as one member moving their chair, may be treated as an event of enormous significance.

In producing or hearing a description of an activity like moving a chair, which is to include some sort of motive or character attribution concerning the 'chair mover', areas of knowledge which may be invoked might include: (i) knowledge of group conventions (is it a strict rule that everyone sits in a circle, or is the choice of where one sits left entirely up to the individual? Is the action of moving one's chair a 'traditional' way of getting the group's attention?) (ii) personal knowledge (is the girl known to be unhappy at the moment? Is she a 'known troublemaker'? Is she bored? Is she new to the group?) (iii) knowledge of therapeutic ideology (can physically moving one's chair be interpreted as emotionally removing oneself from the group, demon-strating one's distrust of others, attention seeking?) Obviously such a list could not be exhaustive; it is produced here only to illustrate what possible types of knowledge might be invoked in order to describe the 'moving of a chair' as something else, (e.g. a disruptive activity, a form of 'immature attention seeking' etc. Supposing for example a member of the group says: "Oh dont be so childish, bring your chair back in here". To hear this as a description which 'makes sense', (that is, leaving aside the question of whether the description is to be substantively accepted as a 'fair' and 'accurate' judgement on this occasion,) a hearer would need to 'fill out' the actual words used, using items of knowledge like, for example, "there's a rule that we sit in a circle", "moving one's chair can be interpreted as childish behaviour", "acting childishly is a disapproved form of conduct", "commenting on other people's behaviour to their faces in this way is a routine way of interacting in this group", and so on.

From an analytical point of view then, one question we can ask is: what are people doing here to make this event look like a real and concrete instance of a type? So for example, an analyst might ask: what are people doing here to make this instance look like an occasion on which confrontation is warrantable?

Or, what work are these people doing to that occasion to make it look as
if a confrontation occurred, or a confrontation ought to have occurred?
etc. One of the ways that a researcher can begin to uncover the various
ordinary routine things people do when they work on events in this way,
is to do what Shenker did, and to characterise an event as a 'missed opportunity
to confront', and then, instead of asking 'why are staff not prepared to confront?'
to ask instead 'how come I saw that situation as one in which a confrontation
should have taken place?' By asking questions like this, the analyst has taken
at least one step in the direction of uncovering his own stock of organisational
and therapeutic knowledge, which he has acquired as a member of the community,
so that instead of being constrained by the taken-for-granted nature of that
knowledge and asking 'members' questions like 'why didn't X happen then?'
he is one stage closer to answering the far more important analystic question
of 'what happens?'.