

COMMUNITY CONFRONTATIONS: A CHALLENGE TO PSYCHOTHERAPEUTIC PRACTICE

WALTER E. O'CONNELL

Veterans Administration Hospital, Houston, Texas

So far as I can see, there is only one part of our emotions and life that can never be overstrained, and that is social interest. . . . If you point to health and think only of it, you ruin your life; if you think only of money, you ruin your life. . . . If there is social interest you cannot overstrain it in such a degree that the harmony of life can be disturbed; but all other things can do so.
—ALFRED ADLER (1, p. 167)

Democracy rather than freeing man has merely emancipated him. . . . With emancipation, each cell of society has thought itself free to be its own center.
—PIERRE TEILHARD DE CHARDIN (15, p. 25)

The Houston Cooperative Crime Prevention Program of 1967-1968 was an unusual, often heroic, effort designed to unite disharmonious elements of the community in an atmosphere of social problem-solving.

The instigator of the program was a psychologist, Dr. Blair Justice, of the Center for Research in Social Change and Economic Development at Rice University. In his work on the detection of potential community violence through "natural dialogue" interviews in the Black ghettos, he found an alarming rise in hostility toward police after the student-police violence in May 1967, at Houston's predominantly Black university, Texas Southern (9). Justice quickly reported these findings to the Mayor of Houston, Louie Welch. Fears of a severe racial crisis in this city of over one million, with 25% Black, alerted local business and industrial leaders who pledged the financial support necessary for professional assistance. Justice became an assistant to the Mayor on race relations and appointed Dr. Melvin P. Sikes, a Black clinical psychologist at the Houston VA Hospital, to devise and direct an unprecedented police-community program for the newly formed Houston Cooperative Crime Prevention Program. The general plan was for about a dozen police officers to meet in face-to-face contact with about an equal number of community members once a week for three hours over a six-week period, with counselors or psychologists from the Houston area as group leaders (3, 14). From 12 to 15 meetings were conducted each week until all members of the Houston police force, 1400 in number, had participated in one of these

courses. The community members were mostly Black, with a small percentage of Latin Americans.

The author assisted Dr. Sikes in the planning and operation of the program. Of the ten group leaders who started this crash program in October 1967, he was one of the four still active as group leaders upon the completion of the program in December 1968. With the exception of a psychologist from Texas Southern University, the "surviving" leaders were from the psychology staff at the VA Hospital, which furnished most of the later group leaders and assistants. For its work in this project, the Houston VA Hospital Psychology Service was awarded the coveted Chief Medical Director's Performance Award for Special Service, November 1968.

This article deals with the anxiety-creating features of changing therapeutic roles, as exemplified in the Houston program, i.e. the difficulties involving the therapist, and resulting requirements; attitudes of the groups; some of the less suited approaches and techniques; and especially also more promising techniques.

On account of the first functions, negative aspects of the program are perhaps highlighted. But this is not to say that many positive things did not happen or that the over-all effect was not more positive than negative. Global impressions and follow-up research indicate at least temporary positive changes in police attitudes and community acceptance. Approximately 85% of the police and 90% of community participants rated the program between good and excellent. Forty percent of the police and 65% of the citizens reported improved feelings toward the other group (3, 14).

REQUIREMENTS OF THE THERAPIST

The source of anxiety is "within." Therefore the responsible agent, if we can speak of such an entity, is the style of life of the individual reacting to situational variables. Anxiety may be experienced when we "will what cannot be willed" (6), and make inordinate, arbitrary demands (13) to cover our basic lack of courage to be humanly imperfect.

When we do not view our personal defects as problems to be jointly and hopefully solved, these anxieties are frequently put to use in the quest for subtle rewards from others. Personal superiority, it seems, must always be translated—often with tremendous creativity—from the raw data of the behavior of others. An extreme example is the un verbalized and unshared "genius" of the chronic schizo-

phrenic who uses either the pampering or complete rejection of hospital personnel as proof of his own secret greatness. Anxiety, boredom, cynicism, depression, hatred, and all the many disjunctive reactions can be employed in demands for attention, power, revenge, and special service (4). One can feel inferiority without the development of an inferiority complex, if inferiority feelings are regarded as a social problem to be solved with the aid of, but not complete dependency upon, others (1).

Ignoring this, the isolated and competitive psychotherapist may attempt to be supertherapist via Divine Right or esoteric jargon. He may develop a fear of the encounter, especially when it takes place outside of the familiar trappings and rules.

A community confrontation program seems to need a new and different kind of therapy and leader. In the words of Cleveland, the research consultant for the program, "Effective group leaders for this kind of community action program need personal attributes that would tax the resources of an Eagle Scout. The leader must be poised and mature, experienced and skillful in handling difficult groups, intuitive, inventive and resourceful. He needs the hide of an elephant and 'patience sovereign o'er transmuted ill' " (3).

The program needs a hopeful process-theory of change, based upon soft determinism, which considers the crucial factors to be self-esteem and the number of others one can relate to as equals, i.e., without trying to silence their verbal expressions (11, 12). The *demanding* of esteem from others is a "sickness" of the human condition, a process which breeds frustration, blame, and a search for plausible "reasons" for self- and other-blame.

In such a view symptoms are understood as actions to gain or safeguard minimal esteem, better than the feared zero esteem. Hence their resistance to extinction. Neurosis may be the hallmark of the coward and the weak (1), but the therapist must never—by his reactive behavior—label the potential of the *person* as cowardly and weak. In this kind of change process, techniques are employed not to cure people, but to educate them in the connections between self- and other-hatred and socially inauthentic self-esteem, hyperdependency, frustration, and blame. The best results in terms of sharing problems in living seem to come from a democratic rather than a treatment orientation. That is, the reason for interacting is to understand the "other" (outsight) by listening and sharing experiences—not to fight or to flee from him.

ATTITUDES OF THE GROUPS

The police as well as the community members showed many signs of distancing, depreciation, and withdrawal from the "other" group. One of the immediate duties of the leader was to make people aware of and responsible for their own subtle signals. He was provided with extreme support from the opposite group when pointing out the ploys of one group, so that denial of behavioral signs by either segment was not a crucial issue.

The content of the messages was initially invariant within groups, so that the messages in themselves were not predictive of the decision to continue to relate and possibly perceive the other group as potentially worthwhile. One could predict that the cry of the community would be generally for more respect—"Don't call us nigger or boy," "Answer our calls for service quickly"; the plea of the police, for greater compliance—"Give us information about crimes when we need it," "You'll get respect when you earn it." In the beginning, each group failed to note the *demand* of its message and to realize the necessity to earn the demanded change by cooperation as equals.

Police in general seemed to be quite conservative, feeling themselves to be isolated and discriminated against by courts, lawyers, and community. Their philosophy of human nature was that man is basically evil and does what he wants. Therefore, man needs to be constrained. If one is fearful it is because he feels guilty of having consciously and wilfully broken some law. "Everyone should make it the hard way like I did, without handouts." For them, talking is worse than useless; "it only makes us feel worse." Stress is handled by us "making doctors rich with our ulcers and heart attacks" and "getting down the gun and getting out of this damned town to hunt."

These basic attitudes are often shared by the community although the specific behaviors might differ. They do not make the job very easy for a group leader who believes in the necessity of hope for psychological growth.

Three types of participants in the Houston confrontation groups made the emergence of a democratic change process very difficult. (a) One was the passive-aggressive person who looked for threats and responded with pouts. (b) His colleague, the actively aggressive person, seemed to be a rarer type who could be engaged in constructive dialogue, provided his radius of action was not out-the-door. (c) More deadly to authentic emotional exchanges was the kind of

person, usually a police officer, who had all the answers, and denied or justified all allegations of harassment or brutality as either being necessary at the time, or as phantasies of lazy, worthless, communistic, and/or immoral troublemakers.

The lack of oversight made interventions with groups of police and community similar to family therapy with spouses of long-standing alienation. Communications had an intense quality of *demands* upon the other. These demands were initially not regarded as such by the instigators. They were rather viewed as the logical requirements of sane living for which there were no suitable alternatives. Disagreement was seen as equivalent to craziness, perversity, or stupidity. Disconfirmations of the other through various forms of refusal to listen to feelings were rampant, e.g., creating physical distance, depreciating the other, denial of actions, and finding "plausible" reasons for self- and other-defeating behaviors.

INAPPROPRIATE TECHNIQUES

Silence and Gambits

In the Houston community-police program there were no voluntary patients coming to be personally cured. They contributed no hourly wages and did not recline peacefully on a couch. The use of silence and "turning it back on the patient" gambits (8) often misfired painfully. On these occasions the participants walked out, or silently and sullenly reinforced their preconceived negative certainties. This traditional narrowing of life into an analysis of sexual-hostile components of the transference phenomenon has little place in a democratic change process which aims at developing awareness and responsibility for acceptance of one's behavior (7, 10).

Catharsis

Antagonistic groups of community and police can, of course, be allowed to have their "purgations" or catharses. Unfortunately, more than simple psychic energy release seems to be involved then. Both police and community members *demand* respect from one another, yet simultaneously look for evidence of the other group's worthlessness and hopelessness. The group leader often arrives on the scene already categorized as a "honky" or "pig" by some of the community, and as a "fed" or alien "headshrinker" by the police. He has no time, and frequently no appetite, for patient listening and reflecting,

so helpful for the growth of positive relationships. Therefore he must "stroke and spit" (13) simultaneously with both "sibling" camps, appealing to the social interest of all (including himself) to continue with the project.

Leaders who prided themselves solely on their ability to elicit "catharsis" soon found themselves overwhelmed by runaways, both sides competing to top the other with proof of their perfection in relation to the opposing group. The opposite extreme, that of a quiet, subservient community group, fearful of speaking when not spoken to, occurred mainly with Latin-American members. By mirroring police-community conflicts known to be present, the leader could take responsibility for breaking the ice and modeling desired behavior. In no case was the purely passive leader, bent on a cathartic expression of transference phenomena, the type who stimulated profitable confrontations.

Labor-Management Model

The Blake model of labor-management conflict resolution (2) was attempted by some leaders with varying degrees of success and failure. Poor results were caused by no inherent defect of the approach, but by its irrelevance for the particular groups and times.

The chief obstacle was the irregularity of the community attendance, compared with that of the police participants who were forced to attend. With changing group composition it was almost impossible to get group commitment to the images already produced, even though in the long run it was found that police and citizens' images of themselves and the other group were practically interchangeable across various groups. There was an intense desire on the part of some people "to get with it and tell the police the way it is" and avoid a weekly routine. At times the design was seen as a leader-police plot to subvert change.

In spite of sharp differences in opinion, labor-management confrontations are conducted with certain agreements on realities, goals, and company background. These ties were usually lacking in citizen-police confrontations, so that efforts to withdraw and depreciate the other were intense, as were the great gulfs in socio-cultural backgrounds and corresponding premises. This explosive vacuum often called for a more active leader, one who could show anger and frustration and encourage its expression in others without modeling the cognitive pollution of negative nonsense (5).

EFFECTIVE TECHNIQUES AND LEADERSHIP

Techniques, borrowed from therapy and human relations training laboratories, were used to help participants become aware of their decisions and the sufferings involved in the private-practice of negative nonsense; and to give encouragement and practice in the converse of negative nonsense, "positive public sense."

Psychodrama

Doubling, mirroring, and role reversal are important psychodrama devices of change to make hidden goals public, and to give one the awareness-shock of facing someone who acts out his asocial goals. In the groups where such less verbal and more active techniques were employed, both the group leader and his assistant at times led the way in the communication of hidden feelings.

On occasions when the group froze like "zombies" and seemed to prefer that way of negating the existence of the other, the leader and assistant mirrored to the point of caricature the way in which police and community denied feelings verbally, yet avoided contact. The use of asides—players doubling for themselves as they mirrored the groups—seemed to bring out true feelings. The resultant laughter of the members echoed the overt-covert incongruity, and its resolution was helped along by the leaders whose actions said, "This is good to discuss."

In one meeting, an empty chair technique was used in which a member is asked to imagine another person in an empty chair next to him and then to interact with that person, also changing seats to take the other's part. In this case the technique was used to get participants away from an attack-defense encounter involving an incident in which a Negro police officer claimed discrimination on the part of his white supervisor. Militants had blindly and heatedly attacked the police on this point, and the police just as automatically denied and defended. When, using the empty chair, the officer played both parts, himself and the supervisor, it became plain to almost everyone that the supposed incident of prejudice was more a matter of the policeman's refusal to report work-preventing illness to his supervisor on time.

Concentric Circles

Techniques borrowed from sensitivity training, such as "concentric circles," were used to start one six-week session. The police

formed a circle facing outward, the community people an outer circle facing inward and moving clockwise. The police fumed and the community moved at least five times more rapidly than average. At the conclusion both sides denied feelings although behavioral signs were extreme. Curiously enough when the citizens were asked to select police whom they thought to be most hostile, they succeeded in selecting some of those who later admitted they wouldn't live close to Negroes, yet denied prejudice. The police shot back "You've been talking with crazy psychologists" and "See, you're prejudiced against us."

Such nonverbal techniques, which usually elicit considerable affect, may in future years be excellent methods for training police in community relations. In days to come police may feel more free to accept feelings without fearing loss of control.

Active Leadership

In some groups the leader actively countered power moves to silence the opposition. Group defenses took the usual form of immediate justification for one's behavior and telling the other in no uncertain terms that since there is only one reality (his), the opponent must be lazy, crazy, stupid, or perverted. It was essential that the leader assume direct control here, often by signs of a concerned anger, even out-yelling and screaming. Aggressive citizens with little social interest could severely disrupt groups with inactive, nondirective leaders, but they were less successful under assertive leaders whose goals were to maintain democratic dialogue.

Assertive leaders did not discourage interchange, but were catalysts for the democratic task of cooperation-as-equals. Each person was instructed to talk about specific frustrating incidents and to listen for the human fears, hopes, and anxieties of the opposition group. Very often while preventing a sibling-rivalry escalation, the leader insisted on an "effort to understand the other": "You're both *demanding* to be 'big daddy' without working for it. Shut up and listen for human feeling, will you? You're working so hard at not listening . . . Does anyone have the courage to try to understand the lady's feelings about her failure to get police help, without trying to prove she's a worthless tramp?"

The logic of distrust leads to a search for evidence to support negative overgeneralizations about the other group. Some such statements were: "My child waved at that cop and he just looked

away. I tell my boy never be nice to one again." "Why be nice to a . . . (cop, nigger, etc.)? He will just take advantage of you." Such statements are best summarily handled by a clear allusion to a decision to hate for private, short-lived gains rather than courageously facing one's own social responsibilities and imperfections.

The concealed value of making decisions based on incomplete, isolated evidence should be discussed (4). Action therapy techniques (12) can be employed here, leaders selectively doubling or mirroring the salient points: decisions based upon negative, isolated, and incomplete data. The strategy is this: *no member must be allowed with continued unawareness to believe that he has collected sufficient evidence to judge another group—or even individual—as eternally worthless or hopeless.* To allow this is an abdication of social responsibility and of one's opportunity to contribute to psychological and spiritual maturity. Democracy as a viable psychosocial process may never be realized extensively until we can maximize each person's self-esteem and oversight simultaneously (1). If this ideal of self-worth and non-demanding sharing with others is taken seriously, love and hate will be seen as learned behaviors, rather than purely biological mechanisms.

SUMMARY

This paper attempts to present some of the problems encountered when professionals, trained for the most part in relating to people through the sick-role model with its hyperdependent patients and controlled settings, venture into the power struggles of the social scene. At the beginning of the Houston Cooperative Crime Prevention Program, a police-citizen confrontation program, group leaders were very busy trying, among other things, to resolve their own authority problems. At the finish, they seemed more motivated toward the creation of democratic behavior. They were concerned specifically with the tactics of how to influence group members to listen to and experience the humanness of the other. Fanatics of both sides often fought vigorously against any communications designed to strengthen empathy. At present, with our abysmal ignorance and even disinterest in how to increase self-esteem and social interest simultaneously, social programs must struggle mostly with the negative, the disease: They must explain to persons when, how, and why they communicate hopelessness to other humans.

REFERENCES

1. ADLER, A. *Superiority and social interest*. Ed. by H. L. & Rowena R. Ansbacher. Evanston, Ill.: Northwestern Univer. Press, 1964.
2. BLAKE, R. R., MOUTON, J. S., & SLOMA, R. L. The union-management intergroup laboratory: strategy for resolving intergroup conflict. *J. appl. beh. Sci.*, 1965, 1, 25-27.
3. CLEVELAND, S. E. Psychological intervention in a community crisis. Paper read at the First Annual Symposium on Experimental and Clinical Psychology, University of Georgia, February 1969.
4. DREIKURS, R. *Psychology in the classroom*. New York: Harper & Row, 1957.
5. ELLIS, A. *Reason and emotion in psychotherapy*. New York: Lyle Stuart, 1962.
6. FARBER, L. Will and anxiety. *Humanitas*, 1965, 1, 5-22.
7. GREENBLATT, M., & SHARAF, M. Poverty and mental health. *Psychiat. Opinion*, 1968, 5 (3), 7-11.
8. HALEY, J. *Strategies of psychotherapy*. New York: Grune & Stratton, 1963.
9. JUSTICE, B. Detection of potential community violence. LEAA Dissemination Document, Grant 207 (s. 044), Washington, D. C.: Department of Justice, 1968.
10. LEHRMAN, N. Anti-therapeutic and anti-democratic aspects of Freudian dynamic psychiatry. *J. Indiv. Psychol.*, 1963, 19, 167-181.
11. O'CONNELL, W. E. Humanistic identification: a new translation for *Gemeinschaftsgefühl*. *J. Indiv. Psychol.*, 1965, 21, 44-47.
12. O'CONNELL, W. E. Psychotherapy for everyman: a look at action therapy. *J. Exist.*, 1966, 7, 85-91.
13. O'CONNELL, W. E. Stroking and spitting. *Indiv. Psychologist*, 1967, 5 (1), 29-31.
14. SIKES, M. P., & CLEVELAND, S. E. Human relations training for police and community. *Amer. Psychol.*, 1968, 23, 766-769.
15. TEILHARD DE CHARDIN, P. *Building the earth*. Wilkes-Barre: Dimension Books, 1965.