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Challenges in sociotherapeutic work with children and youth
The perspective of group leaders

Abstract: Sociotherapy is often offered in Poland as a form of help for children and youth with psychosocial difficulties. The work of sociotherapists and sociotherapists relies on social trust and requires functioning in many complex conditions. The aim of this analysis was to discover the perspective of sociotherapists on difficulties and challenges in their everyday sociotherapeutic work. For this purpose, 37 written statements were obtained from sociotherapists working in various institutions, mainly schools and sociotherapeutic community centers. The statements were analyzed by means of thematic analysis (in Braun and Clarke's approach), allowing to generate five themes that include the experience of challenges: 1) the challenge is the participant; 2) caring for the group as an effective therapeutic environment; 3) working „with an open heart"; 4) balancing between certainty and uncertainty; 5) working despite the feeling that „not everyone is heading in the same direction". These themes may open up a discussion on how to support the professionals in their daily work, for example by introducing activities that may increase their sense of influence and control over the sociotherapeutic process. At the same time, sociotherapeutic work appears as requiring the integration of different objectives associated with the contexts of functioning of the participant, the group and the institution in which the sociotherapy takes place.

Key words: sociotherapy, sociotherapists, challenges in professional work, psychological and pedagogical assistance for children and youth.

Sociotherapeutic interventions are widely practiced in Poland in the field of psychological assistance for children and young people, in education (e.g. school sociotherapeutic community centers), social assistance, psychiatry and social rehabilitation (Jankowiak, Soroko 2020, p. 899–912). Despite the rich practice, there are gaps both in the theoretical formulation of the specificity of this form of assistance and in the empirical research of various aspects of the sociotherapy process and the professional functioning of sociotherapists. At the same time, there is still a need for both reliable evaluation of sociotherapeutic and a general empirical identification of this area of practice (Dragan, Oleksy 2005; John-Borys 2005, Frąszczak 2005).

Sociotherapy is usually defined as a group form of psychological and pedagogical help aimed at children and youth from risk groups and those who already exhibit symptoms of disorders in psychosocial functioning (Sawicka 1999; Jankowiak, Soroko 2013; Szczepanik, Jaros 2016). It consists in intentional activation of helping factors, using group processes and relations with the sociotherapist to activate developmental potential (social, emotional-motivational, cognitive), prevent health disorders and problems, and to correct disadaptive behavior, emotions and beliefs (Jankowiak, Soroko 2020). The effect of the sociotherapeutic interventions should be the improvement of psychosocial functioning of the participants. It is worth emphasizing that the status of sociotherapy itself as a form of assistance is still controversial, and sociotherapeutic interventions are understood both very broadly – in relation to any interventions taking place in a sociotherapy center or day-care center, and narrowly – only as a form of group work (Jankowiak, Soroko 2013).

A sociotherapist is the central figure in the sociotherapy process (Paszkiewicz 2017, p. 128). They are responsible for shaping the relations among the participants in the group, facilitating the group process and conducting the classes in a purposeful manner. Their task is to consciously trigger psychological and pedagogical interventions, which will be properly selected to both the developing group process and the individual needs of the group members. Moreover, the applied interventions should intentionally implement the assistance strategy (Waszyńska et al. 2015; Jankowiak 2015; Grudziewska 2017). It is worth emphasizing that sociotherapy is an interaction during which psychological and therapeutic, as well as pedagogical, educational (Jankowiak, Soroko 2014) and sometimes also social rehabilitation (Sawicka 2008) interventions intertwine. Although the literature on the subject devotes a lot of at tention to discussing the specificity of work in the field of parenting, education, social rehabilitation and psychotherapy – e.g. studying the factors determining professional effectiveness, risk of burnout (Sęk 1996; Czerepaniak-Walczak 1997; Strykowski 2005; Corey, Corey 2008; Machel 2008; Bartkowicz 2010) – still little is known about experiencing work in sociotherapy. The results of the few studies indicate, for example, that the belief in one's own professional effectiveness depends on the sense of competence of sociotherapists (Jankowiak, Soroko 2016).

The group leaders work in complex social contexts. They cooperate with many people both employees of the institution, parents of the participants and finally with the participants themselves. As John-Borys (2005, p.352) stresses, in the process of therapeutic change, it is very important to have an appropriately organized social structure, constituting a significant educational and therapeutic context, with the aim of carrying out common tasks supporting the process of change in the participants and in the community.

It is also worth emphasizing that sociotherapists undertake actions which are demanding, responsible and burdened with great social expectations. This happens when there are no uniform standards of professional sociotherapeutic practice (Jankowiak, Soroko 2019), and no precise arrangements for the professional status of this group (John-Borys 2005, p. 354). A conflict of roles performed in the same institution – for example, an educator and a sociotherapist at school or a sociotherapist and an educator at a social rehabilitation or welfare-education institution (Silecka 2013) – may also sometimes be of importance for the fulfillment of one's professional role.

To sum up, the universally applied and socially valued work of sociotherapists involves a variety of challenges and specific difficulties caused by high social expectations, placement of the activities in various institutional contexts and lack of precise arrangements regarding professional role. The aim of this study is to demonstrate, from the perspective of sociotherapists, what they see as a significant challenge in their work with children and youth. Let us therefore give them the floor to present these challenges.

Participants of the study

The presented study has 37 participants (33 of whom are women), all of them with university education (except 1 person with secondary education), aged between 22 and 59 (M = 36.32; SD = 9.35), who have shared their experiences by answering the following written open-ended question: *Please describe (write) any difficult situation that proved to be a great challenge in your sociotherapeutic work.* It was a group of people from more extensive surveys addressed to active sociotherapists working in various institutions undertaking sociotherapeutic activities from Wielkopolskie and Małopolskie voivodships, most of whom were employed at schools, psychological and pedagogical counseling centers, and sociotherapeutic community centers. The sociotherapists agreed to participate in the study and the use of the obtained material in scientific analyses. Selection for the study group was deliberate (sociotherapists), voluntary (people who wanted to share their experience) and focused on obtaining as diverse a picture of the challenges in this group as possible (Coyne 1997).

The vast majority of the respondents whose statements were analyzed had completed specialist sociotherapeutic training (92%), which lasted an average

of 2.2 years and had an average of 280 training hours. It included training in psychodynamic or cognitive-behavioral approaches or general group work training. The sociotherapists worked with open (9 people; 24.32%), closed (23 people, 62.16%) and semi-open (5 people, 13.51%) groups. Detailed data on the method of working with a group in this sample are presented in Table 1.

Table 1. Method of working in sociotherapy

Data on the method of working in sociotherapy	N	Min.	Max.	M	SD
Current number of groups	36	1	4	1.78	1.50
Number of members in the groups	38	5	20	9.73	3.49
Age of the youngest members	38	5	16	9.08	3.10
Age of the oldest members	38	9	22	14.11	3.24
Number of hours of work with one group per week	38	1.0	26	4.81	7.57
Number of hours of work with all groups per week	37	1.0	40	6.62	9.03

Method

Answering the research question about the challenges faced by sociotherapists, we undertook a qualitative analysis of the data. The written answers collected in the questionnaires (average length M = 76.92 words, SD = 103.5; min. = 11, max. = 582) were analyzed using the method of thematic analysis in the convention proposed by V. Braun and V. Clarke (2016). It is a theoretically flexible method of analysis of statements, aimed at identifying and interpreting patterns present in the set of qualitative data. In our research we adopted a constructivist perspective – as researchers we were looking for individual ways of constructing meanings referring to a difficult situation and the challenges it presented, focusing on the perspective of people participating in the study, but reaching beyond their direct declarations, instead employing our reconstruction of the meanings given by them to their work. Following the guidelines of thematic analysis (defining the position of the researcher and emphasizing their personal responsibility for findings), it is worth to add that, as researchers, we used our therapeutic experiences from working with individuals and groups, integrating our own position „from the inside" (we belong to a sociotherapeutic association) and „from the outside" – we have extensive analytical experience in scientific projects.

The standard thematic analysis procedure includes six stages, which we applied rigorously: 1) familiarizing oneself with the data, 2) coding the data directly and assigning meanings (coding material explicitly and implicitly), 3) generating themes, 4) reviewing themes, 5) defining and naming themes and 6) writing up the results of the analysis. In accordance with the recommendations

of the authors of the applied approach to thematic analysis and other researchers (Nowell et al. 2017), we applied methods of improving the credibility of this analysis, in particular: prolonged commitment to the analysis, preparation of notes during all the stages, triangulation of researchers at the stage of generating the codes, discussions of the research team on the names and content of the themes, returning to data after the stage of formulation of the themes, creating tables and documenting all the stages of analyses. More precisely, the coding and initial formulation of the themes was carried out by the researcher (ES), the content of the themes, their reference to data, and the final formulation of the themes took place in a joint discussion until a consensus was reached. The results are presented in the so-called illustrative way, referring to the literal statements of the respondents.

Study results

The thematic analysis of the statements made by sociotherapists about the challenges in their work has allowed to create five main themes that summarize the topics addressed: 1) the challenge is the participant; 2) caring for the group as an effective therapeutic environment; 3) working „with an open heart"; 4) balancing between certainty and uncertainty; 5) working despite the feeling that „not everyone is heading in the same direction".

Theme 1. The challenge is the participant. The nature of participants of sociotherapy, most often associated with their distinct psychological difficulties or traumas, is seen as a challenge for sociotherapists [38] „*The children who are reluctant to work in a group, and after a year they overcome this and the results and changes in their behavior become visible, are the challenge. Children with ADHD, whose behavior additionally distracts the other members of the group, and to conduct classes until the end requires a lot of effort, patience and sense of control, pose a great challenge. Children who are stigmatized by the group, who are the object of derision and abuse, are the challenge.* The fact that a given participant stands out because of the difficulty they have and bring with them to the group makes the group work focused on that person.

Another challenge for sociotherapists is that the individual problems of the participants are heterogeneous, which makes their therapeutic, developmental and educational needs diverse and sometimes difficult to combine. The differences between the participants concern the difficult events they experienced in their lives, for example different forms of domestic violence: [45] […] *This became apparent in the course of the group meetings. It turned out that two children were sexually abused.* The participants of the groups also differ in their level of physical and intellectual fitness: [10] *A big challenge is to work with a group in which participants have very diverse health and family problems and varying degrees of*

disability (e.g. mobility, speech, writing difficulties) -– this limits the use of many forms and methods of work. Although sociotherapy is generally addressed mainly to people at risk of developing a disorder and not to those who have already been diagnosed with them, sociotherapists also work with people suffering from many different psychopathological problems: [16] *The challenge, and at the same time the difficulty, was working with a child who has experienced sex-related domestic violence and was diagnosed with selective mutism.* [39] *Psychological-pedagogical examinations indicated a diagnosis of mild intellectual disability, behavioral disorders and ADHD.* Sociotherapists notice also various problems embedded in the life environment of the participants of their groups: [44] *A big challenge in sociotherapeutic work is working with children and youth from families with alcohol problems. Sometimes it is extremely difficult to build a relationship with such a child and provide support.*

Children and youth from sociotherapeutic groups are therefore seen as a challenge *per se* because of their various problems (sometimes also clinically diagnosed) and experiences of very diverse difficulties in the social environment they live in, especially in their family. Participants are a challenge also because they function in a group with other people who significantly differ from them in terms of, for example, intellectual level, problems, physical abilities. Sociotherapists are aware of the limitations caused by inappropriate qualification of people into groups in order for the classes to have a beneficial effect, which is difficult in a situation of high heterogeneity of the group [70] *The skills of correct selection of people in the group. This has always been a huge challenge. Putting together children with completely different temperaments and problems is a fundamental mistake. And it is also important that children can learn from each other. If the child and other participants are disturbed in practically every sphere, the group process „does not work", any developmentally beneficial situation is immediately damaged.* The participants of the groups are therefore experienced as a challenge firstly because sociotherapists are confronted with the diversity of problems of individuals in the group and also because functioning in the same group of people with different issues is, in their opinion, a significant limitation in the ability to build the therapeutic potential of the group.

Theme 2. Caring for the group as an effective therapeutic environment. The recipients of sociotherapeutic assistance, diverse in terms of problems and conditions, require creating (designing) and applying appropriate methods of working with them to enable sociotherapy to bring about beneficial changes [10] *Working with a group of young people with autism, searching for forms of such work to help them understand different interpersonal situations.* Personal experiences of the participants translate into their way of functioning in the group, which poses challenges for the sociotherapists in shaping the group relations so that they have the potential to help and support all its members: [14] *Working with X – a child, aged 11. The boy's problems: aggression in a situation of an attack on*

him; his perception of many situations, even usual questions, as aggression towards him (behavior inadequate to the situation);emotionality of a 5-year-old; oppressive behavior towards adults – a need to do homework only with them; strong sense of harm. Challenge: working with the group in such a way that X is a part of it. The group rejected X., treated him as someone who is not one of them, did not perceive the boy positively, and provoked him to trigger his aggressive behavior.

Sociotherapists want the experience of group relationships to carry the power to change the disadaptive patterns of functioning of all its members. However, this requires everyone's perseverance, patience and commitment in building relationships with participants, which will ultimately allow the formation of an effectively functioning sociotherapeutic group: [38] *And it is clear that in sociotherapy everyone should feel safe, comfortable, accepted and equal. It gives satisfaction that the children like the way they spend their time in the community center, they like to come there, everyone finds something for themselves, we get to know each other, get closer, we observe changes in behavior and adaptation to norms.* The therapists challenge themselves to change the interpersonal relationships between participants to such ones that will support them, for example, to turn rivalry into a sense of community [53] *What is difficult in the current group is to make members have a sense of integrity rather than of continuous rivalry. At the moment the group consists only of boys who are constantly competing against each other to be the alpha male by demonstrating their drive – in aggression and sexual contacts.*

It is also a challenge to motivate the participants to engage in therapeutic work so that the group interactions not only bring joy of social contacts or opportunities to get to know people with whom one wants to create close relationships, but also the possibility of therapeutic change [69] *The challenge for me was to organize the group in such a way that the children feel motivated and willing to participate in the activities despite their young age. I wanted the meetings to be a combination of fun and dialog, although children are children – they prefer to play. I managed to give structure to each meeting – the participants knew that the first part of the meeting was devoted to „talking things through" (the younger ones were forced to make an effort to stay focused and listen to the others), while the second part included playing, psycho-education, art therapy, etc",* [36] *the close relationships of the participants transform into boyfriend-girlfriend relationships; my point is to maintain the formula of a therapeutic group.*

Sociotherapists are therefore faced with the challenge of shaping group interactions in such a way that the group is an effective therapeutic environment. This is a challenge because of: 1) diverse possibilities, as well as the limitations of participants and thus the difficulty of choosing suitable methods of working with them; 2) building the therapeutic potential of the group is a process of continuous, persistent work in building community, integrity and respect for the principles of group work.

Theme 3: Working „with an open heart". Working in sociotherapy, in the experiences of people participating in the research, is personally engaging and arouses strong emotions. In the face of the difficulties experienced by the participants, sociotherapists encounter challenges in the area of maintaining psychological distance and neutrality. The behaviors of participants during group sessions cause intensive emotional responses of the group leaders. This theme can be developed in two aspects.

The first is the experience of personal involvement. Working in sociotherapy brings with it both risks and benefits of „getting carried away" by the group, the problems of the participants and the feelings experienced. The challenge in working with a group is a situation where the behavior of participants provokes anger and resistance in sociotherapists, for example: [76] *It was especially difficult for me to conduct the group, when one of the participants kept disturbing the group, distracting other children, refusing to perform exercises. No warnings or conversations worked. This behavior generated anger in others. I also felt anger and irritation. I wanted time to pass faster because I was too exhausted to conduct the session.* Maintaining a neutral therapeutic attitude and refraining from negative judgments is also difficult towards children and youth who behave aggressively and use violence against others. [23] *The big challenge always is to look at the perpetrator of the violence as a victim (the educational system, lack of role models, of ability to cope with emotions).* On the other hand, it happens that the emotions felt by the sociotherapists cause also a strong involvement in relations with one of the members of the group and a desire to distinguish them: [49] *In one of my first sociotherapeutic groups, the group picked out a boy to be the scapegoat. It was a 13-year-old boy with severe social and emotional deficits. He was unable to establish positive relations, annoyed others, behaving like a small, frisky child. While in the group he mainly aroused anger, I had feelings of sympathy and care. It was difficult for me to remain objective, there were impulses to protect the child from the attack of the group (which would probably have strengthened the aggression of others towards him).* The sociotherapists' feelings towards children can also be ambivalent, because on the one hand they are aware of the difficult history of these young people, which makes them feel sorry for the child's difficulties, and on the other hand they have to face their difficult everyday behavior and their own anger at them: [10] *Working with a girl from an alcoholic family (stay in an orphanage, in a foster home) who needs understanding, closeness, empathy, support, but who has mechanisms of entering into relationships through lies (in every case), confabulation, reaching for alcohol, swearing, aggression and hurting.* Personal involvement can lead to going beyond the role of a group leader and giving individual support to one of the participants. This is especially the case when the sociotherapist assesses that the social system in which the group member functions is unable to provide them with assistance. [20] *…thanks to these meetings she begins to see the world completely differently, and she does not want to have a life like her mother's, she*

would like to continue to study if there is such an opportunity. I remember that I was looking for opportunities for her to study. It turned out that the only possibility was a labor corps and although there was no classes in confectionery, which she had dreamed of, she went there. She graduated and found a job. In this case, having an open heart helps to correctly recognize the potential of the participant.

The second aspect of the theme of working with „an open heart" is the awareness and knowledge of the group leader that a given child has experienced trauma or was hurt in a close relationship. The awareness that the participants of the groups are victims of sexual violence was one of those that had the strongest impact on sociotherapists [24] *The most difficult case was a girl sexually abused by her own father. It is very difficult to distance myself from my work. Even when you come home, you still think about these children and their families.* [55] *Working with a seventh grade elementary school student (15 years), sexually abused by her brother. Her parents did not believe their daughter, it was difficult to „open her up". The external symptoms indicated a problem. Working with her was focused on supporting her with words, strengthening her self-esteem. The case was taken to court, but there was no successful outcome. No evidence of guilt.* The awareness that experiencing psychological trauma is not only the past of the participants of the groups, but also their present makes it necessary for sociotherapists to accompany them in their struggle [46] *Working with a child who witnessed their mother's third failed suicide attempt on the day of the meeting.* It is something that the sociotherapist knows (have a knowledge of), but which may be difficult to discuss (talk about).

Sociotherapists are therefore those people who, during the course of the group, not only get to know those elements of their charges' past that are burdened with traumatic situations, but also support them in coping with such events occurring at the moment. Furthermore, it is the group leaders who take steps that go beyond the tasks related to conducting the group and that fall within the scope of crisis intervention, for example, when they report violence against a child and support that child in dealing with such a crisis situation.

Theme 4: Balancing between certainty and uncertainty. In the work of sociotherapists there are many challenges described as constant confrontation with the feeling of lack of impact both on the group, on the participants and on the effects of the applied interventions. They often say straightforwardly that they have to endure the lack of confidence in the rightness of their actions and put a lot of effort into finding meaning in their professional work.

Sociotherapists must face the fact that they experience helplessness when they find it difficult to understand the participant and feel that they cannot establish a sufficiently close relationship with them [39] *Daily work with a boy (10 years old) living in an orphanage. His behavior was inappropriate at the center, at school, at the orphanage. He was vulgar and often aggressive towards his tutors, co-tutors and guardians. There were no arguments or punishments/prizes that would work. I*

was not able to determine his needs or what he enjoyed. Sociotherapists are aware that young people, although they need help, do not want to participate in the group. [74] *The difficulty with school is that the youth sometimes treats participation in a sociotherapeutic group as coercion and generally denies the participation. We do not force anybody, but I always regret that it was difficult to convince a student to give it a try.* Also those who have decided to participate in a sociotherapeutic group may refuse to perform the proposed activities, [54] *Refusal to cooperate during meetings, reluctance to perform tasks, resistance*, which may undermine in sociotherapists the sense of their work.

It is also a challenge to keep the behavior of the participants under control. Despite the daily effort to follow the principles of work, the results are not always satisfactory. [40] *In the sociotherapeutic group of boys (7) aged 9-10 there is a huge problem with „discipline". They don't listen, run around the room, it's hard to get them under control, we're working on it now, but it still proves to be very difficult.* The sociotherapists often have to make decisions quickly because they participate in a situation that requires their immediate reaction. They feel that the actions are necessary but not optimal. [12] *Any incident that requires intervention in a situation of danger, violence in a group, even though the victim requires attention, it is the aggressor, the one who disturbs and attacks others, who receives the attention of the tutor – stopping the fight or the argument requires separation of the perpetrator of the violence – and in this way they end up in the center of attention. It is difficult to ignore violence, but paying attention to the aggressor may intensify their behavior.*

There are also doubts as to whether the work they undertake will change the lives of the participants of the groups. Even when it is not only sociotherapists who work on the change, but the family environment also improves, it may not be enough and the family will still not be able to create sufficient conditions for the development of children who are already heavily burdened with difficulties. [37] *There were two brothers attending the community center activities: X and Y. The boys were from an alcoholic family (both mother and father were addicted). They were living in an orphanage. The boys' father started abstinence and took his sons home. [...] The father could not manage their truancy, running away, and they were taken back to the orphanage. In the conversations, the children themselves admit that they had been with their mother for too long and could not function at home with their father. The boys can only function in the orphanage.*

It also seems to be an important challenge to obtain a sense of confidence in our actions. In a situation of uncertainty, sociotherapists seek support in the principles of sociotherapeutic work and group work theory. The challenge is to stay true to the norms and principles while being aware of how much the child is affected by their unfavorable life situation. [27] *I often have a dilemma over being consistent with a child. At home, parents are not consistent with their children. These are often families with material problems. The consequence I can impose is to deprive a child of a privilege (e.g. interesting trips). In case of children from alcoholic*

families, parents do not spend money on pleasures for the child. I can decide whether the child will go out or not. A big dilemma arises when I know how difficult the personal and family situation of the child is and, as a specialist, I am aware that the situation affects the child's behavior in the community center (including being the reason for testing boundaries – breaking the rules). This statement indicates also how much a burden not only a sense of powerlessness, but also a sense of power and omnipotence can be for sociotherapists, and thus how much depends on their decisions regarding the child.

Uncertainty applies also to the evaluation of the strategy of conduct, especially when a child breaking the rules can lose a lot if the sociotherapist keeps the contract. It seems, however, that relief in the situation of insecurity is offered by the theory determining the directions of therapeutic interventions, which allows to survive unfavorable situations, and the experience gained confirms the importance of their use [42] *The most difficult experience for me was driving a boy home from the camp because he broke the rules (no violence, alcohol, smoking). During this journey I became to understand how important for these children are the rules, giving them a chance (he was allowed to go to the camp next year) to change and experience the consequences. This experience allowed me to understand how norms work for a child and I was not afraid to draw consequences (to be consistent, but kind) anymore. This rigidity, noticed by others, in respecting standards, is very important for the child in a certain period. It allows them to internalize the norms.* The work in the field of sociotherapy is also connected with doubts whether and to what extent the achieved changes are permanent, whether the work put in by sociotherapists and participants is meaningful and has brought long-term effects. Sociotherapists would like to have evidence of the effectiveness of their own work, e.g. [36] *the impossibility of creating a tool to study the effects of sociotherapeutic work over the years – I would like to know to what extent our assistance and the participants' own work has changed their life situation or approach to various issues in their lives.* A significant challenge is also to overcome initial professional uncertainty and shape self-reliance [77] *The biggest challenge was to start working as a sociotherapist independently – conducting four groups in the newly established community center. Studying had not fully prepared me for this job.*

The theme discussed here illustrates how it is to work with the uncertainty of one's own actions and constant attempts to find such confidence. A significant difficulty is also the fact that despite their efforts, sociotherapists sometimes feel that they have no influence on the effects of their work.

Theme 5: Working despite the feeling that „not everyone is heading in the same direction". Another theme concerns the external difficulties faced by socio-therapists, which force them to make compromises in their working methods. First of all, sometimes sociotherapists experience working in a dysfunctional and unfavorable environment. The institutional context may generate pressures in group work due to the nature of the institution itself, the lack of people who

cooperate and support group leaders, and the lack of respect for the rules of group work on the part of other employees/institutions. Sociotherapists must cope with situations where their co-workers have expectations towards them that are contrary to the rules of functioning of sociotherapeutic groups: [2] *As the meetings take place in an elementary school, most difficulties are related to organizational issues and cooperation with the school counselor who sends children to the meetings"* One of such situations concerns the school counselor sending a child to a group 6 weeks after the beginning of the meetings, despite the clear information that the group is closed. In their comments, the sociotherapists mentioned difficulties resulting from the lack of a co-therapist in the group: [68] *The challenge was to work with a group without a supporting person – to ensure safety (small children, leaving the room to go to the toilet on their own).* A difficulty is also that there is little opportunity to having one's own work supervised [36] *limited amount of supervision cooperation with the other group leader to discuss the sociotherapist's work.*

It is also difficult to cooperate with the hostile family environment of participants. Sociotherapists have to deal with the need to cooperate with the parents of the groups they conduct, who often do not support the sociotherapeutic process and, in extreme cases, withdraw from sociotherapeutic assistance for their child [11] *Difficult situations concerning cooperation with parents/legal guardians. The degree of cooperation from parents/guardians should be much greater in many cases. It happened on several occasions that adults withdrew, resulting in the children leaving the group.* Sociotherapists see that parents do not realize that the child's difficulties are caused by how the family system works: [43] *In both cases, parents are willing to cooperate with their children's tutors, the psychologist, the counselor (who conducts sociotherapeutic meetings). They themselves do not report any upbringing difficulties with their children. Their statements concerning the functioning of the family are not honest. They want to be seen as a „good parent", but are not willing to make changes in their relations with the child. According to them, the source of their difficulties with the child is school and the influence of their peers.*

A very poor social and family situation of group participants causes sociotherapists to feel helpless. They ask questions about the sense of their actions if the youth with whom they work not only cannot count on the support of their family, but rather can expect that they will not provide them with any conditions for building a better future. The risk factors in the social context of a child's life cause sociotherapists to feel unable to achieve lasting effects [5] *The hardest is when you have a young person from a broken family or from an orphanage, living in a district or a small town, where the environment „pulls down" rather than allows to develop, where there is violence, drugs, alcohol. And this young person knows that after the sociotherapy with us at the center there is nowhere to go back, and their past is uncertain and bland. Then it is very difficult to find sense and motivation to do anything. So the hardest part is helplessness.*

The opinions of the sociotherapists reveal an area of challenges related to the functioning of both the group leaders and the participants in a social environment that is not willing to cooperate and at times even blocks the possibilities of effective work. Therefore, sociotherapists must face not only difficulties directly related to the processes within the group, but also the shaping of interpersonal and institutional relations external in relation to the sociotherapeutic group, so that the sociotherapeutic work is possible at all.

Discussion

The statements of the sociotherapists provide a picture of the following challenges associated with sociotherapeutic work: 1) the context of social relationships (family-related, institutional) that are somehow external in relation to the sociotherapeutic group, 2) the processes taking place within the group and 3) the cognitive-emotional experiences of the sociotherapists. The picture of challenges identified in these studies prompts the reflection that for sociotherapists it will be important to support their work in ways that help them increase their sense of influence and control over the sociotherapeutic process. The difficulties present in contexts that are external to the group itself, but which are important for the sense of effectiveness of their own actions, leads sociotherapists to experience that „not everyone is heading in the same direction". The challenge for sociotherapists is to work in an environment that does not support their activity and sometimes impedes them from performing their tasks properly, for example due to the lack of a person supporting them in conducting the group, difficulties in cooperating with other employees who do not respect the principles of sociotherapeutic work. In the study carried out by Nikodemska, among the factors most discouraging them from working in sociotherapeutic community centers, the employees listed such elements of the difficult work environment as the lack of material and technical support (Nikodemska 2001). The context of the institution where the sociotherapy is conducted can be of great importance for the course of the sociotherapeutic process. Katarzyna Sawicka emphasizes the importance of the place where sociotherapy is carried out for its effectiveness. The author refers to schools, where the reality is different from the reality created during sociotherapeutic meetings. That is why, in Sawicka's opinion, sociotherapy as a form of psychological assistance best fits into the reality and assistance institutions that create unambiguous centers of activity in terms of form, content and system of values (Sawicka 2006). Sociotherapists are also challenged by the difficulties in cooperating with the family environment of the participants. It is worth stressing that cooperation with parents is extremely important for the success of various types of therapeutic interventions. For example, there is scientific evidence that the quality of family interactions affects the mental health

of children and adolescents (Grzegorzewska, Cierpiałkowska 2020), and the inclusion of parents in the psychotherapeutic process of their children increases the effectiveness of the psychotherapy (Kazadin, Weisz 2006). As pointed out by John-Borys, getting parents to cooperate, encouraging them to support positive changes, contributes to maintaining the effects of sociotherapeutic interventions (John-Borys 2005, p. 353). Therefore, significant problems in the cooperation between sociotherapists and families of children participating in sociotherapy may cause helplessness and a sense of pointlessness of the measures in the group leaders. As shown by other studies on the conditions of the work of sociotherapists, an important predictor of negative feelings in group leaders is the perception of more psychopathological problems existing in the families of the participants of the group (Jankowiak, Soroko 2016).

Various challenges are also related to the processes taking place within the group. An extremely important aspect of group work, which may contribute to increased efficiency of work or block the possibility of therapeutic change, is the issue of proper composition of the group. For this reason, many publications in the field of sociotherapy, as well as other forms of group assistance, concern the method of qualifying participants into groups. For example, Marzena Rubaj emphasizes how important it is for a sociotherapist to clearly define the criteria for selecting participants into groups, because in a randomly selected group it is, firstly, difficult to determine the purpose of the interventions, secondly, improperly selected participants will cause significant difficulties for the sociotherapist in conducting the group, and thirdly – they may, due to their own problems, have harmful impact on other participants of the group, which will block the possibility of effective work (Rubaj 2017). In the statements of the surveyed sociotherapists, there are challenges concerning the people they work with – their diversity due to the problems they experience, differences in resources (for example, intellectual ones) and experienced psychopathology. Also Nikodemska in her research points out that the image of children from families with alcohol problems, in the perception of employees of sociotherapeutic community centers, contains many features that are challenging in work (e.g. aggression, problems in social functioning, lack of perseverance) (Nikodemska 2001). The statements of the group leaders show that despite the recommendations in sociotherapy to create groups from people who experience problems in psychosocial functioning or belong to groups of increased risk of disorders, but are not diagnosed as sick or dysfunctional (Makulski 2017; Jankowiak, Soroko 2020), sociotherapists confront in their work with children and youth with clinically diagnosed psychopathology, e.g. behavior disorders. In addition, the challenge is the high heterogeneity of the groups in the sense of having different intellectual, physical, health capabilities and different problems. The literature on group psychotherapy and sociotherapy emphasizes the importance of similarity between group members, which can be the basis for building a sense of belonging to the group, a significant factor in

therapeutic change. Tryjarska, for example, believes that it is justified to include into one group people who declare a common external problem, e.g. groups for teenagers experiencing tensions related to adolescence. This enables participants to identify with the group and contributes to its coherence (Tryjarska 2006). These considerations raise the question of whether sociotherapists have a real impact on the qualification of participants into the groups they conduct, or whether the composition of the group is determined by the institution they work in. If the qualification is left to them, the next question arises as to what guidelines do they follow when determining the composition of the group and why do they admit people with such different problems? If it is not them who decides who will be admitted to sociotherapy, the reflection on the position of sociotherapy in the various institutions where it is conducted becomes significant.

The work in a sociotherapeutic group, as sociotherapists say, often involves "balancing between certainty and uncertainty". Sociotherapists confront difficulties with regard to the sense of their own effectiveness in their professional work, as they experience a lack of feeling of influence on the participants, on the group as a whole, on the effects of the applied interventions. When working with groups, sociotherapists need to react instantly, so they do not always feel that the choices they make are right. The opinions of the group leaders indicate that they are looking for support in the principles of group work and group work theory. Also, according to the literature on the subject, competent assistance is based on a specific vision of methods of solving existing problems (Sęk, Brzezińska 2011), which are rooted in theories and empirical evidence, and the conducted research proves, for example, that theory-based prevention programs are more effective than programs that are not based on theory (Weissberg, and others, 2003). Individual interventions applied in sociotherapy should therefore be intentionally applied elements of the assistance strategy (Jankowiak, Soroko 2020). According to the statements of the sociotherapists, sticking to the principles of group work leads them to positive experiences, giving them a feeling of greater confidence in subsequent professional decisions.

During their work, sociotherapists *take care of the group as an effective therapeutic environment*. It is a challenge of daily effort, patience and constant effort to make their groups a place with therapeutic potential. Sociotherapists look for appropriate methods in working with group participants, try to shape supportive interpersonal relations, introduce norms and principles of group work and persistently maintain them. This challenge points to the importance of purposefulness of undertaken interventions in sociotherapy and the fact that a sociotherapeutic group is not supposed to be only a group where changes in the functioning of participants are to occur through the possibility of social contacts, but it is a place where sociotherapists deliberately initiate specific assistance interventions (Jankowiak, Soroko 2013). Sociotherapy is therefore a structured process of change for which the sociotherapist is responsible. For instance,

Jacek Strzemieczny emphasizes that sociotherapy is about purposefully creating conditions (social experiences) for children in order for the sociotherapeutic process to take place (Strzemieczny 1993).

Sociotherapists are also confronted with difficulties in maintaining therapeutic neutrality because they work „with an open heart". A significant challenge for sociotherapists is experiencing personal commitment and strong emotions in their therapeutic work. Sociotherapists face the awareness that participants in their groups have experienced traumatic and stressful situations in their lives. The participants generate strong emotions in the sociotherapists, which presents challenges when it comes to maintaining a neutral attitude. This difficulty is quite often accentuated in the literature on various forms of therapeutic assistance and psychotherapy (Kernberg 2012). As stressed by Makulski, the fact that the therapist is „neutral" does not mean that they have no emotional reactions to the patient, but that they are able to manage and use them for a better understanding of the therapeutic situation, instead of releasing them in the relationship with the patient (Makulski 2017). In many cases crisis situations occur in children and youth during a sociotherapeutic meeting and the group leaders leave their roles to intervene in a crisis. The obtained analyses correspond to the results of research on the narratives of sociotherapists, demonstrating that intervention in a crisis is a very often employed aid factor in sociotherapy. When sociotherapists activate this factor, they focus on immediate actions, often very dramatic and exceeding the limits of neutrality in psychological assistance and going beyond group work itself (Soroko, Jankowiak in print).

Conclusions

In the light of the obtained results, it seems important for the sociotherapists to be able to work in conditions (institutions) where they have an influence on the qualification of the participants into the groups they conduct and support for their sociotherapeutic activities. If in their work they have to cope with a wide range of problems of children and youth, then the correct composition of groups may be crucial for the effectiveness of assistance. Regular supervision of their work can help them build confidence in their efforts, maintain therapeutic neutrality and shape therapeutic potential of the group. As emphasized by Makulski, the most beneficial solution in supporting sociotherapists is to supervise their work with the group, preferably after each meeting (Makulski 2017). Moreover, on the basis of our findings, we suggest that intervention in crisis situations should be an important element of the training of sociotherapists. The post-graduate training for sociotherapists mainly aims at developing their competences and knowledge in group work (see, for example, programs such as the Polish Association of Sociotherapists and Coaches or the Polish Psychological Society). It also seems

extremely important to develop standards of professional sociotherapeutic practice shared by sociotherapists. As John-Borys states, the usefulness of sociotherapy as a form of assistance has been positively verified in social practice, but it lacks precise standards of measures defined as sociotherapy that could form the basis for sociotherapy training programs and define the competences and professional role of sociotherapists (John-Borys 2005).

References

[1] Bartkowicz Z., 2010, *Kształtowanie świadomości aksjologicznej pedagogów resocjalizacyjnych*, [w:] Z. Bartkowicz, A. Węgliński, A. Lewicka, *Powinności i kompetencje w wychowaniu osób niedostosowanych społecznie*, Wydawnictwo UMCS, Lublin.

[2] Braun V., Clarke V., Terry G., 2015, *Thematic Analysis*, [w:] *Qualitative Research in Clinical and Health Psycholgy*, P. Rohedler, A. Lyons, Palgrave McMillan.

[3] Clarke V., Braun V., 2016, *Thematic Analysis*, [w:] Analysing Qualitative Data in Psychology, E. Lyons, A. Coyle, Sage 2016.

[4] Corey M.S., Corey G., 2008, *Grupy. Metody grupowej pomocy psychologicznej*, Instytut Psychologii Zdrowia, Warszawa.

[5] Coyne I.T., 1997, *Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries ?*, „Journal of Advanced Nursing", 26, 623–630.

[6] Czerepaniak-Walczak M., 1997, *Aspekty i źródła profesjonalnej refleksji nauczyciela*, Wydawnictwo Edytor, Toruń.

[7] Dragan M., Oleksy B., 2005, *Socjoterapia a zmiana poziomu lęku i stylów funkcjonowania w grupie*, [w:] *Diagnostyka, profilaktyka, socjoterapia w teorii i praktyce pedagogicznej*, (red.) M. Deptuła, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.

[8] Frąszczak B., 2005, *Losy wychowanków Świetlicy Terapeutycznej w Nakle nad Notecią działającej w latach 1994–2001*, [w:] *Diagnostyka, profilaktyka, socjoterapia w teorii i praktyce pedagogicznej*, (red.) M. Deptuła, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.

[9] Grudziewska E., 2017, *Kompetencje socjoterapeuty – zagadnienia diagnostyczne*, [w:] *Diagnoza w socjoterapii*, E. Grudziewska, Difin, Warszawa.

[10] Grzegorzewska I., Cierpiałkowska L., 2020, *Specyfika pomocy psychologicznej i psychoterapeutycznej dla dzieci, młodzieży i rodzin*, [w:] *Psychologia kliniczna dzieci i młodzieży*, I. Grzegorzewska, L. Cierpiałkowska, A.R. Borkowska, Wydawnictwo Naukowe PWN, Warszawa.

[11] Jankowiak B., 2015, *Kompetencje socjoterapeuty – wybrane zagadnienia*, „Studia Edukacyjne", 37, 289–311.

[12] Jankowiak B., Soroko E., 2013, *Socjoterapia a inne formy pomocy psychologiczno-pedagogicznej*, [w:] *Socjoterapia jako forma pomocy psychologiczno-pedagogicznej. Teoria i praktyka*, (red.) B. Jankowiak, Wydawnictwo Naukowe UAM, Poznań.

[13] Jankowiak B., Soroko E., 2014, *Style socjoterapeutycznej pracy grupowej z dziećmi i młodzieżą z perspektywy czynników pomocowych*, „Studia Edukacyjne", 31, 195–218.

[14] Jankowiak, B., Soroko E., 2016, *Wybrane determinanty doświadczania pracy zawodowej przez socjoterapeutów*, „Przegląd Pedagogiczny", 1, 102–115.

[15] Jankowiak B., Soroko E., 2019, *Socjoterapia dziś i jutro. O potrzebie współpracy reflesyjnego praktyka i ciekawego praktyki naukowca*, „Biuletyn Polskiego Stowarzyszenia Socjoterapeutów i Trenerów".

[16] Jankowiak B., Soroko E., 2020, *Socjoterapia dzieci i młodzieży*, [w:] *Psychologia kliniczna dzieci i młodzieży*, I. Grzegorzewska, L. Cierpiałkowska, A.R. Borkowska, Wydawnictwo Naukowe PWN, Warszawa.

[17] John-Borys M., 2005, *Socjoterapia – jak zachodzi zmiana zachowania?*, [w:] *Diagnostyka, profilaktyka, socjoterapia w teorii i praktyce pedagogicznej*, (red.) M. Deptuła, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.

[18] Kazadin A.E., Weisz J.R. (red.) 2006, *Psychoterapia dzieci i młodzieży. Metody oparte na dowodach*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.

[19] Kernberg O.F., 2012, *The Inseparable Nature of Love and Aggression. Clinical and Theoretical Perspectives*, American Psychiatric Publishing, Waszyngton–Londyn.

[20] Machel H., 2008, *Rola i zadania kadry resocjalizacyjnej*, [w:] *Resocjalizacja*, (red.) B. Urban, J.M. Stanik, Wydawnictwo Naukowe PWN, Warszawa.

[21] Makulski M., 2017, *Terapeutyczne aspekty pracy z zaburzeniami zachowania u adolescentów. Podejście psychodynamiczne*, [w:] *Młodzież między ochroną a ryzykiem. Wspieranie rozwoju oraz pomoc psychologiczno-pedagogiczna dla adolescentów i adolescentek*, (red.) B. Jankowiak, A. Matysiak-Błaszczyk, Wydawnictwo Naukowe UAM, Poznań.

[22] Nikodemska S., 2001, *Pracownicy świetlic socjoterapeutycznych. Ich portret psychologiczny, postawy wobec pracy i dzieci z rodzin alkoholowych*, [w:] *Diagnostyka, profilaktyka, socjoterapia w teorii i praktyce pedagogicznej*, (red.) M. Deptuła, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz 2001.

[23] Nowell L.S., Norris J.M., White D.E., Moules N.J., 2017, *Thematic analysis: Striving to meet the trustworthiness criteria*, „International Journal of Qualitative Methods", 16(1).

[24] Paszkiewicz A., 2017, *Skuteczna praca z wychowankiem niedostosowanym społecznie w grupie socjoterapeutycznej*, Difin, Warszawa.

[25] Rubaj M., *Profesjonalizm socjoterapeuty – prowadzenie zgodnej z zasadami etyki praktyki zawodowej*, [w:] Socjoterapia w pracy z dziećmi i młodzieżą. Programy zajęć. Część trzecia, (red.) E. Grudziejewska, Difin, Warszawa.

[26] Sawicka K., 1999, *Socjoterapia jako forma pomocy psychologiczno-pedagogicznej*, [w:] *Socjoterapia*, (red.) K. Sawicka, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej Ministerstwa Edukacji Narodowej, Warszawa.

[27] Sawicka K., 2006, *Ekologiczny kontekst socjoterapii*, [w:] *Diagnostyka i profilaktyka w teorii i praktyce pedagogicznej*, (red.) M. Deptuła, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz 2006.

[28] Sawicka K., 2008, *Terapia w resocjalizacji*, [w:] B. Urban, J.M. Stanik, *Resocjalizacja*, Wydawnictwo Naukowe PWN, Warszawa.

[29] Sęk H., Brzezińska A., 2011, *Podstawy pomocy psychologicznej*, [w:] *Psychologia akademicka*, t. 2, (red.) J. Strelau, D. Doliński, GWP, Gdańsk.

[30] Sęk H., 1996, *Wypalenie zawodowe. Psychologiczne mechanizmy i uwarunkowania*, Wyd. Fundacji Humaniora, Poznań.

[31] Silecka E., 2013, *Wybrane konteksty socjoterapii w pracy z jednostkami niedostosowanymi społecznie*, [w:] *Socjoterapia jako forma pomocy psychologiczno-pedagogicznej. Teoria i praktyka*, (red.) B. Jankowiak, Wydawnictwo Naukowe UAM, Poznań.

[32] Soroko E., Jankowiak B., w dtuku, Shaping Social and Psychological Competencies or Intervening in a Crisis? Sociotherapists' Experiences of Helping Adolescents in Poland, „International Journal for the Advancement of Counselling".

[33] Strykowski W., 2005, *Kompetencje współczesnego nauczyciela*, „Neodidagmata", 27/28, 15–28.

[34] Strzemieczny J., 1993, *Zajęcia socjoterapeutyczne dla dzieci i młodzieży*, PTP, Warszawa.

[35] Szczepanik R., Jaros A., 2016, *Techniki socjoterapeutyczne w pracy z dzieckiem agresywnym*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź.

[36] Tryjarska B., 2006, *Organizacja psychoterapii grupowej*, [w:] *Psychoterapia. Praktyka*, (red.) L. Grzesiuk, ENETEIA, Warszawa

[37] Waszyńska K., Bury P., Filipiak M., 2015, *Psychoterapeuta i socjoterapeuta – cechy i kompetencje osób skutecznie pomagających*, [w:] *Współczesne konteksty psychoterapii i socjoterapii – wybrane zagadnienia z teorii i praktyki*, (red.) K. Waszyńska, M. Filipiak, Wydawnictwo Naukowe UAM, Poznań.

[38] Weissberg R.P., Kumpfer K.L., Seligman M.E.P., 2003, *Prevention that works for children and youth: An introduction*, „American Psychologist", 58, 425–432.