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Differentials and similarities in social group work and group therapy reflected in social work and the social service review from 1956 to 1963

Maurice E. Shirley
Atlanta University

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DIFFERENTIALS AND SIMILARITIES IN SOCIAL GROUP WORK AND
GROUP THERAPY REFLECTED IN SOCIAL WORK AND THE
SOCIAL SERVICE REVIEW FROM 1956 TO 1963

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF
THE DEGREE OF MASTER OF SOCIAL WORK

BY
MAURICE E. SHIRLEY

SCHOOL OF SOCIAL WORK

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DEDICATION

This thesis is dedicated, with love, to the most beautiful and understanding person the writer has ever known, Miss Patricia A. Battle, who will, on August 1, 1964 be his wife.
ACKNOWLEDGEMENTS

This writer wishes to express his appreciation to Mrs. Frances W. Logan for her efforts in helping to crystallize the subject of his thesis. Most of all, the writer wishes to extend his sincere appreciation to Dr. Joseph Golden for his dedicated supervision throughout the writing of his thesis.

The deepest and most profound gratitude is expressed to the writer's father, Rev. E.S. Shirley and his brothers, Dr. C.H. Shirley, Dr. E.S. Shirley, Jr., and Dr. D.W. Shirley, for supporting and encouraging his efforts.
CHAPTER I

INTRODUCTION

Significance of the Study

Social group work as one of the three "major" methods in the profession of social work has been used to some extent in psychiatric settings, in addition to its older settings -- settlements and youth serving agencies.

By definition, the social group work method as viewed by Wilson and Ryland is seen as:

... a process and a method through which group life is affected by a worker who consciously directs the interacting process toward the accomplishment of goals which in our country, are conceived in a democratic frame of reference.¹

Regarding the role of the social group worker and still an amplification of group work by definition, a 1954 definition states precisely:

The group worker enables various types of groups to function in such a way that both group interaction and program activity contribute to the growth of the individual and the achievement of desirable social goals. The objectives of the group worker include provision for personal growth according to the individual's capacity and need, the adjustment of the individual to other persons, to groups and to the society, the recognition by the individual of his own rights, limitations and abilities as well as

his acceptance of the rights, abilities and differences of others.  

To the writer's thinking, both definitions denote and connote that which all social workers share in common: knowledge regarding individual dynamics and social circumstances. Social workers share the same body of knowledge regarding their profession, but their methods differ in skills required.

Group therapy (sometimes referred to as group psychotherapy) by definition is:

Any form of psychotherapy in which several persons are treated simultaneously, though by no means always in the same way. In psychotherapy, group treatment is sometimes considered more effective, not merely more economical of the therapist's time. The term to be used to designate the mere use of social contacts as a means of treatment should not be group therapy. Arranging that a boy have more playmates is not group therapy (it might be called social therapy), but the utilization of a group situation to facilitate therapeutic changes in several children may be.  

Frey and Kolodny defined group therapy as:

... a method of psychotherapy in which the emotional reactions of members of the group to each other and to the leader are understood as being reflections of interpersonal conflicts of individuals comprising the group. The

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collection of individuals into a group provides a setting in which these conflicts are intensified and even exaggerated because of the number and variety of pressures exerted by the presence of a group of people. The leader of the group exploits the setting and emotional reactions for the direct and general benefit of the group as a whole, indirectly for the individual members of the group.

The above definition viewed by some professional social workers is likely to bring many questions to issue as to the differentials and similarities in social group work and group therapy. The past years however, have given impetus to social group work and group therapy as important media in the treatment of social and mental illness. It is no wonder then, that social group work as one of the methods in social work, has become more and more influenced by psychiatry. Ferguson, as a member of the Committee on Group Work in Medical and Psychiatric Settings in 1951, amplified this point as she said:

The impact of psychiatry on social work is recognized as one of the most significant developments in social work in the past fifty years. It has had a profound effect on the development of two distinctive methods of social work, case work and group work, as a means of protecting the value of the individual.

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The converse of her quote is the fact that psychiatry has discovered, since World War II, the group as a medium of therapeutic value.

In this connection, it is well to note that group therapy and social group work not only use the group as the medium of great value, but also use the group method in:

... orienting the professional community to the prevention of, and therapeutic aspects for, any future mentally ill, as well as in teaching the care of the presently mentally ill.

The above, in regard to the social group worker, has great significance. Due to our very complex society, he (as well as other social workers) has had to modify his role as a member of the helping professions. The latter fact may in part be attributed to:

(1) changes in clients and patients and their respective needs; (2) the increasing maturity of social workers as members of the multi-discipline team; (3) the broadening of social perspectives in mental health; and (4) community demands for functional efficiency.

The writer, then, explored the points of view of authorities in the two periodicals to be cited, and integrated them.

Seemingly, Woodward's quote permits the possibility of

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similarities as well as differentials in social group work and group therapy. If nothing more, the writer feels the quote suggests one of the fundamental tools in research -- a quest for knowledge. The quest insofar as this study is concerned, is to establish and integrate the findings, relative to the subject.

Purpose of the Study

The purposes of this thesis are: to show the differentials and similarities in social group work and group therapy in psychiatric settings as reflected in Social Work and The Social Service Review from 1956 to 1963; to examine points of view of leaders on the subject; finally, to integrate these findings along with the experiences of the writer regarding the subject.

Method of Procedure

A bibliography of articles dealing with differentials and similarities in social group work and group therapy in Social Work and The Social Service Review was compiled. The material in these articles was analyzed using Bartlett's "Frames of reference for analysis of social work practice in any particular field". 8

This approach requires the three following frames of reference:

(1) **Essential Elements in Social Work Practice:**
- Value
- Purpose
- Knowledge
- Sanction
- Method

(2) **Characteristics of the Particular Field**
(such as Health or Child Welfare):
- Problem (Condition of central concern).
- System of organized services.
- Body of knowledge, values and methods.
- Sociocultural attitudes (in society).
- Characteristic responses and behavior of persons served.

(3) **Social Work Practice in any Particular Field:**
- Application of the essentials of social work practice in any particular field.
- Characteristics of the resulting social work practice.

Since people have strong feelings regarding the subject studied and its relativity of opinion (by practitioners of both methods), the research method of content analysis was employed, thus providing an objective scrutiny of material germane to the subject.

To further clarify the analysis, situations involving groups in which the process and/or method controlled by practitioners of both methods are cited, in the form of examples.

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9Ibid., p. 18.
Scope and Limitations

Data for this thesis was collected from articles in *Social Work* and *The Social Service Review* from 1956 to 1963, by practitioners of both fields of practice. References from practitioners in related fields were also employed. Situations, when cited, involved practitioners of both methods, limited only by a given record.

This thesis is limited, first, by the two major social work periodicals; second by the limited experience of the writer as a social group worker in a psychiatric setting and third, a trite, but ever important element in research -- time.
CHAPTER II

THE DEVELOPMENT OF SOCIAL GROUP WORK IN PSYCHIATRIC SETTINGS

Early Beginnings

Some experimentation in the use of groups appeared very early in many of the agencies that later developed what is known as group work. As Gisela Konopka reports, Hull House had a group — apparently with some success — for youthful drug addicts in 1909, and also experimented with housing groups of the mentally ill.\(^1\) There is also some account of the group work done in Illinois, beginning first in Chicago State Hospital in 1918 and discontinued two years later. Further attempts are reported by the Illinois Institute for Juvenile Research in 1929 in the Lincoln State School and Colony for Mental Defectives.\(^2\)

The use of group play for therapeutic purposes in the Children's Memorial Hospital in Chicago was well established by 1935 and was also considered by those responsible as an illustration of social group work.\(^3\) There were, no doubt,

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many more such instances of the use of groups for recreational activities in the early beginnings of social group work in the psychiatric setting, but for the purposes of this historical survey, the writer is concerned only with groups after social group work had been defined as a method.

At this time, the process out of which social group work emerged was formed. It had three observable aspects: (1) the organization of the means to communicate and work together, (2) the struggle to conceptualize, (3) the problem of the relation to social work as a profession. During 1935-36, discussion groups were organized in San Francisco, Los Angeles, Chicago, Cleveland, Pittsburgh, New York and Boston to discuss questions regarding a process of formulation of social group work for psychiatric settings. Reports in the period cited indicate that the process of formulation can be summarized, perhaps, by saying that there was agreement by 1936 that the chief aim of social group work was the development and adjustment of the individual through voluntary group association and activity. It was really aimed at the development of socially

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desirable attitudes by the individual. "Socially desirable" was interpreted to cover a wide range from the development of tolerance with people from diverse cultural backgrounds to the promotion through democratic process of needed social action.\footnote{Ibid.}

The fact still remains however, that although much was being done in regard to establishing a frame of reference in which the social group work process and method could function, no attempts were made to define values and goals in psychiatric group work. The latter did not come into focus until later developments occurred.

The early progressive educators, like the caseworkers of that period, were also influenced by Freudian theory, especially in terms of the dangers of repression. It was also believed that there was a close connection between the nonauthoritarian discipline of the progressive schools, the highly permissive focus of group therapy, the period of "passivity" in casework, and a similar attitude among early social group workers who also "went passive" to some extent and hesitated to exercise authority for fear it was domination.\footnote{Ibid., p. 50.} The writer feels that this attitude is not really unique to the early practitioners, but may also be evidenced now, in the 1960's, among some social work practitioners.
In addition to the influence of progressive education in the early beginnings, parts of social group work were drawing upon the theories about the use of play as an adjustive medium and still other parts were involved in the early studies of interpersonal relations in a total milieu.

It was not until 1938 that a person with defined social group work purposes and sanction of the profession and society, used his skill and the social group work method in a hospital clinic setting. In addition, 1938 was the year social group work aligned itself with the profession of social work.

Perhaps one of the most important contributions to the whole field in its early beginnings, was the production of a few practitioners who were equipped as they went elsewhere to start similar work.

In Detroit in the early forties, a somewhat different set of circumstances led to a similar use of group work for therapeutic purposes. In 1942, a faculty member at the School of Social Work at Wayne University initiated a project in various

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9 W.I. Newstetter, *Group Adjustment* (Cleveland: Western Reserve University, 1938), p. 75.


11 Ibid.

agencies in the community for small groups of emotionally disturbed children who needed more specialized service than the regular agency could provide. The Detroit Group Project aimed primarily at providing diagnostic service by the use of groups led by specially trained workers. Their purpose was based in part, on the limitations that had been revealed in attempted interviews with such children and in the earlier use of the play therapy interview. Such groups later became subjects for studies.

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13 Trecker, op. cit., p. 15.
14 Ibid., p. 16.
Later Development

The value of group experience in the treatment of the mentally ill was recognized by psychiatrists early in the present century. However, this form of therapy was used exclusively by psychiatrists, and only to a limited extent, until its effectiveness with psychiatric casualties during World War II was demonstrated. In the late 1940's, under the impetus of the war experience, group work with psychiatric patients became more widespread and began to be carried on by personnel other than psychiatrists, especially psychiatric social workers.\(^\text{15}\)

In 1949, Gisela Konopka, in a paper delivered at the Dartmouth Conference on Education for Psychiatric Social Work,\(^\text{16}\) noted the growing use of social group work in psychiatric settings from 1938 through 1948; she emphasized the need for training psychiatric social workers in group work skills.\(^\text{17}\) A study made in 1956 revealed that 20 percent of the members


\(^{17}\)Ibid.
of the Psychiatric Social Work Section, NASW, were carrying on group service. It is now estimated that at present, at least half the Section's members are engaged in such work.

In focusing on later developments, the years 1955 to 1958 are considered the most significant milestones in the development of social group work in the psychiatric setting, because of the recognition and grants received from the National Institute of Mental Health.

From 1959 to 1962, many more developments evolved. Stella A. Hartman states the major developments in the period as developments in values and goals: the values, concepts, and goals of the profession are a major dimension for the choice of criteria variables. The field of social work as well as the method of social group work is deeply committed on this dimension; it sets its direction in terms of maximizing the dignity of the individual. Still another aspect was source of information about group work: the source of information about improvement may come from the client, the leader-therapist, and the "significant others" in the social world of the client. It goes without saying that use of evaluation data from clients

18 Ibid., p. 12.
19 Coyle, op. cit., p. 15.
21 Ibid.
22 Ibid.
in a psychiatric setting tends to create conflicts between social work values. To over-simplify, the typical tendency is to use clients' judgements and perceptions as data to be related to the ultimate criteria of the leader-therapist.\(^{23}\)

Hartman cites centrality of criteria: the criteria chosen should be pivotal or conceptually central to the set of assumed interlocking criteria. For instance, one pivotal criterion variable among many is the ability or skill of "learning to learn", either as a group or a group of persons.\(^{24}\)

According to Hartman, the social group worker should establish for the group members working criteria on two bases: (1) a working criterion of evaluation which represents a definable step toward the goal and its criteria; and (2) a criterion of movement in the direction toward the goal and its criteria.\(^{25}\)

A different but related point, the criteria should have the potentiality of being reached under other circumstances, by other leaders and other groups. If the worker uses evaluation criteria in a study of outcomes of treatment which are not possible to attain under other circumstances, with other personalities, situations or institutional arrangements, and perhaps other procedures of treatment, he has lost some of the utility of his results.\(^{26}\) The specific question for social group work

\(^{23}\text{Ibid.}, p. 41.\)
\(^{24}\text{Ibid.}, p. 42.\)
\(^{25}\text{Ibid.}\)
\(^{26}\text{Ibid.}\)
is, "Does the person feel differently about himself and others and does he behave differently toward others?" but always within the framework of socially desirable behavior and values.\textsuperscript{27}

A secondary function of the social group worker, which is also true for the group therapist, is consultation. Consultation has been defined as "a way of giving advice and counsel to a person on a specific problem in a defined area...Its purpose is to add to and enhance the knowledge and understanding of the person seeking help in order to solve a particular problem."\textsuperscript{28}

To date, social group workers are functioning as professionals within the skills, knowledge, and attitudes of their profession and method of practice.

\textsuperscript{27}Ibid.
\textsuperscript{28}Ibid.
CHAPTER III

GROUP THERAPY

Early Beginnings

Group therapy, as is the case with so many of the healing arts, has been practiced since the advent of man, but as a self-conscious discipline with an attempted appraisal of causes and effect, it is of decidedly recent origin.

History records few instances of the therapeutic use of group therapy, better known as group psychotherapy. It may be said, then that group psychotherapy is of very recent origin. It dates back scarcely fifty years. Its first conscious and deliberate application is generally attributed to Dr. J. H. Pratt.

Group therapy developments in Europe have been alluded to by Dreikurs and Corsini, reporting on the work of Wetterstrand with hypnosis, Schubert in the treatment of stammerers, Hirschfield with cases of sexual disturbance, and Metzl with alcoholics. All these practitioners were in the period from

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2 Ibid., p. 17.
1910 to 1927. Alfred Adler, in his child guidance clinics, is claimed by his followers to be the first psychiatrist to have used the group method systematically and formally.\(^5\)

In Europe, up to the present time, group therapy has not reached the stage of organization that it has in the United States.\(^6\) Group therapists have worked independently, with little awareness of the work of colleagues. According to Klapman, the advent of the totalitarian state choked off any democratic process incapable of flourishing in the atmosphere of Hitlerian Europe. Therefore, quite naturally, the locus of development in group therapy shifted almost exclusively to the United States.\(^7\)

Marsh, as early as 1909, and again from 1912 to 1914, carried on independently some tentative experiments with the method of group psychotherapy for psychoneuroses. His results apparently were not published until some years later.\(^8\) By


\(^6\) Klapman, op. cit., p. 5.

\(^7\) Ibid.

\(^8\) L.C. Marsh, "Group Treatment of the Psychoses by the Psychological Equivalent of Revival," Mental Hygiene, VX (May, 1931), p. 328.
1919, Lazell was conducting his experiments at St. Elizabeth's Hospital. He became aware of the need for an adequate therapy for the large numbers of patients on the wards, a treatment that would include the many patients who apparently were inaccessible to individual psychotherapy. Lazell instituted group therapy for the first time at St. Elizabeth's Hospital in Washington, D.C. The results were highly gratifying. He later employed, with considerable success, the same method with large groups of psychoneurotics in the Veterans Administration Hospital.9

In 1925, Trigant Burrow began his method of group psychoanalysis on himself and his associates.10 Because socially acceptable ideas bear an authoritative stamp, he had a hard time having his method accepted. This acceptance, as implied in Bartlett's "frames of reference," is conditioned on the basis of social obligation and produces a conflict with natural modes of action. The ultimate result, in Burrow's opinion, is a social neurosis.11 For him, the object in therapy is, therefore, to undermine the unnatural social precepts which are foisted on the individual, which he feels obliged to accept.12

In Burrow's opinion, in group analysis, therapy is less

11 Ibid.
12 Ibid.
individually oriented that directed toward the dissolution of social images which hinder natural adjustment of the individual situation.¹³

L.C. Marsh approached the problem of group therapy from a somewhat different point of view. In a paper delivered in 1930, entitled "Group Treatment of the Psychoses by the Psychological Equivalent of the Revival", he clearly indicated that the object of this treatment was to stimulate and inspire patients into a happier state of mind, much as a religious revival meeting revivifies religious feelings. He differed from Lazell, who believed that the substance and content of the lecture were more or less therapeutically effective. Marsh believed it did not matter greatly what the subject of the lectures was.¹⁴ He considered the chief element in his regimen the fact that the patients were stimulated intellectually and emotionally and made happy thereby.¹⁵ The activities, he stated, were intended in group therapy, to be extrovertive in character, therefore, he did not propose plumbing any great psychological depths in the activities.¹⁶ He stated:

¹³Ibid.
¹⁵Ibid.
¹⁶Ibid.
My interest is an emotional one, I use the crowd psychology to bring their emotional interest into squad formations, to discipline and direct them toward life. The aim is to extrovert all energies at the social level.17

Seemingly, Marsh's conceptions mark him as something of a prophet in the development of group therapy. For certain, he has been called the "seer" in the matter of mental hospitals and treatment of emotional and mental disorders. Much of his vision has still to be realized, but in his pronouncements he quite clearly outlines some developments.18

Like some other workers with group therapy, Marsh found it expedient to assign books to his patients to read and report on. Most of the psychological books of that time were written for the general public.19 His last recommendation takes a long leap into the future and probably will still be regarded by many as utopian and visionary. He advocated an organization of ex-patients, holding stated meetings, organized on a national basis.20

Even during the early beginnings, the need for treatment of large groups with emotional problems was recognized and group therapy, though still in its infancy, began to be utilized by practitioners to eliminate some of the troublesome

17Ibid., p. 43.
19Ibid.
20Ibid., p. 13.
fears of individuals through the use of group sessions. Although many of the great names cited heretofore did much in the early developments, fees for such services were rather high and money was generally inaccessible. This point, along with many others brings us to later developments in group therapy, starting from 1943.

21 Klapman, op. cit., p. 20.
Later Development

Dynamic factors in terms of method and aims of group therapy have come into being since 1943. Long-established concepts of therapy have been reviewed and revised in the light of group interaction. At no point was the influence (regarding further development) more profound than in the training and indoctrination of new therapists. Training in group therapy has, up to comparatively recent times, been a most complicated procedure. The old cardinal principle that the trainee could not be in the interview room to witness the group procedure, is no more. Group therapy offers ideal conditions for such eye-witness training. This particular method to which Johnson is referring was developed primarily by Lundin and his co-workers, in 1952. The method provided among others, that the trainee first be an observer, then a member of the group, then a participant-observer, then a co-therapist.

In the early 1950's, group therapy, while involving a

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23 Ibid., p. 19.
of socialization, was decided by its practitioners to be quite different from social group work.\textsuperscript{25} First of all, the bond uniting the members is frequently one of pain rather than one of attaining ease in social situations. The participants in group therapy are not only members; they are patients as well.\textsuperscript{26} Hinckley acknowledges that members led by a social group worker may be seriously disturbed, but points out that little emphasis is being placed on the distress factor. In group therapy, the point of concentration is very often on emotional deficit in order that it may be understood and relieved.\textsuperscript{27} Further, Hinckley points out the role of the therapist to be more or less assisting patients seek causes in themselves and to apply healing remedies to painfully emotionalized attitudes.\textsuperscript{28} He believes the therapist's competence lies in his understanding of individual behavior dynamics. The therapist may or may not have special skills. His function in the group follows the principles of treatment rather than coinciding with what a particular group goal prescribes.\textsuperscript{29}

The field of group therapy is now witnessing the beginning

\textsuperscript{25}Hinckley, \textit{op. cit.}, p. 14.
\textsuperscript{26}\textit{Ibid.}
\textsuperscript{27}\textit{Ibid.}
\textsuperscript{28}\textit{Ibid.}, p. 15.
\textsuperscript{29}\textit{Ibid.}, p. 16.
of minute differentiation and systematization. While it is true that the common denominator of group dynamics will be the same for all groups, the character of the groups greatly modifies the mode of administration. The field now shows a great flowing of techniques and "modus operandi". The body of data accumulating from experience with diverse groups, while still not fully collated and organized, has begun to assume order. There are two special societies which have come into existence as a result. One of these societies is the American Group Psychotherapy Society, which meets in January of each year. The other is the American Society of Group Psychotherapy and Psychodrama, organized in 1947.

It is significant to note the fact that the Armed Forces have shown the greatest enthusiasm for group therapy and have given its practices the greatest impetus. The periods since World War II and during present peace times will attest to this.

We have already witnessed some of the numerous ramifications of group therapy in early beginnings and later developments, both in private practice and in public or governmental institutions. This is in regard to profound changes in basic concepts, not only in treatment, but of human interrelationships.


31 Ibid.

32 Ibid., p. 45.
in general. An echo of these subtle developments may be perceived in the conduct of mental institutions. This fact in itself has done much in the present development of group therapy. As soon as group therapy was practiced in an institution, the individual was re-enfranchized. The group therapist of 1946 to present times became keenly aware of what the environment, the very atmosphere of the institution, the milieu, is doing to the patient, and its effect on his personality and mental disorder. Group therapy calls attention, presently, to the sociological, as well as psychological factors operative in the patient's difficulty, and such considerations cease to be a residue of scientific practice and thought. It is no mere happenstance, now that group therapy has established itself, that we are witnessing the publication of an ever-increasing number of sociological and milieu studies of the mental hospital.

The concepts, theories, and practices of group therapy are yet in an initial and fluid state but a number of urgent stresses in world affairs have served to accelerate and

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intensify the method to its present recognition. It is now practiced by people from a great variety of backgrounds, including psychiatry, psychology, social work, sociology and education. 

Presently, the method of group therapy has been further developed essentially as a democratic procedure, and can flourish at its best only in a democratic atmosphere; hence, it is beginning to exert a profound beneficient effect on education. Group therapy was professed to have a profound beneficient effect on education during its early development, but did not in reality, really exist.


38 Ibid., p. 32.

CHAPTER IV

DIFFERENTIALS AND SIMILARITIES IN SOCIAL GROUP WORK
AND GROUP THERAPY

Roy R. Grinker, one of the authors of what, in the opinion of the writer, is a profound and provocative book, has done much to disturb existing stereotypes of the therapeutic boundaries of responsible social work and its methods of practice.

The reader of *Psychiatric Social Work: A Transactional Case Book* will be amused by the large impressionistic generalizations offered up in comparing social workers, psychiatrists, and group therapists. It was stated that "social workers, for example, are accused of being the 'masters of anxiety-allaying cliches', while psychiatrists and group therapists are thought to be more inclined to expect their patients to tolerate higher levels of anxiety."¹ It was finally conceded that all three therapists (social workers, psychiatrists, and group therapists) deal with substantially the same type of patient population within a psychiatric setting.²

As methods within two given professions, let's examine the

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² Ibid.
differentials and similarities, using the "frames of reference" already cited in Chapter One. Method has already been discussed in terms of definition and difference; value, purpose, knowledge and sanction will be discussed as related to the subject in point, as they relate to method, not necessarily to the profession (of which method is a part).

Values

In regard to value, certain philosophical concepts are basic to social work, therefore basic to all methods therein contained. Among these are:

...there is interdependence between individuals in this society; there are human needs common to each person, yet each person is essentially unique and different from others; an essential attribute of a democratic society is the realization of the full potential of each individual and the assurance of his social responsibility through active participation in society...3

On the other hand, value in terms of group therapy has as its base, well balanced emotional warmth and awareness of self; value of support and interpretation from the therapist and group members. Finally, value of man's deepest needs, desires, and conflicts, directed toward understanding self.4

Still another difference in terms of value as related to

social group work and group therapy is self-determination. The use of self-determination has little value in the method of group psychotherapy. However, self-determination in social work is the supreme value, and it maintains its top position in any hierarchy of values, including those in which there are conflicts. For all social workers, regardless of the setting of practice, the situation is pure and clear: help the people served to do what they want to do. "People can be and are manipulated, but constructive changes which take root inside the person, group, or community usually need to be based on participation and consent."

The method of social group work as opposed to group therapy is concerned with a bit more of the patient besides his illness, but rather the effects of the illness on the patient in relation to others. In addition to being chronically ill and having been improved, a patient (in a psychiatric hospital) first needs help in developing habits that will make him more acceptable to those around him. For example, "his table manners may be

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6 Ibid.
7 Ibid., p. 8.
9 Ibid.
very poor; he may neglect to flush the toilet after using; he may need to be told to bathe, shave, change his underwear, etc. Wandering aimlessly around the grounds is better than sitting tied to a chair, but it is not preparation for living in the community. This brings the writer to purposes as related to the two methods.

**Purpose**

Purpose as related to social group work has as its base, that of assisting individuals and groups to identify and resolve or minimize problems arising out of disequilibrium between themselves and their environment. Still another important element in regard to purpose is the sponsoring of democratic attitudes and behavior patterns and development of the group as a self-determining unit. There are, in addition, the educational purposes of the group, learning skills, and using program material (arts and crafts) as a means to effect change.

Group therapy as a method has as its purposes: (1) the therapeutic aim of the unit, with the lack of a group goal;

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10Ibid.
11Ibid.
13Ibid.
14Ibid.
(2) the alleviation of emotional tensions by sharing experiences and increasing self-awareness; (3) the direct interest and attack on personal problems in order to foster attitudinal modifications.  

Seemingly, the major difference in regard to purpose as viewed by each method, rests in the lack of a group goal. Although there are goals in group therapy, they are always those of the therapist directed toward individual treatment.  

Sanctions

Both methods and their individual professions derive their sanction from the same basic sources. These are (1) Governmental incorporated agencies (authorized by law), (2) Voluntary incorporated agencies and/or hospitals (sanctioned by the communities in which they reside), (3) The organized profession (social work and psychiatry). Both set forth the educational requirements for practice and the conditions under which that practice may be carried on.  

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16 Ibid.

17 Ibid.
Skills

Despite their variant origins, both methods represent professionally guided ways of harnessing group psychological forces for helping people in groups. While these fundamental group forces are probably the same in all face-to-face groups, there are vital differences which have already been cited in terms of value, purpose, and method.

Skill (i.e., technical expertness, the ability to use knowledge effectively and readily in execution or performance), is required by the profession of both practitioners.

Another difference and yet a similarity between group psychotherapy and social group work may be cited in what the two practitioners bring in the way of skills. The social group worker brings among other skills an ability to integrate what he knows and observes, and a skill in being able to use himself consciously in relation to the patient and the group process. He also comes with a knowledge of program media and skill in applying this knowledge. The practitioner in group therapy

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20 Ibid.
21 Ibid.
22 Ibid.
brings with him his knowledge of individual behavior and awareness of the dynamics of patient illness. He brings skill in his ability to evaluate correctly the meaning of transference-positive or negative modes of behavior. He also brings skill in establishing goals for the individual patient according to his illness.

The similarity in the two methods may be found at times in the close relationship between the body of knowledge and skills of each practitioner’s ability to elicit responses, how to stimulate interaction, how to appreciate and communicate feelings, and how to help the group and individual focus around a problem and then move toward a solution.

Body of Knowledge

Both practitioners share a certain body of knowledge regarding group dynamics and growth and behavior. Basic to both methods is the understanding that it is the inner change which makes for outer change in terms of behavior. This

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23 Ibid., p. 85.
24 Ibid., p. 86.
25 Ibid., p. 87.
27 Ibid.
shared body of knowledge, in addition to knowledge of human behavior and group dynamics, helps both group leaders to know what behavior to expect as implicit in the maturation stage modified by the development of environmentally conditioned abilities.

Problems of Central Concern

Significant to both practitioners (regarding problems of central concern) is awareness that biological maturation is characterized by well-defined psychological attitudes. However, the problem of major concern is how both leaders can best implement the objectives of his method to the best advantage of the patient. 29

A further similarity comes out of the above, namely, both methods require the practitioner to use his understanding of the meaning of sub-groups to children; the concern of the role of the leaders and followers, of the isolates and the heroes, the reactions of children to authority. 30 The difference and concern however, are in the skills necessary for the two practitioners to enable recovery. The skill of the social group worker to contribute to the patient's movement toward

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28 Ibid., p. 411.
29 Ibid., p. 412.
30 Ibid.
recovery lies in three major areas: (1) accepting and working with the individual patient; (2) working with the group; and (3) developing suitable program.31

Characteristics of the Resulting Practice

Major lines of conceptual difference emerge by such guideposts as the specific aims of a given practitioner for each group member and particular group, the level of group interaction, and the skill or techniques used by the leader. At the same time a once commonly held idea that social group work is for the "normal group", group therapy for the disturbed, becomes untenable, for social group work can be applied with considerable benefit to the sickest of patients.32 In this connection, it is useful to differentiate between therapeutic effects occurring from a variety of mental hygiene-based group measures, and therapy in the sense of a psychological process where specific techniques are applied by trained practitioners to deal with recognized areas of pathology.33

32 Scheidlinger, op. cit., p. 37.
33 Ibid., p. 38.
Social work practiced in any particular setting must show results in keeping with methods in the profession. Konopka summarized them as they apply to social group work, in three parts: (a) in relation to the individual, (b) in relation to the group, and (c) in relation to society. In relation to the individual, we consider the human being as a whole: physical, mental, emotional, and spiritual. Regarding group process our thinking has been based mainly on sociology, and our own observations. In relation to society, we see culture as a value determinant in individual and group behavior. Further, Konopka feels that a social group worker is always doing social group work when in psychiatric settings, but that we not be afraid of the word therapy if that is the goal of our work.

As opposed to the practitioner in group therapy the social group worker functions using the group method for one or more specific purposes. Means and ends are interrelated: this point cannot be made too strongly. The general goal of all social group work - in whatever setting it is practiced - is to effect changes or adaptations in a particular person's attitudes, relationships, and social behavior to the end that

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35 Ibid.
36 Ibid., p. 80.
he will have greater personal adequacy and social adjustment.  

An objective answers the question, "What do we hope will happen as a result of this thing?" The specific question for social group work is, "Does the person feel differently about himself and others and does he behave differently toward others?" but always within the framework of socially desirable behavior and values.

A secondary function of the social group worker which is also true for the group therapy practitioner is consultation. Consultation has been defined as "a way of giving advice and counsel to a person on a specific problem in a defined area... Its purpose is to add to and enhance the knowledge and understanding of the person seeking help in order to solve a particular problem.

To this very day the above fact is of importance to practitioners in both methods. Because of the considerable knowledge about the behavior of individuals in groups, the dynamics of group process, and social institutions, shared by both methods, their practitioners may have the function of giving

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38 Ibid.
39 Ibid.
40 Ibid., p. 65.
41 Ibid., p. 66.
consultation to other lay or professional personnel... the social group worker reveals his caliber as a professional person in the way he performs his professional functions. To put it differently, his skill is the measure of his professional worth. His skill is guided in part by the knowledge about the problems and the way of solving these problems which he has drawn from a variety of sources, notably the wisdom accumulated through practice and appropriate theory borrowed from the sciences. Both the social group worker's and group therapy practitioner's skill reflect the value and body of knowledge of their particular method and profession. The social group worker or any professional social worker has two sources of knowledge which establish his method within the profession: related scientific disciplines and the practice of social work itself.

System of Organized Services

In regard to a system of organized services, both methods and practitioners have a major phenomenon held in common within

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42 Ibid., p. 67.
44 Ibid., p. 146.
46 Ibid.
each total profession and the community; conceptualization. Without conceptualization, the lessons that the social group worker's own practice experience can teach lend to remain unlearned. This is also just as true with the practitioner in group therapy as one method within the profession of psychiatry.

It must be understood that the "professional role" as promulgated by all the social institutions associated with a given profession (regardless of method) is a powerful force in determining expectation.

In keeping with the system of organized services, it should be clear that the function of psychotherapy is "The diminution of his anxiety or its derivatives." Any client or applicant comes for help as a result of anxiety. Any help that he receives results in the diminution of his anxiety and by definition becomes therapeutic - whether it results from a supportive, authoritarian, or analytical approach. It is

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47 Ibid.
48 Ibid.
therefore, assumed that the social worker by the very nature of his method is involved in a therapeutic function. 52

Some social workers feel there is a touch of irony in the recent attempts to distinguish social group work from other disciplines in which the group is the primary medium of service to people. 53 Whereas once the emphasis in such attempts was on the distinctive qualities of practice which would help to identify social group work as an integral part of the social work profession, current endeavors seem to be directed at distinguishing social group work from other professions. 54 The irony lies in the assumption that what is required is a conclusive definition when what may really be required is the assurance that what is defined is in fact being generally executed in the work with groups being done in most of the social agencies or host agencies in hospitals. 55

More recently, social work has made great strides in redefining a more generic yet specific theory and practice,

53 Ibid.
54 Ibid.
55 Ibid., p. 51.
and in moving toward an independent role and status.\textsuperscript{56} Social
work, and social group work as a method within the profession, can differentiate itself from psychiatry and psychotherapy in being concerned with the psychosocial dysfunction.\textsuperscript{57}

Although the social group worker in the psychiatric setting is a team member with practitioners of many related disciplines, his system of organized services operates from the department of social services within the hospital. Several alternatives emerge as potentials for examination of the skills and knowledge which make for competence of social group workers in any setting.\textsuperscript{58} The one most important in Spellmann's opinion is skill. "...all social service can use this competence, but with stated criteria for which categories of worker..."\textsuperscript{59} Furthermore, in regard to training, social services in the psychiatric setting assume the following regarding the social group worker:

1. He should have an ongoing and repetitive experience in relating the patient's total situation to the clinic microcosm and in comparing the initial stages of treatment to the later ones.

\textsuperscript{57}Ibid.
\textsuperscript{58}Ibid.
2. He should have the experience of representing the clinic and its patients in arranging for liaison with interested community agencies and of carrying out whatever community contacts such relationships may require...

A similarity basic to not only the social group worker, but the practitioner in group therapy as well, is the attempt to build social interaction in group therapy. Stone cites a situation in which the therapist (in this case, a doctor) went about this, in his awareness of the group members' lack of readiness to deal with each other in his presence.

Situation:

Dr. X reported that at meeting I ... he had dealt with initial uneasiness by making clear that getting comfortable informally together was the first goal. He took off his own coat and gave the impression of feeling relaxed and quite sure of himself. He spoke first to the patients as intelligent men and of the significant success each had made. He then proceeded to call on them in turn to tell what had brought them to a psychiatrist. Each patient spoke at some length

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61 Ibid., p. 64.


63 Ibid.
of his problems in much the same way as he had to the social worker. 64

Stone also points out the fact that in spite of the doctor's informality which he acted out and encouraged, he was nevertheless quite formal in his manner of announcing topics and encouraging patients by accepting what they said as worthy contributions to those topics. 65

Although the social group worker brings to the group knowledge about human growth and development and about the dynamics of group life, he differs from the practitioner in group therapy in that his relationship with the group and its members becomes therapeutic only when his understanding of these particular incidents deepens and when the group members have tested him sufficiently to trust and accept him as a warm and helping person. 66

Inherent in all of social work is the belief that human beings are capable of change and that behavior is the way in which the individual or group responds to its needs. 67

64 Ibid.
65 Ibid.
67 Ibid.
in the method, group therapy, but basic to social group work, is the fact that the group is affording the individual member the opportunity to test himself in relation to others; to borrow ego strength as he is slowly developing his own. The group also provides opportunities for members to explore, with others, new ways of appropriateness of resolving particular stresses and needs.

Both the social group worker and group therapy practitioner in charge of group discussion must be capable of creating a climate that allows individuals to express themselves freely and must be skillful in eliciting individual thinking. Both methods, with a basic philosophy of strengthening individual capacities through group interaction, make a real contribution to social work and psychiatry by developing persons skilled in working with groups.

Both practitioners use a basic plan of the group method in the therapeutic milieu, of which patient behavior is only a part. Here is an example of a plan a social group worker may use and one that both might use: Ward A may suffer from

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68 Ibid., p. 34.


70 Ibid.

an isolation pattern in which patients experience individual panic and avoid each other. "Plan: co-operation with nursing and recreation staffs to stimulate interaction and mutual support; daily visits by the social group worker to the ward dayroom to encourage involvement."72

Here is an example of how both methods and practitioners might work together—Ward B experiences a high degree of interaction when patients contagiously spread anxiety. "Plan: direct intervention to determine the source of the anxiety as well as its type.73

A further similarity in the two methods is in regard to the role of prevention and the implications for practice. Prevention is carried out via three major types of intervention: (a) removal of the etiological agent; (b) removal of, or altering, one or more important associated factors; and (c) strengthening populations (individuals) against the noxious agent, or related factors.74 Group therapy as a method of treatment in the profession of psychiatry, shares in (a) and (b) more readily with the social group worker.75

72Ibid.
73Ibid.
75Ibid.
The treatment role of the social group worker as opposed to practitioners of other disciplines in the psychiatric setting arises primarily out of the dynamics of immediate realities that have so much meaning to patients and their families but are not limited to the overt aspects of the situation. In keeping with prevention and the implications for practice, the social group worker is accountable to the team members as to his goals of enhancement and those of the members. This situation is true as well for the group therapy practitioner. The difference is in the steps by which the two practitioners arrive at their information shared with the other team members.

Still in the realm of similarity, in the form of an hypothesis, one might agree with Konopka that "... each individual needs a balance between satisfying group relationship and opportunity for individual efforts to achieve health growth."

Seemingly, most, if not all, of the authors tend to agree or imply that, though there are many differentials and similarities in social group work and group therapy with regard to method and, in part, basic body of knowledge, a great deal rests with the practitioner's awareness of his functions.

77 Ibid.
This much seems evident: within his lifetime an individual may cross and recross one or more of the boundaries within a given society, depending to some extent upon the "openness" of the society.\(^7\) That there is always some degree of choice open to its members between conforming, variant and deviant lifeways underlies the theories and practices of all who would "help" or "heal" deviant and variant individuals.

Social work and psychiatry, and all their individual methods, will probably always be in a transitional stage, and the educator, like the practitioner, will ever be faced with the incorporation of new insights into his practice theory.\(^8\) As members of a helping profession, would we have it otherwise?

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Summary and Conclusions

Many of the authors and/or practitioners within the profession of social work and psychiatry, more specifically the methods of social group work and group therapy, contend that the social group worker is not involved with behavior at the unconscious level, but rather with social relationships and the enhancement of social functioning.

Kolodny, Konopka, and Northern, while essentially supporters of the above point of view, tend to show flexibility as they point out that, in the event group therapy becomes the goal of the worker, the latter should not be "frightened" by the term "therapist". Further there are those who are less flexible in their opinions. Among such persons is Ralph H. Turner, who points the finger of criticism toward many psychiatrists for believing that there is no reason why the social worker (regardless of method), cannot do psychotherapy. It becomes evident that practitioners such as Turner, Konopka, Northern, etc., are not among the social workers accused by Grinker et al. who support the practice of group therapy by social workers, but are not willing to commit themselves to this position in print.

We find, however, Grinker et al. emphatically concluding that the social worker, regardless of method, should perform all psychiatric social work functions including group therapy. These authors, in addition to Kaplan, Ferguson, Gordon, Boehm
and many others, observe that the lines marking the division of labor among the team members in a psychiatric setting have become increasingly fuzzy.

Although group therapy and social group work are of recent origin (dating back scarcely fifty years), they hold many things in common. Among them are: a shared body of knowledge, sanctions, and the group method. In addition, both methods share the basic philosophy of strengthening individual capacities through group interaction. These are but a few, but tend to make the foundation to which the "frames of reference" lend themselves.

In regard to differentials, social work, and social group work as a method within the profession, can differentiate themselves from psychiatry and psychotherapy in being concerned with psychosocial dysfunction. Further, the two methods have a major difference in their use of goals. In social group work, goals are established by the group as well as by the worker. For the worker, they are directed toward enhancement of the group and the individual as an entity. On the other hand, in group psychotherapy, goal making is left only in the hands of the worker or therapist, and are directed toward helping the individual with his illness.

Many of the authors contend that professional dignity and jealousy are behind some of the quarrels in terms of the differentials which exist in the two methods.
Since 1958 (considered the most significant milestone in the development of social group work in the psychiatric setting), many social workers and psychiatrists hold that one does not learn adequate psychological therapy from the training in schools of social work and medicine. They contend that such knowledge comes many years later after considerable in-training programs and supervision. Most if not all, the authors who were of the opinion that the social group worker could do group therapy, stipulated, as a must, supervision by a "professional psychiatrist."

There are those who pointed out that qualifications to carry on group psychotherapy are related to equipment and skill, not position and title; that regardless of method, social workers are not taught this skill in schools of social work and, without subsequent training are not equipped to do group psychotherapy.

On the other hand, there are those who hold to the conviction that the whole question of distinguishing the two methods is a "Two-bit semantic one". These persons believe that work with a group of disturbed individuals in a clinic is "group therapy", which is only another name for social group work in psychiatric settings. The writer is more inclined to share in the opinions of this group than most of the others. The entire "argument" if you will, reminds the writer of bureaucratic organizations in capitalistic-democratic society which not only compete for
favorable attention with others of their own kind (two auto companies, two political parties, etc.), but also with those which they occasionally or continually oppose (labor union vs. corporation). Seemingly for each and every difference cited by the authors throughout the literature, there tend to exist equal, or just as profound, similarities. This suggests a need for both methods to formulate a well-established body of practice in direct service to groups as opposed to spending the time of their practitioners in research to establish evidence for more favorable attention by other helping professions.

Group unity is not a goal in group therapy as opposed to social group work. Many therapists in group psychotherapy, according to the literature, have been vehemently criticized for occupying themselves with the group and its tensions rather than with the individual in the group. What is implied, seemingly, is that since this principle is most related to the method of social group work, a practitioner in group psychotherapy should not use it, although the effect proves positive.

The literature further points out the fact that the social group worker too is vehemently criticized for the converse reason involving the practitioner in group psychotherapy. He is, therefore, criticized for occupying himself with unconscious behavior of the individual group member. He may then be accused by fellow practitioners of playing the role of a
"little god", or a "psychiatrist, junior grade". The writer does not wish to imply that these "name tags" are not at times justified by guilt of the very things they imply, rather, he questions whether or not the user is not in fact and in substance the accused rather than the accuser.

What seems final, despite the differentials and similarities in the two methods, social group work and group therapy, is the fact that although the group can help people, it offers no magic solution to the problems of its members, nor do practitioners in the various helping professions have the answer to the patient's problem(s).
BIBLIOGRAPHY

BOOKS


Newstetter, W.I. Group Adjustment. Cleveland: Western Reserve University, 1938.


ARTICLES


