1960

A scheme for differentiating therapeutic groupwork from group psychotherapy.

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http://hdl.handle.net/2144/15525
Boston University
A SCHEME FOR DIFFERENTIATING

THERAPEUTIC GROUPWORK FROM GROUP PSYCHOTHERAPY

A thesis

Submitted by
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(A.B., Radcliffe College, 1958)

In Partial Fulfillment of Requirements for the
Degree of Master of Science in Social Service

1960
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>INTRODUCTION</th>
<th>CRITERIA OF THERAPEUTIC GROUPWORK</th>
<th>CRITERIA OF GROUP PSYCHOTHERAPY</th>
<th>EXCEPTIONS TO CRITERIA OF THERAPEUTIC GROUPWORK AND GROUP PSYCHOTHERAPY</th>
<th>CONCLUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>The Problem</td>
<td>Groupwork Background</td>
<td>Historical Background</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Method</td>
<td>Therapeutic Groupwork</td>
<td>Characteristics</td>
<td>Exceptions to Therapeutic Groupwork</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Scheme:</td>
<td>Documentation of Criteria</td>
<td></td>
<td>Exceptions to Group Psychotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Areas, Dimensions and Value.</td>
<td>Conclusion</td>
<td></td>
<td>Conclusion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>26</td>
<td>40</td>
<td>46</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>27</td>
<td>41</td>
<td>48</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>31</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>25</td>
<td>38</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

| BIBLIOGRAPHY | 48 |
CHAPTER I
INTRODUCTION

The Problem
Confusion and lack of agreement exist among theorists and practitioners about the differentiating characteristics of therapeutic groupwork and group psychotherapy. The depth of the treatment, the training of the therapist, or the use of particular psychiatric dynamics have been used at times to differentiate one field from the other. This thesis is an attempt to establish a system of criteria by which any particular therapeutic group effort can be measured to see to what degree it partakes of the characteristics of one field or the other. This scheme does not evaluate the quality of either field; rather it posits contrasting characteristics and combines them into a schematic model to serve as a mental image or check list by which to estimate whether a particular example of therapy is more like groupwork or group psychotherapy.

The Method
The total group event, whether therapeutic groupwork or group psychotherapy, has been thought of in terms of five main theoretical areas: Concept of the Group, Therapist's Role, Intrapsychic Process, Manifest
Process, and Relation to Social Reality. These areas were chosen because it was believed that it was in these areas that the differences would be found to be most acute. Each area has in turn been thought of as consisting of several subdivisions or dimensions. These dimensions each represent a significant aspect of the group event on which the two fields are diametrically opposed, and two specific criteria have been assigned to each dimension to mark its polar extremities. These criteria for each field are to be thought of as an interrelated system and not as individually valid testing measures. The rationale for selecting these criteria instead of others is given in the next section.

The Scheme: Areas, Dimensions and Criteria

I. Concept of the Group

The way in which the group as an entity, apart from its members, is conceptualized is quite different in the two fields. This is due to their different historical and theoretical backgrounds. In therapeutic groupwork the group is thought of as having value in and for itself; its members are taught to share this regard and to develop positive feelings toward each other; this is clearly related to the basic democratic values characteristic of groupwork. In group psychotherapy, the group is sub-
servient to the therapeutic aim and has no value in itself beyond what it contributes as a catalytic agent. This fact is due to the analytic theories of group psychotherapy in which the group is seen as the extension of the family and as a system of emotional interactions under conditions of tension.

The criteria which therefore have been chosen for this area are:

For therapeutic groupwork For group psychotherapy
A. Group goal is defined . . . No group goal
B. Sense of group-as-a-whole exists for members; there is "we" feeling and group responsibility.

II. Therapist's Role

This area is one in which the two fields are quite distinct due to the differences in training of the therapists. The therapeutic groupworker has been taught to understand human behavior according to the principles of analytic psychiatry. However, she has not been trained to apply these principles according to the analytic method, but instead to use her skill in relationship. The group psychotherapist has been more fully trained in the principles of psychoanalysis as well as in the application of them to individuals in group. For these reasons the criteria which have been chosen for this area are:
For therapeutic groupwork | For group psychotherapy
A. A real-life figure | An ambiguous figure
B. Active | Passive
C. Uses psychiatric consultation; has group-work training | Is a psychiatrist or psychologist

III. Intrapsychic Process

Although in this area the two fields share the aims of helping their clients to achieve self-understanding and to resolve conflicts about authority, they differ in the manner by which they expect to reach this goal and the degree of change they aspire to make. Therapeutic groupwork deals thoroughly with feelings and makes connections for the clients between behavior and feelings. It does this in the context of relationship and with the conscious assistance of the client. Group psychotherapy endeavors to make more profound changes within the psychic structure of its patients than can be accomplished by the use of the client's conscious cooperation and so makes use of more intense emotional exchanges. The criteria which have therefore been chosen for this area are:

For therapeutic groupwork | For group psychotherapy
A. Ego support, using existing defenses | Basic personality change
B. Interpretation of unconscious and pre-conscious material | Interpretation of unconscious material.
C. Transference not used . . . Use of transference.

D. Anxiety reduction and . . . Anxiety mobilized for universalization.

IV. Overt Process

Perhaps it is in this area that a spectator would observe the least difference between the two kinds of therapy groups in action, because with some exceptions they have a great deal of outward similarity. This, in part, is why there is so much confusion of one with the other. The differences may lie mainly within the mind of the therapist in terms of his theoretical orientation, and they may have to do with invisible factors like long-range goals and subtle interpersonal exchanges. Nevertheless there are concrete differences which mark the two orientations and which a closer scrutiny of a therapy group in action would reveal. Therapeutic groupwork lays great emphasis on the discriminate use of program as a therapeutic agent, seeing in it an adaptable instrument of great value. Group psychotherapy, on the other hand, uses program materials merely as a background against which the dramatic struggle of personalities occurs. Because of the importance of program in therapeutic groupwork and because of its aforementioned democratic principles the issue of decision-making assumes importance. Members are encouraged to learn how to reach group decisions about group affairs.
Group psychotherapy on the other hand with its lack of interest in program and in the group as a group lays no stress on this issue. The amount of leeway allowed the members is another differentiating characteristic. Therapeutic groupwork applies limits to behavior in comparison with which group psychotherapy permits great latitude. The criteria which have therefore been chosen for this area are:

<table>
<thead>
<tr>
<th>For therapeutic groupwork</th>
<th>For group psychotherapy</th>
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<tr>
<td>A. Program planned diagnosis...</td>
<td>Materials available no tumultuously.</td>
</tr>
<tr>
<td>B. Shared decision-making...</td>
<td>No shared decision-making</td>
</tr>
<tr>
<td>C. Moderate limitations...</td>
<td>Maximum permissiveness</td>
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V. Relation to Social Reality

This area is thought of as the orientation of the therapist towards the current life situation of the members as shown by the degree of attention he gives to environmental conditions as compared to that which he gives to the fantasy life appearing in the therapeutic session. The two fields fall naturally into opposite positions in this area; on the one hand because of the traditional interest of groupworkers in the total social milieu and on the other hand because of the group psychotherapist's preoccupation with the psychic life and with the circumscribed reality of the therapy hour. The criteria which have therefore been chosen for this area are:
<table>
<thead>
<tr>
<th>For therapeutic groupwork</th>
<th>For group psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Orientation is outward; in contact with world of society; collaterals are worked with.</td>
<td>Orientation is inward, insulated from world of society; collaterals are not worked with.</td>
</tr>
<tr>
<td>B. Concrete problems of the present are faced, and current social adjustment to them is sought.</td>
<td>Family life is re-created in order to abreact early intra-familial crises.</td>
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**Exceptions**

The writer advances the foregoing scheme as a way of distinguishing between group therapeutic efforts, but does not imply thereby that one field is preferable to the other nor that this classification is absolute. In fact there are contradictions and exceptions to it, some of which are described in Chapter IV. Outstanding among these contradictions is the treatment method developed by Slavson, called Activity Group Therapy. Slavson is a leading exponent of group psychotherapy and has formulated much of its theoretical framework. However, his Activity Group Therapy has many of the characteristics of social work and therefore paradoxically fits into the scheme of this paper on the therapeutic groupwork side. This kind of contradictory overlap between the two fields is an example of the problem which this scheme of areas, dimensions and criteria attempts to clarify.
value

The value of the study lies in its attempt to clarify for groupworkers and group psychotherapists the distance there is between certain elements in the theories with which they approach their task and to offer a scheme by which to reveal when the practice of one shows a trend toward the other. At best it can provide only one more definition within a field which is in the process of evolution and which is already inordinately preoccupied with definition of role and function, but it may serve as a suggestive beginning which can be developed further toward greater precision.
CHAPTER II
CRITERIA OF THERAPEUTIC GROUPWORK

Groupwork Background

Groupwork as part of social work shares its philosophical foundations. These lie in the religious, humanitarian trend found in Western culture as well as in its secular, humanistic trend which culminated in a political democracy. There can therefore be found in groupwork the idealistic respect for the rights of others accompanied by the pragmatic appreciation of cooperation which forms the basis of Western democracy. In the complex society which has emerged in modern times from this democracy, ever larger numbers of people must function efficiently in close proximity and under conditions which aggravate the tensions and difficulties of daily life. These facts have led to the realization of the importance of the human group as an essential unit in a well-adjusted society and it has become the object of study by social scientists. As an expression of Western cultural trends, precursors of groupwork have existed for a long time and its modern form has borrowed from the knowledge developed by other social sciences so that it is now a method culturally appropriate to societal needs and, as a result of scientific knowledge, is becoming more and more
able to meet those needs.

As a method in social work, groupwork seeks to further the development and social adjustment of individuals through the conscious use of group experience, and to provide growth opportunities for individuals and groups in the functional settings of social agencies. Its guiding principles are aimed at helping the individual free himself from psychological constraints and develop a sense of belonging with which to counteract the destructive loneliness of modern society. Furthermore, these principles are intended to help the individual to develop the capacity of rational thinking, of tolerance for differences among people, and of responsibility for his own actions, all of which are essential for the continued operation of a democratic society.

The groupworker's role is therefore a dual one of reform and therapy in trying to help the individual adjust to the difficulties of his life and to improve the social conditions which cause suffering to his fellowmen. The role of the groupworker is well summarized in this passage from the Yearbook.

The groupworker 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 goals. The objectives of the groupworker include provision for personal growth according to the individual's capacity and need, the adjustment of the individual
to others, to the group and to society; the recognition by the individual of his own right, limitations and abilities as well as his acceptance of the rights, abilities and differences of others. (5, p. 480)¹

**Therapeutic Groupwork**

**General**

Out of the function of groupwork in the larger community has evolved the more specialized role and function of therapeutic groupwork which, while participating in the premises, assumptions and philosophy of social groupwork, has more limited goals because of the pathology of its clients and is practised in protected situations like hospitals, detention homes, and clinics. In these situations, the democratic principles described earlier are still operative but their acquisition by the clients is more difficult to achieve because the clients of therapeutic groupwork have severe maladjustments of a physical, social or emotional nature which prevent them from being fully able to assume the burdens of democratic responsibility. Therefore the therapeutic groupworker needs to act in their behalf and to take responsibility for many aspects of their lives. The following quotations show the therapeutic groupworker's role in the residential situat—

¹Numbers in the text refer to works listed numerically in the bibliography.
tions found in institutions like prisons, hospitals and detention homes.

His knowledge must permeate the whole group living situation, he must bring to bear on the institution his understanding of the dynamics of group behavior just as the caseworkers and psychiatrists have brought to the institution their basic understanding of individual treatment . . . the social groupworker will take on a special helping role towards the houseparent or counselor. (1, p. 48)

The groupworkers' role will be to supervise and coordinate special services; i.e., the social groupworker will transmit to the one in charge of recreational activity the fact that a cottage group is under tension and therefore should not have a competitive ball game; or that an individual has had an emotional shock and will not be able to stand failure in games. Coordination of knowledge in the group atmosphere as well as individual needs will be of immense help to the staff. The groupworker shall be responsible for referral to recreational and group association resources in the community; should work with volunteers if the institution has them and should work with groups of relatives of residents. (15, p. 49)

The main role of the professional social groupworker is as the transmission belt between the formulation of the treatment plan (derived from discussion by the clinical staff) and the practical application of this treatment plan in the group situation. (15, p. 99)

... in general, the groupworker's role in the institution for handicapped will mostly be working with the staff because of the long term placement ... and therefore greater need for help with daily group living situation and coordination between school teachers and houseparents. (15, pp. 181-184 paraphrased)

In the prison the groupworker's task will be a sensitive listening to outspoken or unspoken needs, determining some leisure-time programs according to them and observing and helping with interpersonal relationships . . . . His function will be observation at the time there is free intermingling,
such as in the prison yards, helping to institute activities which will fulfill particular needs and leading of therapeutic group discussions. (15, p. 258)

So much for the generalized role of the therapeutic groupworker in an institution; now for the specialized role wherein the more specifically therapeutic influence is exerted in a focused and structured manner.

The Treatment Group

Not all institutions are able to offer therapeutic groupwork because of staff shortages but in those that can it is usually a complementary service, fitting into an overall treatment plan for the client. In these therapeutic groups, treatment is more intensive than is possible in the daily living groups, and therapeutic change is expected to result from them sooner than would occur otherwise. Usually not all the clients can be included in the treatment groups because of the lack of staff, and the method of selection of members is therefore a matter for careful consideration. Therapeutic groupwork is found also in some non-residential situations and in these it usually is conducted under psychiatric auspices, deals with clients who exhibit pathological behavior and is focused on symptom cure or specific problem areas. The program of the treatment group varies with the diagnosis and age of clients and with the setting in which it is conducted, but it is characterised by the
democratic principles of groupwork and has the same objectives of self-help and social responsibility. Nevertheless it does differ from general groupwork by being more deeply tinged with psychiatric thinking and more exclusively concerned with deviant behavior manifestations. The following examples make this clear.

At Cleveland Receiving Hospital the social groupworker does direct work with patients in small formed groups who have been referred by the doctors, caseworkers and other professional personnel. Referrals and selection of them for group experiences are based on specific problem areas and/or common treatment experiences. Frequent conferences with other professional personnel help the group experience to become an integral part of the total treatment plan for each patient. The groups have been developed for patients with common treatment experiences: insulin and electrocoma. Often fears and apprehensions and anxieties arise from misconceptions about treatment. (36, p. 58)

Only the very small treatment home prepared to work exclusively with children of a certain kind of difficulty can successfully handle these [very disturbed] children directly in the daily living group. In other institutions special therapy groups will be indicated. (15, p. 119)

Another basic function in an institutional setting will be work with formed selected groups on some specific problem of the group, as, for instance, discharge from the institution, intake into the institution, special behavior problems, or problems around emotional needs that cannot be handled in the day to day group living situation. (15, p. 119)

Short term group experience is given children at intake to orient them to the clinic, to handle feelings of apprehension. clarification of some problems, recognition of others with regard to reasons for coming to the clinic and the services available. (36, p. 32)
Settings. It can be seen from the above quotations that the settings in which therapeutic groups are held have a bearing on the specific nature of the problems with which the clients need help, i.e. anti-social acts, physical handicaps, emotional disturbances. The setting therefore influences the character of the therapy because it is tailored to suit the particularized needs of the clientele. However the major theoretical features of therapeutic groupwork remain the same in spite of variations in details made in adaptation to different settings. Therefore the writer feels justified in omitting the variable of setting from the comparison to be made between therapeutic groupwork and group psychotherapy because its inclusion would cloud the issue without adding any important advantage.

Group formation. Much has been written about group formation. Different theories exist about the best way to form therapeutic groups. Some of these theories conflict with others but all writers agree on the importance of grouping in any theoretical framework. The following quotations give an indication of the situation.

In psychiatric groupwork, grouping is an important factor in helping the individuals. The agency determines and controls groupings on the basis of individual therapy needs only. (16, p. 54)

We have established some very rough grouping rules such as not to place too aggressive children with
too withdrawn ones but ... to maintain some balance between outgoing and retiring behavior. ... too wide an age span is not helpful but differences in intelligence do not seem to play an important role. (15, pp. 119-20)

Grouping will be around different aspects. It may be around a specific problem, the arrival in the institution, or dismissal. It may be around natural groupings ... maybe around specific forms of behavior. (15, p. 207)

A definite method of forming the group has been developed ... . Diagnosis is one criterion but more important is the present degree of recovery or regression of the patient ... the patient's ability to verbalize and to take an interest outside himself. Socio-economic and social class differences seem to lose significance ... race seems to make little difference with most of the men. (36, p. 69)

The people we work with in psychiatric settings are sick ... we need an especially high skill in and focus on formation of groups. (36, p. 23)

Since there is no unanimity in either field about the best ways of forming groups, the variable of group formation like that of setting is being omitted from the comparison of therapeutic groupwork and group psychotherapy because it too blurs the issue and does not add clarity to the contrast between the two fields.

**Documentation of Criteria**

As described more fully in Chapter I, criteria have been chosen by means of which the two fields of therapeutic groupwork and group psychotherapy can be differentiated. These criteria have been arranged as opposite extremities of several theoretical dimensions.
These dimensions, all of which represent significant aspects of both kinds of therapy groups have then been grouped into five major theoretical areas. The ensuing system is intended to describe an abstract conception of each field.

Documentation in support of the criteria, arranged according to this system, is presented below.

I. Concept of the Group

This area consists of two dimensions. The documentation for the criteria marking the therapeutic groupwork side are given below; for the reader's convenience the group psychotherapy criteria appear in parentheses.

A. Group goal is defined . . . . (No group goal)

The groupworker focuses directly with children on the reason for the group and its relatedness to clinic purpose . . . . the children are encouraged to share their reactions to the clinic purpose and other services and to play and talk directly around their problems. . . . With increased attention to clinic purpose there is less evasion from the group-as-a-whole . . . . (36, pp. 30-31 paraphrased)

The worker encourages the development of a group spirit so that the members can enjoy a feeling of liking each other, of helping one another and working toward a common goal. (36, p. 57)

Treatment objectives . . . to develop social skills, including responsibility for helping the group define their goal and work toward it. (36, pp. 108-9)

The groupworker must be very conscious of the purpose of the group (sometimes openly expressed sometimes not even quite consciously known to the members themselves) so that he may better under-
stand the rejection and acceptance pattern than if he does not know the goal. (15, p. 33)

The groupworker moves from the central role as soon as possible enabling the group to determine its own goals. (16, p. 54)

B. Sense of group-as-a-whole . . . . (No group-as-a-whole) whole exists for members; there is "we" feeling and group responsibility.

Utilization of group relationships can lead to a sense of identity and belongingness. Group acceptance enables further acceptance of self and others on part of the patient. (36, p. 108)

The groupworker ... [must have] the capacity to make the youngsters feel that this is their meeting and that freedom of expression is genuinely accepted. (15, p. 208)

Criteria for selection of activities: . . . acceptance of the responsibilities of group life. (36, p. 91)

The group exists in the present interaction between and among the members and the worker. (36, p. 38)

It is important that ... the groupworker realize that ... his task is not only to relate the group members to him but also to each other.

II. Therapist's Role

This area consists of three dimensions. The documentation for the criteria marking the therapeutic groupwork side are given below; for the reader's convenience the group psychotherapy criteria appear in parentheses.

A. A real-life figure . . . . . . (An ambiguous figure)

[The youngsters must feel] that the leader is a human being made of flesh and blood and not an immobile machine watching them. (15, p. 212)
One of the main tools is the conscious use of self, self-knowledge and discipline in relationships without the loss of warmth and spontaneity. (36, p. 21)

The social groupworker creates and maintains a group atmosphere that is constant, trustworthy and supportive... he varies his own degree of activity as needed to help the patients... and he provides continuity to the group "entity" in a fluid, changing situation. (36, p. 92)

B. Active... (Passive)

The group discussion leader must be willing to be active in the discussion and not be just an observer. (15, p. 212)

The groupworker's... function includes the provision of enjoyable activities and of helping the group plan for them as well as the opportunity to discuss their feelings. (15, p. 167)

The worker's skill will lie in the use of this diagnosis of leadership to encourage it where it is constructive, to help effect a change where it is destructive. (15, p. 36)

C. Uses psychiatric con... (Is a psychiatrist or psychologist) work training.

He has some understanding of pathological behavior, but needs consultation and help from the psychiatrist in this area (15, p. 124)

Groupwork in psychiatric settings is in collaboration with psychiatrists (36, p. 23)

If he sees need for interpreting serious unconscious material, he will consult with the psychiatrist, or will ask the psychiatrist to take over if the situation is such that his own competence is limited (15, p. 202)

The social groupworker must be familiar with all of the techniques of verbal interaction, sociodrama, the use of visual material and the discussion of it, and the use of resource people... and
insist that only the one or the other is therapeutic (15, p. 213)

The groupworker's specific knowledge relates to his understanding of the emotional impact of interrelationships between people (15, p. 124)

He must know the dynamics of grouping as well as the dynamics of the individual. Understanding of the development of leadership is important. (15, pp. 34-35)

III. Intrapsychic Process

This area consists of four dimensions. The documentation for the criteria marking the therapeutic groupwork side are given below; for the reader's convenience the group psychotherapy criteria appear in parentheses

A. Ego support, using . . . . (Basic personality change) existing defenses.

Since re-repression of disturbing unconscious impulses is a major goal in the treatment of psychotic patients, one purpose of groupwork in the psychiatric treatment hospital is to help the patient's ego re-establish control (36, p. 57)

The groupworker increases her knowledge and skill in working in the area of [their] ego defenses. The defense patterns of individuals become more apparent to the individuals themselves as the struggle for relationships goes on under the content of play and discussion and they begin to work on ways of changing. (36, p. 32)

A specific technique used by the groupworker is to provide opportunity for the patient to do things he has been known to do successfully when well. The groupworker seeks to build up the healthy parts of the patient's personality and attempts to extend the patient's areas of strength through providing positive and purposeful social group experiences in an uncritical sympathetic environment (36, p. 57)
B. Interpretation of ... (Interpretation of conscious and pre-
unconscious material).

[Group discussions] will relate to reality around the children and to their feelings and will help them to understand some of the reasons for their feelings as well as how to handle them. (15, p. 203)

[The groupworker relates] reality situations to feelings (15, p. 217)

C. Transference not used ... (Use of transference)

No specific documentation is available for this dimension; but the social groupwork emphasis on the use of relationship so permeates all the quotations that the omission is not considered important.

D. Anxiety reduction ... (Anxiety mobilized for therapeutic change)

Treatment objectives: ... A modification of tension or anxiety and a substitution of more healthy methods for defending or handling feelings around frustration and conflict. (36, p. 109)

Participation in certain expressional activities enables the patient to drain off tensions otherwise turned against self or others. (36, p. 107)

IV. Overt Process

This area consists of three dimensions. The documentation for the criteria marking the therapeutic groupwork side are given below; for the reader's convenience the group psychotherapy criteria appear in parentheses.

A. Program planned ..., ..., ... (Materials available) diagnostically
The use of program is a tool in group relationships . . . the use of activities as a tool is a great art . . . the more activities the groupworker knows and the more program skills he has, the better . . . the groupworker must make a sharp and discriminate use of program activities . . . (15, pp. 36-37)

These special groups may be activity groups using our knowledge of programs and activities for therapy purposes . . . (15, p. 120)

The groupworker uses . . . different media according to needs of the patients. (16, p. 56)

Tools of the social groupworker: . . . the discriminate use of program activities related to the needs of the individual and the group. (15, p. 47)

B. Shared decision-making . . . . (No shared decision-making)

Membership: when a group in an institution wants to determine membership and exclude newcomers the groupworker has a dilemma because she respects the right of the group to make its own decisions regarding membership . . . (15, p. 234)

Responsibility for group planning, carrying out and evaluating activities and events helps the individual patients (36, p. 107)

The groupworker will establish small activity groups among patients to give them an opportunity for planning and enjoyment. (15, p. 184)

C. Moderate limitations . . . . (Maximum permissiveness)

The groupwork method allows and demands the use of limitations to protect property to help children realize others may be hurt, and to protect the child from his own anger (15, p. 125)

[There will be] a constructive use of limitations . . . they must be used judiciously . . . (36, p. 21)

The use of limitations in the discussion meeting is very important because it is around limitation that many problems of the delinquent arise. (15, p. 214)
V. Relation to Social Reality

This area consists of two dimensions. The documentation for the criteria marking the therapeutic groupwork side are given below; for the reader's convenience the group psychotherapy criteria appear in parentheses.

A. Orientation is out- . . . . (Orientation is inward, ward; in contact with world of society; collaterals are worked with.

Social groupworkers have the capacity to work with people around the client, father, mother etc . . . . We help patients toward some reality achievement and the resulting self confidence. (36, p. 21)

In working with patients and relatives the groupworkers' specific skill lies in helping with direct social relationships, based on individual and group dynamics (16, p. 56)

In group discussion . . . feelings can be discussed in the open in the presence of an adult willing to listen and able to interpret the point of view of society (15, p. 202)

The adult offender needs to relearn his relationships to other people . . . he is placed in a group situation which should be used to prepare him for life outside the prison . . . the social groupworker's contribution lies in this area (15, p. 48)

The social groupworker's contribution consists in formulating external milieu situations which stimulate and promote changes in the internal milieu; to provide protected group situations as nearly like the external milieu group situations in the community as possible (36, p. 90)

B. Concrete problems of . . . . (Family life is recreated in order to abreact and current social early intrafamilial crises; adjustment to them is sought.
The group is not intended as a medium for reliving past conflict situations. It is intended as a medium through which the present manifestations of conflicts can be dealt with meaningfully. The acceptance a child can get in the small protected group in the clinic is then not entirely dependent on some past fate over which he has not control. The clinic group is a practice ground with relationships. (36, pp. 40-41).

Worker attempts to assess the reality of the situations the children describe... as well as to create situations for them in which they can test the reality of the group situation in the clinic. (36, p. 32)

[In the VA mental hospital the group's] interests and problems center around difficulties in achieving relationships with others, restrictions of hospital life, problems of mental illness, acceptance of and reaction to special treatment, family problems and concern about ability to re-enter family, vocational and community life. The members gain help through verbalizing their fears and difficulties especially around return to community and indirectly through participating in group experience. (36, p. 120)

These special therapeutic groups may be formed for different reasons... to allow youngsters to discuss specific problems growing out of their difficulties (15, p. 120)

Participation in gripes and constructive criticism of the treatment setting and routines enables the patient to feel more "master of his fate" and not wholly at the mercy of circumstances or people in authority. (36, p. 107)

Objectives for the particular group have been developed around... predischarge... The group serves as a medium for helping to face common concerns related to having been mental patients, job hunting, entering family and social life; it includes patients with common psychosocial problems... (36, p. 58)

The groupworker works with individuals outside the group... he must keep up-to-date with the patient's current reaction to all phases of treatment. (36, p. 87)
Conclusion

A description of therapeutic groupwork as a specialized part of social groupwork has been presented. Some criteria by which it can be differentiated from group psychotherapy have been systematized and documented. These criteria are opposed by a comparable system of criteria which characterize group psychotherapy. The next chapter will present the documentation for the opposing criteria of group psychotherapy.
CHAPTER III
CRITERIA OF GROUP PSYCHOTHERAPY

Historical Background

Group therapy as a profession began in the 1930's but it was during the war that it received its great impetus, and in the 1950's that it began to consolidate its theories and to differentiate between the various forms of practice. It originally was an outgrowth of the new science of social psychology and of the group dynamics movement and was fundamentally swayed by the personality theories of Adler, Rogers and Freud. Two divergent trends can be identified: one was based on the theory that the group process is an extension of the dynamics of the individual; the other theory was based on the belief that groups have a dynamic system of their own which is separated from the psychodynamics of the individual members. The application of these theories during the war on a large scale served to test them and in the process they were refined. The armed services developed a body of professionally trained people to study ways of fostering morale among small combat groups and of rehabilitating victims of battle neuroses. After the war, with this backlog of experience and of personnel, the profession turned its attention to the civilian scene and in social
agencies, mental hospitals and detention homes the practice of group therapy rapidly took hold. In some cases it was instituted as an expediency measure with the idea that by treating several patients at once, economies could be made in personnel; but its concrete benefits were soon found to be sufficient justification for it to be included for its own sake in many multi-disciplinary institutions throughout the country.

Group therapy is practiced wherever psychiatric out-patients are treated. . . . It is used with all psychiatric disorders without gross brain damage and with patients with organic illnesses with psychogenic components (17, pp. 36-37)

Because of its rapid growth and its great geographical dispersal and its many different theoretical sources, it was natural that there occurred divergences in its forms, aims, methods, and purposes. Consequently we find that the profession, not unlike therapeutic group-work, is very much concerned with definition and differentiation within its own field as well as with clarification between its function and that of individual therapy.

Characteristics

Scheidlinger supplies us with the following comprehensive description of group psychotherapy:

Group psychotherapy represents the planful harnessing of the motivational forces inherent in face-to-face groups for purposes of treating
emotionally disturbed individuals .... It has been adapted the world over as one way of helping clients in hospitals, outpatient clinics, social agencies and in private practice .... It is a process wherein a trained therapist using psychological means with appropriate clinical controls aims at the "repair" of personality damage in individuals in and through a specially planned group setting .... The patients are conscious of the purposes for which the group is organized and generally speaking accept the methodology employed by the therapist in order to obtain help with their problems. (12, p. 140)

It is more superficial than psychoanalysis as a treatment but uses many of the same processes to which has been added the dimension of the group. There is considerable disagreement even among Freudian oriented group therapists about the dynamics of group behavior. Slavson (32, p. 19) has identified the dynamics of therapy groups as: transference, insight, reality testing, catharsis and acquiring sublimations; and the aims as: libido redistribution, ego strengthening, correcting of superego and improving of self-image and has added a new term to express the complex and ambivalent relation which individuals have toward groups. This is "social hunger" which he believes to be

one of the strongest drives in human beings which impels the individual to take on the mores and values of the group .... The desire to be accepted serves the same function that transference does in individual therapy. (29, p. 15)

According to Slavson, the different kinds of group psychotherapy include activity group therapy, interview group
therapy, relationship group therapy and analytic group therapy. Activity group therapy is for children because once the character of children is contrasted with that of post-pubertal persons especially adults it is clear that we cannot speak of group psychotherapy for children and adults in the same breath. Therapies appropriate to each are different in theory and practice because of the differences in the stage of development of the id, superego and ego . . . (30, p. 26)

Interview group therapy and relationship group therapy are used with adults or with adolescents, and have been found particularly helpful with parents of children who are in treatment for behavior disorders, as well as with patients suffering from a common disease which has socially handicapping features like epilepsy. Analytic group therapy is so named because of the training of the therapist and the consequent character of his work. Between these different kinds of group therapy there is not a clear and concise boundary line, and, therefore, as Scheidlinger says:

The use of a particular mode of group treatment is influenced by the preference and training of the therapist, the nature of the agency, the ages and problems of the clientele (12, p. 143)

Contrasted with Individual Therapy. One of the interesting claims that is made by group therapists is that group treatment under certain conditions is more appropriate and functions more effectively than individual treatment. Slavson says, "Group therapy is not a substitute for
other types of psychotherapy." (29, p. xi) In speaking of treatment for individuals with psychopathic traits

Dr. Peck makes the same point.

We noted in individual treatment efforts, however, that a strong resurgence of resistance often appeared just at the point when positive feelings toward the therapist seemed to be taking place. . . .

To prevent these [delinquent] adolescents from having to run into difficulty [with the law] to escape the treatment relationship, the clinic has experimented with placing such young people in a therapy group just before they enter this phase of resistance. It has been found possible to discharge and resolve the hostility more constructively within the group setting than in the individual treatment situation . . . some of these adolescents were able to complete their treatment in the group setting. In other cases, it was necessary for the adolescents to return to individual treatment which then often proceeded more effectively than was possible before. (22, pp. 75-76)

Besides using group therapy when individual treatment had already reached an impasse it was used, Dr. Peck says, in the intake process when, thanks to past experience, an impasse was foreseen. Thus, by an early diagnosis of the type of juvenile delinquent who could not use individual therapy, the agency was able to forestall waste in time and effort for both client and staff. The hostile attitudes of juvenile delinquents toward authority which were strongly mobilized in individual treatment tended to relax in the less threatening atmosphere of the group because apparently the other members of the therapy group provided a kind of support not accessible in the individual treatment situation. (22, pp. 112-114)
Dr. Ackerman brings out another advantage which group therapy has over individual therapy:

Group therapy [may] be a valuable bridge in the post-analytic period for the patient between newly structured insights and the establishment of new forms of interpersonal relationships. . . . The opportunity to actually live out neurotic tendencies in the group situation if carefully controlled proves to be an advantage over individual treatment . . . Group therapy is a more real experience than is individual therapy . . . weighted on the side of social reality. (31, p. 154)

**Documentation of Criteria**

As described more fully in Chapter I, criteria have been chosen by means of which the two fields of therapeutic groupwork and group psychotherapy can be differentiated. These criteria have been arranged as opposite extremities of several theoretical dimensions. These dimensions, all of which represent significant aspects of both kinds of therapy groups have then been grouped into five major theoretical areas. The ensuing system is intended to describe an abstract conception of each field.

Documentation in support of the criteria, arranged according to this system, is presented below.

I. **Concept of the Group**

This area consists of two dimensions. The documentation for the criteria marking the group psychotherapy side are given below; for the reader's convenience the
the therapeutic groupwork criteria appear in parentheses.

A. No group goal . . . . . . (Group goal is defined)

Group is a treatment tool not a treatment focus (31, p. 28)

All therapy groups have no goal beyond producing attitudinal change in members, i.e. no group goal (17, p. 43)

In the therapy groups . . . no common aim is in evidence . . . Group cohesion has to be prevented (33, p. 154)

B. No group as a whole . . . . . . (Sense of group-as-a-whole exists for members; there is "we" feeling and group responsibility)

The group is not an entity in group therapy, it is the individual who remains the focus of the therapist. The group is merely the means for activating individuals and modifying their attitudes. (31, pp. 26-28)

Little or no attention has been paid to the dynamic aspects of the group-as-a-whole (18, p. 217)

The greatest single therapeutic value of [treatment] groups is the very absence of group formation. There is compresence, inter-action, inter-stimulation, emotional infection and intensification (31, p. 27)

Processes involving group-as-a-whole come into focus only when relevant to the attitudes or therapeutic progress of members. Too much cohesiveness hinders therapeutically useful emotional tensions, there must be just enough to give members emotional support. (17, p. 43)

II. Therapist's Role

This area consists of three dimensions. The documentation for the criteria marking the group psychotherapy side are given below; for the reader's convenience
the therapeutic groupwork criteria appear in parentheses.

A. An ambiguous figure . . . . (A real-life figure)

[The therapist] is a neutral person so that each
client can utilize him in accordance with his own
particular needs . . . as though the therapist
were a screen of neutral tone like that in a
movie on which different colors are projected.
Each member of the group projects onto the thera­
pist his unconscious attitudes toward adults.
(29, p. 33)

He accepts the role each child assigns to him and
remains outside the emotional flux. (31, p. 33)

The therapist is invested with strong libidinal
significance and may become the patient's tar­
get of sexual aim or object. (32, p. 11)

Because no discussion takes place the therapist
must represent the positive elements in the child's
life through his attitudes. He must become the
ideal parent . . . (29, p. 139)

The [group] therapist is the symbol of a good
parent; loving, tolerant, non-punitive but where
necessary passively restraining of undue aggression
(1, p. 345)

The two therapists were regarded as mother and
father by the group. (15, p. 163)

B. Passive . . . . . . . . . (Active)

Therapists with a psychoanalytical background
tend to assume a neutral non-directive role,
avoiding personal involvement in the stream of
emotional interactions. (12, p. 141)

. . . the therapist remains passive . . (31, p. 219)

C. Is a psychiatrist . . . . (Uses psychiatric consul­
-or psychologist tation; has groupwork training)

The settings where group therapy is practiced
[hospitals, and clinics] imply that the group leader
be either a physician, typically a psychiatrist,
a psychiatric social worker or a clinical psy­
chologist (17, p. 36)
The group therapist must be psychiatrically oriented and have a casework approach to the members of the group rather than a groupwork interest. (29, p. 57)

Groups have been conducted by psychiatrists or psychiatric social workers under the supervision of a psychiatrist who serves as clinic director. (34, pp. 425-36)

III. Intrapsychic Process

This area consists of four dimensions. The documentation for the criteria marking the group psychotherapy side are given below; for the reader's convenience the therapeutic groupwork criteria appear in parentheses.

A. Basic personality change . . . (Ego support, using existing defenses)

Defenses are diminished, release is aided, . . . but release and abreaction are not sufficient; reintegration of personality and reshaping of attitudes are necessary. (31, p. 23 paraphrased)

The aim in psychotherapy . . . is to change more or less permanently the personality structure so that it may function more adequately . . . This involves correction of each of the intrapsychic triads, id, ego and superego and their balance and relation. This involves the development of insight instead of only recognition or understanding, a process that necessitates reduction or elimination of ego defenses. (32, pp. 10-11)

Group therapy aims at weaning the patient from past infantile dependencies . . . by more or less basic alteration within the psyche rather than seeking symptom or behavioral improvement. (32, p. 18)

Observable progress appeared to vary anywhere from marked changes in basic personality structure, with corresponding alteration in the entire family constellation . . . . (22, p. 91)

Sometimes the aim is a thoroughgoing reorganization of personality . . . (12, p. 141)
Through the activities children overcome basic character malformation such as emasculation in boys, confused identification in girls [and] feelings of impotence (31, p. 32)

Basic dynamics of Interview Group-therapy [include] breaking down of ego defenses. (31, p. 192)

B. Interpretation of . . . . . (Interpretation of unconscious and preconscious material)

The therapist exploits group pressures to guide the direction of the release [of repressed feeling] and when emotional trends become ripe he actively interprets. (31, p. 150)

One of the techniques [is] analysis of dreams (17, p. 38)

G. Use of Transference . . . . . (Transference not used)

Transference is intense and cyclical (32, p. 21)

Transference is greatly facilitated because the group is a protection against the therapist and against what he is a symbol of [parental authority]. Negative transference is reinforced by the group, acting out is facilitated and therapy therefore is accelerated. Positive transference is intensified by the presence of sibling rivalry, bidding for the love of the therapist. (31, p. 26)

The therapist becomes a target and buffer for all the personality patterns that a patient uses with others. (31, p. 219)

Target multiplicity serves to dilute the hostility aimed at the therapist, but the therapist needs to redirect this hostility toward himself because it has been displaced and where there is no discharge of hostility there is no therapy. (31, p. 37 paraphrased)

F. Anxiety mobilized for . . . . (Anxiety reduction and therapeutic change. universalization)

An effort was made to include one or two members whose superego structure was more or less intact and in whom guilt and anxiety were easily mobilized. (22, p. 67)
Mobilized anxiety . . . may be utilized to therapeutic advantage. (31, p. 9)

A permissive and accepting group climate planfully fostered by the therapist . . . breaks down many resistances facilitating production of conscious and unconscious tendencies of guilt, anxiety and tensions. (12, p. 142)

Therapists of analytically oriented groups hope for as much emotional stress as the group can master without disruption. (17, p. 41)

IV. Overt Process

This area consists of three dimensions. The documentation for the criteria marking the group psychotherapy side are given below; for the reader's convenience the therapeutic groupwork criteria appear in parentheses.

A. Materials available . . . . (Program planned diagnostically)

Groups are supplied with simple arts and crafts materials and tools to which the members have access . . . (31, p. 32)

Manual activity in arts and crafts at the meetings is therefore incidental. (29, p. 18)

B. No shared decision- . . . . (Shared decision-making) making

No specific documentation exists for this negative position; but the absence of statements about the issue of shared decision-making strongly implies that it is not a significant feature of group psychotherapy.

C. Maximum permissiveness . . . . (Moderate limitations)

Traditionally the therapy group atmosphere is thought of as being permissive and encouraging the uncovering of hostile and guilt tinged material . . . . (22, p. 87)
The therapy group is one of social mobility where the member is permitted to act out freely, to discharge his feelings and to display his attitudes; he is not expected to modify his action or language. (31, p. 26)

The therapy group is a haven for the child who has been rejected by everyone . . . here he receives unconditional love. He can break tools and furniture, destroy materials and even attack his group mates physically, but not the worker. (29, pp. 3-6, paraphrased)

The permissive atmosphere removes the anxiety-provoking super-ego, infantile impulses are released, acted out and a new super-ego built through love and identification. (29, p. 7)

All meetings end with a repast of simple food . . . [Children] may gulp or throw the food around (or at others) . . . . They may grab the victuals, stuff them in their pockets, . . . (31, p. 32)

V. Relation to Social Reality

This area consists of two dimensions. The documentation for the criteria marking the group psychotherapy side are given below; for the reader's convenience the therapeutic groupwork criteria appear in parentheses.

A. Orientation is . . . . . . . . (Orientation is outward; inward; insulated from world of society; col-laterals are not worked with. in contact with the world of society; col-laterals are worked with.)

Therapy groups lack the enjoyment or friendship features of psyche groups and tend to focus on individuals rather than on the group or societal problems. (17, p. 79)

The chief and common value of the group is that it permits acting out of instinctual drives which is accelerated by the catalytic effect of the other members. (31, p. 23)

The aim in psychotherapy is not to resolve a single
conflictual situation or an external relationship syndrome. (32, p. 10)

B. Family life is re-created in order to abreact intra-familial crises. (Concrete problems of present are faced and current social adjustment to them is sought)

Much stress in the literature on recreation of a family setting with the leader as parent and members as siblings. (12, p. 142)

Chief characteristic of the therapy group is its similarity to the family. The aim of group therapy is to create an ideal family... all the positive elements the family life lacks are emphasized in a therapy group. (29, p. 18)

The group highlights intra-familial transferences, offers patients an opportunity to work out negative transferences on other group members while retaining positive transference toward therapist which is used for insight and abreaction.... Therapist was a parental substitute...and sibling rivalry appeared. (31, pp. 221-226 paraphrased)

The group represented a family. [The patient] erected an image of the therapist as a strong father and of other members as weak fathers .... (31, p. 149)

Conclusion

The emergence of group psychotherapy in recent years as an important profession which is now practiced on a nation-wide scale and in a variety of settings has been described. The similarities group psychotherapy shares with individual psychotherapy as well as its advantages over it under certain conditions have been indicated. Some criteria by which group psychotherapy can be differentiated from therapeutic groupwork have been
systematized and documented. These criteria are arranged as the opposite extremities from those of therapeutic groupwork given in Chapter II. There has thus been constructed an assemblage of interrelated elements forming a theoretical or ideal model of the two contrasting systems.

The writer did not find unanimity among authors about these criteria and some of the exceptions to them are reported in the next chapter.
CHAPTER IV

EXCEPTIONS TO CRITERIA OF THERAPEUTIC GROUPWORK
AND GROUP PSYCHOTHERAPY

Introduction

Although the documentation for the criteria given in the two first chapters is substantial and full, it would be a mistake to get the impression that there is unanimity among writers about the distinguishing characteristics of the two fields. The semblance of uniformity of opinion which the reader may gain from this presentation is in part a result of the selectivity with which the evidence was chosen. This selectivity was intentional and was used for the purpose of emphasizing that considerable agreement does exist on certain characteristics which differentiate the two fields. But to round out the picture and show that there is also disagreement, examples of opinion which contradict those presented and documented in the foregoing chapters are given below. The writer found more examples of exceptions to the group psychotherapy criteria than to the therapeutic groupwork criteria and concludes that this is due to the fact that the material used was from articles reporting on group psychotherapy as practised in settings where the influence of social work was considerable.

- 40 -
Exceptions to Therapeutic Groupwork Criteria

It will be remembered that one of the criteria by which group psychotherapy could be distinguished from therapeutic groupwork was that group psychotherapy tried to re-create the family. The following two quotations from the field of groupwork contradict that tenet by claiming a similar aim for groupwork. Gladys Ryland, writing of groupwork, says:

Some of [the patients] can progress in their group life only through the steps of childhood development, having first to achieve some measure of trust and security before they can show any initiative or autonomy. (36, p. 89)

Gisela Konopka, another authority on groupwork reinforces this point of view in her article when, in speaking of the therapist, she says:

The psychiatric groupworker is the central figure in the group often assuming the role of a mother or father figure . . . . He may always remain in this role. (16, p. 54)

Exceptions to Group Psychotherapy Criteria

It will be recalled that some of the distinguishing features of groupwork were that the sense of the group-as-a-whole existed for the members, that decisions were made by the members and that the group goal was defined. Dr. Mann, group psychotherapist, claims these features as characteristic of his field when he writes:

The group's primary goal is seen as the attainment
of group unity for the purpose of mutual exploration and mutual solution of problems. A true unity cannot be achieved without first resolving members' hostilities. (20, p. 235)

In an article (34, pp. 425-36) about the treatment of disturbed and delinquent boys with activity group therapy the following situations are described in a manner that will be seen to be quite in accord with the criteria of the opposite field of therapeutic groupwork.

1. During the second phase of the group's development there was group solidarity and genuine concern for one another, leadership positions shifted as achievements and skills won recognition, and the boys became able to play as a team.

2. They censured one another and offered interpretations of behavior with the good of the group and of the individual in mind; as the group advanced, support and helpfulness toward one another began to be substituted for teasing and provocation.

3. The group's growing readiness to assume responsibility for their behavior made it possible for the members to handle their games and routines themselves.

Freeman and King in speaking of their activity group therapy clients (8, pp. 289-301), give further examples where group psychotherapists uphold the therapeutic groupwork criteria of the value of the sense of the group-as-a-whole.
1. A member expresses the powerful drive for status by means of the visitor through showing off his possessions, his group, and his position in the group to the visitor.

2. The child, even though he may still be having problems, nevertheless develops a feeling of pride and oneness with the group.

It will be recalled that another criteria of therapeutic groupwork was the extent to which the therapist took responsibility for the member's life in the world of society, the extent to which he worked with collaterals and tackled the current problems of social adjustment facing the client. The criteria uphold this as an important feature of therapeutic groupwork and as correspondingly unimportant in group psychotherapy. However, Slavson, group psychotherapist says:

The most obvious reason for referring children to Group Therapy is social maladjustment ... Difficulties in social relationships represents 31 per cent of all problems ... (29, p. 86)

And Dr. Boles describing his treatment of children with cerebral palsy by group psychotherapy (2, pp. 488-95) shows considerable concern with problems of social adjustment:

1. The wearing of prosthetic devices was made the topic of group discussion and the children were encouraged to express their feelings about this common pro-
blem of social adjustment as well as about dating, dancing, employment, and marriage.

2. Practical needs were also taken care of, the girls in the group were shown how to wear their cosmetics, how to do their hair becomingly and how to choose their clothes. The boys were taught how to dance.

In the treatment of delinquent adolescents referred to above (34, pp. 425-36), the therapists involved themselves in the lives of the boys outside the group to such an extent that they made school visits and often had to intercede in such things as remedial reading, employment and medical exams. They tried to see the parents of each boy when he was referred in order to interpret to them the purpose of the group.

Conclusion

These exceptions serve to indicate that there is not complete agreement about the characteristics of each field. It was this state of affairs that inspired the effort of this thesis to establish criteria. The exceptions cited just above in the section on group psychotherapy show a trend away from the intensive aspects of group psychotherapy and toward the social work attitudes of therapeutic groupwork. It seems natural that this trend would appear when group psychotherapists conduct their groups in social work settings and in settings where gross
environmental problems are paramount. Such a trend does not imply a renunciation of the group psychotherapy emphasis on basic personality change through intrapsychic reorganization by means of the analytic dynamics of transference, catharsis and insight, but rather, it indicates a flexibility in the face of the requirements of the particular situation and a bowing to the inescapable realities of the clients' problems.

The fact that the exceptions cited in the section on therapeutic groupwork were much fewer is representative of what this writer believes to be the case. This situation may be due to the nature of the therapist's training. Social groupwork training does not equip the worker to practice a deep form of therapy and it lays great emphasis on the significance of societal forces. These facts are influential in determining the nature of the therapeutic effort.
CHAPTER V
CONCLUSION

Recognizing the fact that therapeutic group efforts are differentially classified as therapeutic group-work and group psychotherapy but that this is not done according to any established system, this thesis has advanced a scheme whereby therapy groups could be characterized. This scheme has been evolved by abstracting theoretical elements that were relevant to the differentiation and by ignoring elements that represented unsolved problems in both fields. By means of an analysis using these theoretical elements it was found that the practice of the two fields might appear similar under certain circumstances, but that differences in the educational and theoretical orientation of the therapist were considerable, and were calculated to produce different immediate effects in the individual and the group although the practice of both fields was directed toward the same long-range goal of improved social functioning. The differences in orientation were found to stem from the historical and philosophical roots of each field and to affect the way in which the therapist used himself in the therapy hour, and how he related himself to the client's life situation; program content and the role of the group per se were also found to differ as a result of the
different historical and theoretical backgrounds. Specific criteria describing the effects of these differences were advanced and it was suggested that by using them in conjunction with one another any therapeutic group effort could be characterized as being more like groupwork or more like group psychotherapy. That there are opinions that conflict with the writer's scheme goes without saying and some of these exceptions have been presented, but this does not imply that a comprehensive summation of corroborating and conflicting opinions has been attempted. The scheme does not pretend to be definitive but it does claim to be useful as a suggestive idea for further more detailed development by later researchers and in the meantime to be a convenient device to help those who are unfamiliar with either field to find their way to some of the landmarks that indicate its possible boundaries.
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