THE CASEWORKER AS A CHANGE AGENT
IN WORKING WITH GROUPS

A Study of how the Caseworker uses himself as a Change Agent in a Group of Clients, or Relatives of Clients, in ten groups in the Greater Vancouver area.

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ABSTRACT

A previous thesis by Kerr and Kirkham (1963) indicated the extent to which caseworkers worked with groups in Vancouver. The present study continues this investigation, focusing on how caseworkers use themselves as change agents in such groups. An interview schedule was used to obtain from the workers the necessary data. This information was then classified according to the purpose and goals of the group, and the role of the worker, using the conceptual framework of Dr. J. Klein as model. The study revealed that each of the groups could be placed in one or the other of Klein's three categories: group education, social group treatment, or group psychotherapy.

It was found that lack of clarity of purpose resulted in conflicting goals, with a consequent confusion in worker role. Most frequently, inexperience on the part of the agency or worker was the cause for confusion of purpose. It was seen that a written statement of purpose contributed to a clear perception of goal and role. The need for caseworkers to set conscious goals for each meeting was established. Particular attention was given the goals established in the first and final meetings: planned goals were common for the first meeting, inconsistency of appropriate goals common in the final meeting.

Analysis of the difficulties on the part of most workers in their role in the group, suggest the following as possible causes: (1) lack of clarity of purpose; (2) lack of clarity of goals; (3) lack of knowledge of group process; (4) lack of necessary skills; and (5) confusion in professional identity. It is important that workers in the psychotherapy groups should have a clear perception of purpose and understanding of appropriate role. Some findings in relation to "open-ended groups" appear which agencies should take into consideration when planning such a group. Knowledge and training in social group work is obviously valuable for caseworkers if they are to work with groups; and the need is clear for further study to be undertaken of caseworkers working with groups.
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CHAPTER I

CASEWORKERS AS CHANGE AGENTS IN WORKING WITH GROUPS

The basis of the present study is the earlier study undertaken by Ann Margaret Kerr and Elinor May Kirkham in 1963, reported in the Master thesis entitled CASEWORKERS WORKING WITH GROUPS, "A Survey and Assessment of Casework Agencies Using Groups of Clients and Relatives of Clients for Educational and Treatment Work, Greater Vancouver." The Kerr-Kirkham thesis pointed out the growing practice of caseworkers working with groups of clients and relatives of clients in social agencies today. It confirmed a similar trend occurring in the local Vancouver area.

The writers established that twenty-one out of eighty-two agencies canvassed in the area were presently operating groups or planning on doing so in the near future. They anticipated that "the rate of employment of this method is going to increase six times more rapidly in the next twelve years than it has done in the past twelve years."¹ Such a trend has important implications for professional persons working with

groups, as well as for the training of prospective social workers, and is likely to have a marked effect on the field of practice. While the Kerr-Kirkham thesis studies the caseworker and his experience with a group of clients, or relatives of clients, it was with the primary goal of determining who the caseworkers were. No attempt was made to examine how the workers worked with their groups.

While there were alternative choices for further study, it seemed to the present writers that the next logical step would be to explore how caseworkers worked with groups. The researchers proposed to do this within the conceptual framework outlined by Dr. Joyce Klein in her doctoral dissertation, *Adult Education and Treatment Groups In Social Agencies*, and used by Kerr-Kirkham in their study. As a picture of the "how" of the subject is gained, it should be possible to discover the most effective ways of working with groups, the kinds of groups that respond and the kinds of techniques to which they respond. No previous study has been made in Vancouver of how the caseworker uses himself in the group.

**Selection of the Problem**

The focus of the present study will be to attempt to indicate from interview data, how caseworkers work with their groups. The questions which the present study will seek to answer are:

1. Are the purpose and goals of the workers for their groups the same as those postulated by Klein, i.e. can the group goals observed be subsumed under the three categories proposed by Klein?

2. If so, what roles are played by the workers in each group?
3. Are these roles consistent with those postulated by Klein as appropriate to the specified group purpose and goal?

The major research problem then is to determine the extent to which the workers' use of Self(specific role(s)) is associated with the goal(s) of the group. Theoretically, the assumption is that the purpose and group goal determines worker role(s). Operationally, it is proposed to test the extent to which three types of group specified by Klein (viz. group education, social group treatment, group psychotherapy) are positively associated with specified roles which Klein has postulated.

Selection of The Study Population

The Caseworkers

The study population consists of ten of the twelve caseworkers who formed the study group for the Kerr-Kirkham thesis. Kerr-Kirkham discovered there were twenty-one workers working with thirty-one groups between 1959-1963, the period of time with which their thesis was concerned. From these twenty-one workers, twelve were selected for interviews. The caseworkers were employed by eleven different agencies, five from a provincial agency, two from a municipal and four from a voluntary agency. All but one of the workers had professional training at the B.S.W. or M.S.W. level. The one lacking a professional education was excluded from the study. All the workers had completed one group work course of their

---

first year, but "had not paid too much attention to it." Five of
the workers had not read about group work since leaving a school
of social work. Six respondents had read about group psychotherapy.
Three respondents took courses in the theory of groups after they
left a school of social work. One had attended an institute on
family interviewing techniques, and one worker spent several week­
ends with other caseworkers learning about groups from a group­
worker. None of the workers saw themselves as groupworkers when
working with the groups. It might be presumed that how the
workers saw themselves and the group members might affect the way
in which they functioned. Nearly all of the caseworkers acknow­
ledged that they were anxious, especially in the beginning phases.
Several workers were surprised at the progress made by individuals
in the group, and surprised at the fact they "did not have to do
all the work." The workers generally tended to discuss their
groups in terms of individuals. At least four however, of the
twelve workers talked of their groups in terms of group process.
Seven elements of group process were identified in the Kerr-Kirkham
thesis, based on those suggested by a variety of theorists.

The Caseworker's Groups

Each caseworker interviewed by Kerr-Kirkham, contributed

3 Kerr and Kirkham, Caseworkers Working With Groups, p.47
4 Ibid., p.48
5 Ibid., p.51
6 Ibid., p.54.
7 Ibid., p.53
one group to the study. All the groups met for ninety minutes at a time. Treatment groups met more frequently, and were smaller in number of members, permitting member to member relationships, and member to worker relationships. Education groups were slightly larger in membership. Three education groups were open, and three closed, to new members after the group had met once or twice. Four of the six treatment groups were equally balanced heterosexually, two treatment groups had only males. Three of the education groups were all female. Selections of members appeared to be on the basis of a common problem and availability of members. All members of the treatment groups were assessed by a clinical team before they joined the group. The members of three education groups were assessed briefly by a caseworker but there was no assessment made of the other three education groups, (only four of these six groups have been used in the present study). Two workers with education groups saw individual members in casework interviews as well as in the group situation. The remaining four respondents with education groups saw members only in the group situation. All six workers with treatment groups (social group treatment, and group psychotherapy), met with group members in individual casework sessions as well as in the group).

It should be noted that the twelve caseworkers indicated considerable variation in the classification of their groups. Three classified theirs as "educational counselling," two as

8 Kerr and Kirkham, Caseworkers Working With Groups, p.46
9 Ibid, p.47
"education", four as "treatment", two as "therapy." 10

Conceptual Framework

The Klein classification scheme has been chosen as the conceptual framework for the present study. The typology provides a model in terms of purpose, goal, and worker role, familiar and common concepts to caseworkers as well as to group workers. It also provided:

1. Continuity.
2. Permits detailed analysis of groups in relation to the Klein classifications.
3. Provides an opportunity to analyze worker activity as it relates to purpose.

While there are other classifications which might have been used, it seemed for the above reasons that the Klein classifications best suited the purpose of the present study.

Klein Typology

Klein has stated:

"definition of the group purpose is necessary to guide the worker in structuring her helping roles as change agent. She then knows what limitations to set on interpretation, discussion, and action, and what freedom to encourage. She can affect the group process to carry out the avowed purpose of the group." 11

Klein is supported in this thinking by Gertrude Wilson who says:

"The specific statuses and roles of social workers in group situations are derived from the specific purposes of the groups." 12

10 Kerr and Kirkham, Caseworkers Working With Groups, p.34

11 J. Klein, Adult Education and Treatment Groups in Social Agencies, The Catholic University of America Press, Washington, D.C., p.94

Klein has created a typology of three categories: 1. Group education, Social Group Treatment, and 3. Group psychotherapy. Group education has as its primary goal, the imparting of information to client or relative groups. "The knowledge is focused into two main areas. (1) program, policies, plant and procedures of the agency, (2) human development, behaviour and social adjustment." Klein further divides Group Education into three sub-groupings:

A. *Family Life Education*, having as its goals the imparting of knowledge to presumably healthy and stable individuals about their parental and marital roles. These are preventative groups.

B. *Orientation groups*, which acclimate the patient or relative to the program, functions physical plant, and the realities of the procedures in order to facilitate future relationships with the institution. When patients are involved, the orientation group has the further goal of helping the patient as the first step in treatment, to accept the realities of the situation in which he finds himself. The orientation group aims further to help him to enter a new experience more readily, to start creating relationship with others and to prevent a state of normlessness in the transition from outside world to the institution.

C. *Pre-intake*. These groups have as their goal acquainting the prospective client with the policies, function and procedures of the agency, and with the mutual expectation of the agency and the client once it is agreed that the service is to be undertaken. The purpose of imparting this information is to enable the prospective client to reach a decision as to whether or not to apply for services.

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13 Klein, *Adult Education and Treatment Groups in Social Agencies*, p. 132

The second major classification delineated by Klein is "Social Group Work Treatment." The purpose of such a group is seen as the reduction of social and emotional pressures and to increase the client's capacity for satisfactory social functioning. Within this major classification Klein suggests two sub-groupings:

A. Group treatment aimed at maintaining adaptive patterns in which the goal is to help the client, within the framework of his pattern of functioning, to find solutions to his problems and to improve his social reality. Treatment is directed towards increasing the ego's integrative capacity.

B. Group treatment aimed at modification of adaptive patterns, the aim of this type of group treatment is to help the client handle specific aspects of his psychosocial situation with patterns of functioning different from those used in the past. Its goal is to improve the client's ability to master reality situations by increasing his understanding of himself, of his problem and of his own part in creating them.

The third major grouping that Klein defines, is "Group Psychotherapy." An analytically-oriented group treatment aimed at personality reorganization in an individual who has a psychiatrically-diagnosed emotional problem.

Classification of Roles

As pointed out earlier, certain roles of workers are conceptualized as being most appropriate to achievement of specific or particular group purposes. Klein has related selected roles to the three major goal classifications cited above.

14 Klein, Adult Education and Treatment Groups in Social Agencies, pp. 134-137
Group Education Roles

There are four in number. They are largely focused on learning about specific subject matter through the media of lectures, information, talk, films, and suggested readings, that is, knowledge which is already fashioned. Expression of feeling and the raising of questions is structured around the subject matter. There is minimal effort made to involve members in relationships with one another. Role performance of the worker is predominantly related to material being imparted rather than on any development of intra-member relationships.\(^\text{15}\)

Social Group Treatment

In contrast to educator role, the worker engaged in social group treatment focuses on the development of purposeful relationships between himself and the members, and between members. He consciously uses himself to accomplish his goal. As well, he uses the experiences of members as a medium to encourage them to express their feelings about the content. He helps them achieve self-awareness by drawing analogies and parallels between the responses and inter-actions of the members. He limits and focuses the discussions.\(^\text{16}\)

Group Psychotherapy

The worker directs his efforts toward the uncovering of repressed material and unconscious conflicts. He utilizes trans-

\(^{15}\) Klein, Adult Education and Treatment Groups in Social Agencies, p. 132

\(^{16}\) Ibid., p. 133
ference relations in the interest of bringing about basic changes in personality. This form of treatment is not considered to be a general aim in most agencies.\textsuperscript{17}

It can be presumed that if the caseworkers in the present study, had differential purposes and specific goals for their groups, they would then use themselves differentially. If their purposes are similar to those postulated by Klein, then presumably their goals and activities would also simulate hers. It becomes important then to examine briefly some of the implications which grow out of a comparison of the Klein role models. In the Educational Groups, it would be expected that the worker will be more active than in either social group treatment or group psychotherapy. Her role would be predominantly that of teacher, with the members relating more directly to her. Where knowledge and use of group process would be of primary concern in both the treatment categories, it would assume far less importance in the education groups. In contrast, familiarity with program media would be essential, necessarily more extensive, and of greater significance in achieving the purpose in education groups, while it would a secondary consideration for the treatment classifications. In the education groups the worker would have meetings well focused and well structured, with termination dependant on the content to be covered rather than related to the developmental rate of group members. The reverse would be true of termination in the treatment

\textsuperscript{17} Klein, Adult Education and Treatment Groups in Social Agencies, p. 137
classifications where individual readiness would be the determining factor. Responsibility for the movement of the group towards the successful achievement of its goal, rests more heavily on the activity engaged in by the social worker in the educational context. In the treatment groups, the change agent can depend on considerable assistance from the interaction between members to facilitate movement. In education groups termination would not involve overcoming resistance, while in the social group treatment, and group psychotherapy groups it would be an important consideration.

In the treatment groups the workers role is visibly less active, and in social group treatment is predominantly that of "enabler." The main focus is on the expression of the feelings of members, using program, and the members own experience to aid this expression. In education groups again the reverse is true, with ventilation permitted only around the content. Since in social group treatment goals are related to integrating ego functioning or the changing of adaptive patterns, limiting will be of greater importance in these groups than in the group psychotherapy. Clarification, insight, and focusing on member interaction would also be characteristic of social group treatment. Partialization of problems will be of paramount consideration. The focus will be on the individual member, but group process will be the most important means for facilitating his development. Dealing with the defences and resistences of members assumes greater significance in these groups, and demands greater knowledge of individual and group development from the worker. Lacks in these knowledge areas might make it difficult or impossible for defences and resistances
to be dealt with adequately, preventing achievement of group goals.

The worker role in group psychotherapy has been defined as that of "substitute parent." It is the most passive of all of the worker roles, is the least focusing, limiting or directive in nature, and has the most extensive personality change as a goal of any of the groups. The major role of the social worker would be interpretation of a special kind, namely that of unconscious material. Intervention into the group process would be minimal, but this form of therapy is probably the most highly dependant on member interaction of all the groups. It demands of the change agent, extensive knowledge of individual and group dynamics and in essence really demands the competence of a psychiatrist. Termination would depend on members readiness, and the "working through," of feelings associated with terminating rather than on a predetermined time.

Method of Data Collection

In order to determine therefore, how accurate some of these suppositions would be, that is, how consciously the workers directed the group process, it was necessary to devise a method best suited to gathering pertinent material. An interview schedule was devised, which would lend itself to adequate analysis. A major advantage of the schedule, was that it permitted an opportunity to meet with the worker in administering it. It was therefore possible to elaborate on questions in the schedule, to pick up on what often proved significant material and to get more detailed information than might not have been possible otherwise. In the fact to face interview, it was possible to be sure questions were understood, making for greater accuracy of response.
Questions were designed in the schedule to obtain information from three different meetings which the workers had with their groups. The first, middle and final meeting were chosen. The middle meeting was not an arithmetic middle, but one approximately half-way through the life of the group, which in the workers' mind seemed to stand out. The purpose in doing this, was the expectation that the workers would pick meetings which had impact and significance for them. Each meeting contained questions as to the purpose and goals of the worker, and the roles he or she used in attempting to achieve that purpose. As it was not feasible to describe every meeting, concentration was focused on three of them, which it was hoped would give a comprehensive picture of the groups' activity from the initial meeting to its final one. From the material the writers hoped it would be possible to determine the kinds of changes taking place in purposes, goals, roles, and member interaction, and how if at all, these changes were purposefully instigated by the worker.

Following the drafting of the interview schedule it was tried out on four workers not involved in the present study, to test its utility. After some revisions were made in it, the eleven caseworkers were interviewed. 18

Method of Data Analysis

Responses to questions pertaining to group purpose and goals

18 For the complete interview schedule see Appendix A
are described in Chapter II. The groups are classified according to the three categories, of Group Education, Social Group Treatment, and Group Psychotherapy, using Klein's definitions as cited earlier. Similarities and differences are noted between the present groups under study, and those of Klein as to group purposes, and goals. Chapter III deals with the Role of the Caseworkers as perceived from analysis of the interview schedule. The overall role of the caseworker is examined for each of three kinds of groups mentioned previously. The role of the worker is then examined in each of three separate meetings, of the groups. These roles are then reviewed against Klein's postulations as to appropriate roles. Similarities and differences between the current findings and Klein's model are noted. The worker's roles are then discussed in terms of; 1) how the meeting was started, 2) how the meeting was developed, and 3) how the meeting and the groups terminated. Specific examples are given to amplify descriptively, the functions and tasks these workers performed in their various roles. Chapter IV explores the usefulness of the chosen model, and draws some implications from the summaries of Chapter II and Chapter III. Indications for future study are included.
CHAPTER II

THE PURPOSE AND GOALS OF THE GROUPS

I. INTRODUCTION

In considering the role of the caseworker as a change agent in the group, it is important to study the purpose the workers set for their groups, and how these are related to the individual meetings. The present research team believe that the social worker must know and understand the agency's purpose for a group, before setting the goals for the individual meetings. The purpose therefore should directly affect the goals. As outlined in chapter one, the information was obtained from an interview schedule in a survey of eleven caseworkers working with groups. These caseworkers were the same ones questioned in the Kerr and Kirkham thesis, "Caseworkers working with groups." This thesis will deal with ten of the eleven groups.*

Kerr and Kirkham used Dr. Joyce Klein's classification system for defining Adult Education and Treatment Groups in Social Agencies. The researchers on the current study adopted this as the model against which to compare the stated purpose for the group, the goals for the group, and the role of the worker.

* One group deleted due to insufficient information.
An interview schedule was set up in order to elicit from each worker, who had been concerned with a group, the following information:

(a) the purpose for which the group was set up.
(b) the goals the worker set herself at three points in the life of the group.
(c) the role of the worker as she understood it, or perceived it at any point in the work.

This chapter will be concerned with the first two - purpose and goals.

Dr. Klein's study, analysed the difference between the groups, indicating that these may be divided into three main categories:

1. Group Education
2. Social Group Treatment
3. Group Psychotherapy

This is an important and useful distinction, and it is followed in the current report.

The Kerr and Kirkham findings, substantiated by our own, indicate the ten groups surveyed should be classified as follows:

<table>
<thead>
<tr>
<th>Group Education</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Group Treatment</td>
<td>3</td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>3</td>
</tr>
</tbody>
</table>

In order to avoid confusion among the three sections, the groups will be categorized. The Group Education groups will be
called E1, E2, E3, E4, i.e. E1 meaning Group Education Group 1.
Social Group Treatment will be T1, T2, and T3, while Group
Psychotherapy will be P1, P2, and P3. The three group classifi-
cations will be discussed under separate sections. Each section
will be concerned with analysing the purpose and goals set by
the individual caseworker for her group.

II GROUP EDUCATION

The model against which the purpose of the group can be
studied is as follows:

Education means the imparting of know-
ledge; to develop the faculties and
powers by instruction.
Education groups for clients, their
relatives or prospective clients of
social agencies are established primarily
to impart knowledge. The knowledge is
focused on two main areas. (1) programme,
policies, plan and procedures of the
agency (2) human development, behaviour
and social adjustment. The manner in
which the worker disseminates this
knowledge through the use of her skill and
understanding acquired in her professional
life, her recognition of conscious and
unconscious behaviour mechanisms, the
setting of limitations, and her active
creative guidance, distinguishes this
education group from the creative guid-
ance, distinguishes this education group
from the usual adult work. Therapeutic
results of such groups, although important,
are incidental to the primary purpose of
education.1

In order to use this purpose definition in the most constructive
manner, one must have a working knowledge of the member composi-

1 Klein, J.G., Adult Education and Treatment Groups in
Social Agencies. A Dissertation. The Catholic University of
tion of the surveyed groups. With this knowledge, plus the model, an analysis of the group's purpose can be made.

As mentioned previously there are four groups included in this section. E1 was a group of parents of deaf children whom the agency felt could benefit through a mutual sharing of problems. The caseworker was to interpret the agency's policy and service facilities, as well as help the parents learn how to handle their deaf children. Although this group started out with attendance by both the mothers and fathers, the fathers dropped out at an early stage.

E2 was a group for relatives of patients on the psychiatric ward of a general hospital. The agency felt that the group would serve as an excellent tool for education on mental illness. Through educating the relatives of patients as to the nature of the disorder, plus its behavioural manifestations, they hoped the group would gain increased understanding into the patient's problem. They therefore wished to directly involve the relative in the rehabilitation of the patient. The relatives ranged from a mother or father to an uncle or cousin. The availability of family members determined who would be able to attend the group.

E3 was a group for mothers of pre-school blind children. The caseworker was unable to make home visits to all the parents, therefore formed this group as a supplement to casework. The caseworker felt it was important to stay in contact with these parents as they needed assistance in raising blind
children. Since the children were of pre-school age, problems such as "what will happen to my child when he goes to school," were discussed. As there are few resources where parents of blind children can turn to for help, this group of mothers plans to write a booklet on how to raise such a child. It is felt that through informing the parents of the difficulties of raising a blind child, and through mutual discussion among the parents on this problem, an educational service can be given.

E4 was a group of adoptive parents. A series of five meetings were set up to give parents, who have adopted children or who are in the process of adopting, a chance to discuss their problems. The agency hoped to stress the important kind of contribution the parents, participating in these kinds of groups, are making to the knowledge and understanding of adoptive families. The agency wished to show its continued interest in them, as well as help educate them in how to raise an adopted child.

The purpose of all the above four groups is to impart knowledge within a specific problem area to a client group. The four caseworkers' stated purposes for the groups will now be studies in order to see how and in what manner they are consistent to our model.

A) PURPOSE of the GROUPS

The pertinent question to obtain this information was:
"What was the purpose of the group?"\textsuperscript{2}

(Note the underlined portions deal specifically with the purpose of the group)

E1 It was a group of mothers and children, all roughly the same ages, attending speech and hearing therapy for treatment because of hearing loss. Most of these mothers were intelligent, but had some problem in accepting the hearing loss, so we felt it would be a good idea to have them come together and discuss their problems and help each other with them.

E2 The group was formed because we felt the need on the psychiatric ward of the hospital to have a group of relatives together with a focus on the rehabilitation of the patient and to involve the relative in treatment. Other aims were community interpretation concerning mental illness...and talking about their feelings as a relative to the patient, and the feelings the relatives had themselves...

E3 ...time saver, we were getting more and more parents and I didn't have time for home visits. It was to keep contact with these parents as they needed help with raising blind children.

E4 The discussion series for parents was regarded by the agency as a means of their learning more intimately and directly the challenges and difficulties faced by adoptive parents as well as the joys and satisfactions of creating a family through adoption. It would also give the parents an opportunity to share with each other and the agency some of their particular concerns about adoption and the ways in which the parent-child relationships were developing.

All the purposes stated by the caseworkers are focused on a problem common to the members within each group. Although the problems range from those centred around raising a handicapped or adoptive child, to dealing with mental health rehabilitation,

\textsuperscript{2} Part 1, question 1, Interview Schedule; See Appendix A
there is a common theme which runs through all the four groups, i.e. the value of the group members sharing their problems with each other.

The caseworkers expressed it this way:

E1 ...a good idea to have them come together and discuss their problems and help each other with them.

E2 ...talking about their feelings as a relative to the patient, and the feelings the relatives had themselves.

E3 ...they need help with raising blind children.

E4 ...give the parents an opportunity to share with each other and the agency some of their particular concerns about adoption.

While it may not be evident in the statement by E3 that member participation was important, nevertheless it was implicit.

This common theme is further substantiated by such objectives as educating each other and some interpretation by the worker. This is consistent with the model's "to learn by experience, to gain understanding...to adapt to changing circumstances." Therefore these objectives are common to the four purposes, and are in tune with the model. It is interesting to note that the interpretation of community resources was a primary aim of E2's caseworker. This was also implicit in the purpose for E1 and E4.

There appears to be considerable consistency between E1, E2 and E4's purposes and model, less so for E3. This is because the worker for E3 sees the group as a "time saver" as she was unable to make a sufficient number of home visits.
Since these are educational groups, the researchers believe the caseworkers will interpret a great deal to the group members around their problems, i.e. mental health or adoption. As all workers in the study were trained caseworkers, it is felt they would be able to deal with problems on a theoretical and practical level. All the purposes included references to "talk about feelings", to "discuss problems", to "share with others...particular concerns." The caseworkers therefore felt the members would verbalise feelings, and that these would have to be dealt with and interpreted.

It may be argued that in education groups of this kind, there are elements of therapy. There is no doubt that this is so, but the groups under consideration had education as their primary objectives. This coincides with the model which states:

> Therapeutic results of such groups, although important, are incidental to the primary purpose of education.

It is therefore important that the worker decides whether the activity is aimed principally at education or treatment, as Dr. Klein states:

> What the change agent is trying to accomplish for individuals through the group method must be understood by her in order to define her purpose in working with the group.

The thesis team believe that the worker, as well as the group, must have a similar perception of the group's purpose, and that the success of the group could depend upon this perception. This statement cannot be validated until the caseworkers' goals
for their meetings are compared with the overall group purpose and model.

B) GOALS of the GROUPS

It is now evident that the four group purposes are consistent with the model. The researchers will therefore turn to the specific goals the workers set for themselves over three meetings in the group's life. These three meetings were: the first meeting, a middle meeting, and the final meeting.

In order to compare these goals to the over-all group purpose, it is important to understand what specific goals are inherent in Dr. Klein's statement for the Group Education Classification (our model). She states that group education has been almost universally accepted to mean work with relatively emotionally healthy and stable individuals in a group. It is aimed at:

...those faculties of the ego undisturbed by conflict. It appeals to the ability to judge, to learn by experience, to gain understanding, to plan, to adapt to changing circumstances. The educational goals for the client group are achieved through the discussion method with active and creative guidance and the teaching of content on the part of the leader. Thus it is hoped to increase the capacity of the individual to make choices on the basis of some self-understanding. Any therapeutic results come about as incidental, and are not the primary aim of the educational group. 3

It is important to note that in both the model statement of purpose and the statement of its specific goals, Dr. Klein

3 Klein Op.Cit., p.47
stated therapeutic results are the secondary rather than the primary aim of the educational group. Peter Neubauer wrote:

Specific techniques should be applied for specific purposes. In the educational process there is awareness of individual problems and their effect on functioning, but the cause of a problem is not sought in an educational group nor does one attempt resolution of a problem in this setting.4

If the combinations of education and therapy are attempted, it may lead to "dilutions and confusions"5 of purpose. It is important therefore that one differentiate between education and therapy.

In order to elicit the goals of the four caseworkers certain questions were put to them. The questions asked for the first meeting which were relevant to the statement of goals were:

- Did the worker find it necessary to explain to the group the reason why they were there? Why was this explanation necessary? What was the explanation given to the members?

- Did the worker explain to the group what they were going to do in the first meeting? What was the exact explanation given?

- What did the worker want to accomplish most in the first meeting with the group?6

The questions for the middle and final meeting were identical:

4 Loc. cit.
5 Ibid., p. 150.
6 see Interview schedule, appendix A
What did you want to accomplish most in this meeting?

The analysis of the material collected through these questions has been put together, therefore each question is not asked separately in this section.

In answer to the above research questions, the goals the worker set for group El (parents of deaf children) were as follows:

**First Meeting:** A fair understanding of the purpose of the group. I wanted to see how they would react to the idea of the group and perhaps get some idea of what future meetings should be, what our goal should be.

**Middle Meeting:** I had no particular goal. I had asked them in the beginning, as I was doing at all meetings, if they had any concerns which they wished to discuss.

**Final Meeting:** I wanted to make sure that these mothers understood what was happening between the clinic and their parent's group because this had been the main topic of concern throughout all the meetings...to try and clarify for them as much as I could what stage the clinic was and what point their group was at as compared to the clinic.

The worker in group El had a very interesting problem. Although the purpose of the group had been explained to all members through individual contacts, she found in the first meeting that some of them had the idea that this was going to be an action group to develop more resources which wasn't the purpose

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7 see Interview Schedule, appendix A.

* Underlined portions of statements deal specifically with goals.
at all." The worker found it necessary to explain to the group many times why they were there. As a result of what the members perceived as the group purpose, they formed their own group for social action to meet once a week. The worker said "those meetings became more important to them," than the original one centered around the problems of their deaf children.

What the worker perceived as the goal, and the members' perception of them, represented a barrier to the success of the group's purpose. It was not until the agency undertook steps to remedy what appeared to be a gap in social action for this group, that the total purpose was clear. There was a great deal of fuzziness in goals of the group, up until the point where the agency clarified its position. The worker had difficulty with this group due to the interpretation problem.

It is interesting to note, in comparing the three goals for the individual meetings, that the worker ranged from stating her own conception of purpose to accommodating her ideas to the group's idea of purpose. The worker's goals were not consistent as she had to adapt herself to the members, therefore, the worker's group purpose had been influenced by member concern. The worker's goals were secondary to those of the members. On hindsight, the worker for group El stated, "I would have planned a programme."

The worker's over-all purpose and three sets of goals for El definitely had an educational focus. However, the group's perception of its function was different. They wanted social action instead of education. Dr. Klein states:
Lack of clarity as to purpose prevented application of the worker's appropriate skills and knowledge to carry out the agency aim for the group, without dilutions and confusions.

The caseworker's effectiveness in El was directly affected by this interpretation problem. This will be discussed in greater detail in Chapter three, where the caseworker's role in the group will be analysed.

The goals which the worker set for three meetings of group E2 (relatives of psychiatric patients) were as follows:

**First Meeting:** What I wanted to seek was group interaction. I wanted them to like me and to like the group. I wanted to relieve anxiety, to be an accepting person to them, to accept them, to give them a good group experience.

**Middle Meeting:** Interaction. I wanted to get the members to interact with each other, to support each other, to perhaps clarify for each other, to accept each other, to understand each other, to be a group.

**Final Meeting:** Group interaction.

The caseworker for E2 had a consistent goal of group interaction for all three meetings. He stressed a beneficial group experience and tried to foster a high degree of member participation. This coincides with Dr. Klein's statement that the worker "uses her knowledge and skill consciously to affect the group process." The worker for E2 wants to clarify issues through discussion as well as to get members to interact, support and accept each other. This is therefore primarily educational in focus as the worker's main goal for himself and
the group members is to impart knowledge. It is interesting to note that this was the only caseworker who stated explicitly that he wished his members "to be a group."

In order to discuss the goals of the worker for E3 (blind children's parents), it is important to stress this was an open ended group, which had been in existence for thirteen years. The present worker had been active with the group for approximately seven years. Therefore she did not have a first meeting with a specific purpose statement, but she did say that at a first meeting for a new member her goal was:

...to get the feeling she is not alone with her load and that there are other people with this load who have survived. I also want to give them (new members) factual information, but the biggest emphasis is on the feeling of belonging...

Middle Meeting: There was nothing specifically desired to be accomplished.

As this group is still in progress there was no final meeting. However, when a member does leave, "there is a considerable resistance to termination."

This was the only worker who stated in the over-all group purpose that the group was set up as a "time saver." In other words, contacts were not possible with all parents unless there was a group. It was noted that although the group was to replace casework contacts, the educational purpose was more heavily stressed than a therapeutic one. This is seen in the worker saying "I want to give them factual information," while still emphasising mutual sharing of problems among the members.
It has already been shown that any treatment aspects in an educational group are incidental, rather than the primary objective.

The goals which the worker of E4 (adoptive parents) set for the three meetings were:

**First Meeting:** I wanted to put them at ease, and see they were clear on the purpose, and to make clear the group was theirs and they could follow whatever pattern they chose...to set a good climate where everyone would be able to more into difficult areas. To get enough of a beginning so discussion would become provocative yet not threatening.

**Middle Meeting:** To open the doors to more intimate discussion, namely the disappointment about not having their own children, and why they find it hard to explain to the child he is adopted.

**Final Meeting:** I wanted to make it possible for people who needed help to come back for it, and for the rest, reassure them, to help them over their self-doubt, give them confidence for the future, by summarising the accomplishments at the end.

This group was highly structured and held only five meetings. A programme was planned for each meeting within which there was a high degree of worker flexibility if members wanted to discuss a certain relevant problem. Brochures were sent out previous to the first meeting to enlist interested persons. The thesis team believes that this had a direct bearing on the resulting consistency of attendance by the members since they were well informed as to the purpose and goals of the group sessions.

The worker promoted group participation through dis-
cussion, and did a great deal of interpretation around the problems of adoption. She also interpreted the agency's function in this field, and tried to help the members use this resource, as well as others. Her main function was to impart knowledge.

It is interesting to note that the worker for E4 fits the criteria which Dr. Klein sets up as inherent in family life education groups.*

1. The goals are well thought out in advance, within the function of the agency.

2. The groups are seen as preventive work and/or seen as an opportunity to make known the work of the agency, and,

3. The social worker draws upon her social work knowledge and experiences with individuals and groups. She has a sound foundation of knowledge of individual growth and development that she has obtained, in addition, basic principles of learning from the field of education. She uses her knowledge and skill consciously to affect the group process.

4. The worker is conscious of the effect on these group members of confused ethnic, cultural or social standards, and/or lack of knowledge of child development. She is aware that the family life education group does not seek to modify adoptive patterns, but to help these parents, through free interchange, to change attitudes and feelings about family life on the basis of the presented materials.

* Included under category of Family Life Education are members of parent education, child development, and marital relations groups who are presumed to be comparatively emotionally healthy and stable individuals seeking additional information and understanding about their parental and marital roles. p.132

Of all the groups surveyed in this category, E4 was the best example of an educational group.

C) SUMMARY OF 4 GROUPS

In comparing the purposes as stated by the caseworkers to the model, it is clear that all four groups had a primarily educational function. These are consistent with the specific objectives that Dr. Klein stated were implicit in the model.

In analysing and comparing the goals set by the caseworkers for the three meetings to the model, there are some interesting findings. Three caseworkers had consistent sets of goals which adhered to their over-all group purpose. These were also relevant to the model's explicit and implicit goals. The workers were from groups E2, E3 and E4. The fourth worker, from group E1, had an educational focus for her group, which was not accepted by the members. Therefore her individual group goals were not consistent with her own group purpose and that of the model. This was due to the members' perception of the worker's goal as secondary in importance to the development of resources for deaf children.

It must be noted that workers in E1 and E4 had closed groups while the workers in E2 and E3 had open-ended groups. Repetition of the group's purpose in the open-ended groups (E2, E3) was only necessary when a new member entered the group. Worker for E4 did not have to restate the group's purpose, since it was clearly outlined in the brochure sent to
the interested people prior to the group sessions. Worker for El constantly restated the group's purpose due to the members' faulty perception of it. It therefore becomes apparent that the success of any one group depended on the clear perception of purpose by both worker and member.

It is interesting to note that Dr. Klein states the group she classified under Education usually met from two to ten times. In the present study, the groups surveyed met for a minimum of five sessions (E4) and a maximum of thirteen years (E3).

As previously stated, E4 coincided directly with the model definition for this category. This seems to be due to the fact that it was a closed group with a well-structured programme for the five sessions. The worker for E4 stated that the results of this group were extremely positive. The other three case-workers were unable to give definite answers as to the effectiveness of the group upon the members. One can therefore state that the effectiveness of an educational group is directly affected by:

the number of group sessions,
the structure of the activity or programme,
the purpose of the group as perceived by both worker and member, and
the consistency of the worker's goals to the over-all group purpose.
III SOCIAL GROUP TREATMENT

Social group treatment is the second of the three classifications set out by Dr. Klein. Her elaboration on this type of group reads as follows:

Social Group Treatment - These are groups in the social work agency which have been suggested as the method of treatment choice. Here a social worker is involved in working with a number of clients collectively, for each of whom she had a tentative psychosocial diagnosis and treatment plan. A diagnosis is made of the group before the client is invited or required by doctor's prescription to join. The social worker consciously affects the group process and makes use of her knowledge of individual behaviours and the dynamics of both the group and each individual as an aid to treatment in the group situation. Social group treatment is used alone, or in combination with casework at various stages of the presenting problem so that the effect of treatment is to reduce social and emotional pressures and to increase the client's capacity for satisfactory social functioning.

Social group treatment objectives should parallel those of individual casework treatment, remaining within the area of the worker's competence with individuals and groups, agency purpose, and mutually agreed upon goals.

Only a careful assessment of the client's situation will enable the worker to understand (1) whether the group treatment aim is in the supporting and maintaining of, or the changing adaptive patterns classification, and (2) how this goal can be reached - individually or through a group service, or combination thereof. 9

The three groups included under this section (T1, T2, T3)

will be analysed in terms of the above model. Again it is important to understand the membership composition of the groups. All the groups were conducted in the same psychiatric setting.

T1 was a group for male adolescents. Since this was an exceptionally large agency, the adolescents were spread throughout it. Due to this isolation, the staff felt the group would be an excellent opportunity for the boys to discuss mutual problems. The caseworker found it extremely difficult to work with these clients on a one-to-one basis, therefore, she had as a prime objective, the preparation of the group members for casework interviews. The caseworker also interpreted the hospital's policies and services.

T2 was a group for chronic schizophrenics who had been hospitalized for more than five years. The caseworker's main objective was to help them return to the community. This was to be done by remotivating the patients through discussion of problems and enabling them to share common concerns. This group was composed of both adult males and females.

T3 was a pre-discharge group set up to provide reality oriented discussions about feelings, attitudes and problems that the patients had. All the members were men. Each member usually left the group after approximately six to eight weeks. The worker's main objective was to work through some of the problems that the patients would face after discharge to the community.

It is interesting to note that the idea for setting up
the groups came from the caseworkers, and they instigated them. They all had a common purpose of discussing problems in a reality oriented manner, which would help the individual patient release his feelings, and share them with others. The focus was "to reduce social and emotional pressures and to increase the client's capacity for satisfactory social functioning." Therefore the main purpose was treatment.

With this background of the three surveyed groups, the thesis team will now turn to the caseworkers' stated purposes, and see if they are consistent with the model.

As in the case of the education groups, the important question asked of the caseworkers in this grouping was:

"What was the purpose of the group?"

(Note the underlined portions deal specifically with the purpose of the group)

A) PURPOSE of the GROUP

T1 Worker found casework with adolescents difficult because they were hostile and suspicious. We found it easier to put them into a group and later bring them in for casework.... it was a group in which they could act out and bring their problems up for discussion. They were isolated and on their own in the centre and were brought together...to discuss mutual problems with no adults around.

T2 To resocialise the patients to endeavour to help them live in the community. To remotivate the patient to accept the therapy and treatment.

10 Loc. cit.

11 Part I, Question I, Interview Schedule, see Appendix A.
To universalise their problems in accepting mental illness.

**T3** It is basically to provide a reality oriented discussion about feelings, attitudes and problems that a number of patients have. To establish a sense of sharing, belonging, and acceptance that comes through group participation. To assist in establishing a balance or check... for individuals on some of their various distorted feelings, fears, etc.

From the above description it will be seen that the three groups are consistent with the model. Membership was based on a psychosocial diagnosis and treatment plan. As Klein emphasises that the objectives in the group should parallel those of individual casework treatment, at least two of the three workers seem to have given consideration to this point. They expressed this when they said:

**T1** We found it easier to put them into a group and later bring them in for casework.

**T2** ...remotivate the patient to accept the therapy and treatment.

The third worker, in group T3, placed emphasis upon "group participation." This is important since there is the ever present danger that the caseworkers may function on a one-to-one basis even in a group situation. To the extent that a worker is concerned with group participation, this pitfall might be avoided.

All caseworkers wished to "reduce social and emotional pressures and to increase the client's capacity for satisfactory social functioning."

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T1...it was a group in which they could act out and bring their problems up for discussion.

T2 To resocialise the patients to endeavour to help them live in the community.

T3 To assist in establishing a balance or check... for individuals on some of their various distorted feelings, fears, etc.

The above implies a high degree of interpretation of feelings, and falls neatly into step with the idea that "the social worker...makes use of her knowledge of individuals behaviour and the dynamics of both the group and each individual as an aid to treatment in the group situation," for "without this knowledge, the worker may be unable to prevent the group acting as a negative force." This is important since member entrance into the group is based on a psychosocial diagnosis, which implies that all the members will be manifesting some degree of psychopathology. Hence the stated group purposes are consistent with the model. Once again it becomes necessary to test the consistency of the purpose of the group with the goals set by the worker for the three meetings.

B) GOALS of the GROUP

This section will concern itself with the information obtained from the interview schedule in order to determine the goals for the first, a middle, and final meeting in

14 Ibid., p.68
the group's life. The questions asked for the first meeting which were relevant to the statement of goals were:

- Did the worker find it necessary to explain to the group the reason why they were there? Why was this explanation necessary? What was the explanation given to the members?

- Did the worker explain to the group what they were going to do in the first meeting? What was the exact explanation given?

- What did the worker want to accomplish most in the first meeting with the group?  

For the middle and final meetings there was only one question namely:

- What did you want to accomplish most in this meeting?

The analysis of the material collected through these questions has been put together, therefore each question is not asked separately in this section.

The answers obtained regarding the goals set by the worker for group T1 (adolescents) were as follows:

**First Meeting:** It was not a group for them to learn how to function with each other but to let them see an adult as a normal likeable person... The worker would interpret behaviour problems and the members seemed to realise that some adults can judge things better than themselves...to point why they were here and that they were not being punished.

**Middle Meeting:** They had been trying to manipulate the worker into doing special favours.... I had to explain to them that the worker can

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15 Interview Schedule, See Appendix A.

16 Interview Schedule, See Appendix A.

* Underlined portions deal specifically with goals.
be kind and on their side but must still limit them and discipline them.

This group has not terminated, therefore, it is not possible to discuss the goals for the final meeting.

It is interesting and important to note that the concept of "consciously affecting the group process,"\textsuperscript{17} was not evident in the first meeting. This will be seen from the worker's statement that:

\begin{quote}
T1 It was not a group for them to learn how to function with each other but to let them see an adult as a normal likeable person.
\end{quote}

In this case, the worker is not encouraging member participation, but appears to be encouraging a one-one relationship. This might well be because of her own goal of moving the group members into casework interviews. It happens again in the middle meeting where the worker states:

\begin{quote}
I had to explain to them that the worker can be kind and on their side but must still limit them and discipline them.
\end{quote}

The worker used the group as a tool to create the acceptance of the casework therapy, by trying to decrease the resistance to adult authority, and treatment in the adolescents. She also used her theoretical knowledge to interpret behavioural problems.

With the exception of the worker's lack of focus in group process, there appears to be consistency with the model in all other respects. It should be evident that unless there

\textsuperscript{17} Klein \textit{Op. cit.}, p.134
is a clear definition of the group purpose to guide the worker in structuring her helping roles as change agent, role conflict will appear. This is seen if the caseworker continues to think of her leadership of the group in terms of a one-to-one effort. This could also cause a confused indentification with the social work profession. This will be discussed further in Chapter three when the worker's role in the group will be analyzed.

The goals which the worker set for three meetings of group T2 (chronic schizophrenics) were as follows:

**First Meeting:** I wanted to accomplish through discussion, the opportunity of getting to know the patients. To explain the function of the group even though they wouldn't understand. The group had been explained to them individually... for them to accept it is important... I told them they could discuss anything or talk on any subject.

**Middle Meeting:** There was no goal. It was accepted that they discuss what they wished according to their own needs and demands.

**Last Meeting:** The worker wanted to transfer his group to another therapist therefore. The main purpose was to inform the group that they were being transferred to another worker, let them know what was going on and assure them that the new worker was no different.

This meeting was not a final meeting in the usual sense of the group's life, but it was as far as the worker was concerned.

The members were felt to have sufficient strengths that a reality oriented group would be helpful to them. Klein amplifies upon this in her definition of social group treatment
aimed at the modification of adaptive patterns:

The aim of this type of treatment is to help the client handle specific aspects of his psychosocial situation with patterns of functioning different from those used in the past. Its goal is to improve the client's ability to master reality situations by increasing his understanding of himself, of his problems, and of his own part in creating them. It strengthens the ego's ability to assess reality, thereby reducing anxiety and the use of destructive defenses. It deals with conscious and pre-conscious material it does not attempt to reorganize the basic personality structure.

The goal of mastering reality situations is exceptionally important for the client, who is a patient, since unless he is able to confront reality, he cannot be expected to live in the community.

This treatment group, appears to be one in which the worker had some difficulties with member composition. That is to say, that with a group of schizophrenics there was a problem in explaining "the function of the group, even though they didn't understand." He left a great deal up to the group, in terms of group discussion. Where the group consists of people who "do not understand" there is very little doubt that the worker must play the central role. The worker's own words indicate his major goals:

... to resocialize ... to remotivate the patient to accept the therapy and treatment.

Because the caseworker stated that "it was impossible to structure a meeting for schizophrenics," it is difficult to speak of his goals except in the most general kinds of terms. It would appear the degree of pathology in this group makes discussion difficult. There is a sharp contrast between the group just described and the pre-discharge group which is dealt with below.

A pre-discharge group's primary focus is to "offer help in handling difficulties which arise in the process of discharge from the hospital and return to family and community."\(^{19}\) It gives the members a protected social experience where they can work with others on their problems of social relationships. The group serves as a bridge between the protectiveness of the institution, and the more demanding social life of the community. The goals which the worker of T3 (pre-discharge group) set for the three meetings were:

**First Meeting:** I wanted to organize these fellows to face the problems they would meet on release. To give them support in handling them.

**Middle Meeting:** As nearly all of the ten members of the group had a lot of confusion or difficulty around the idea of the adult role, responsibility and maturity, worker wanted to bring this up for discussion,...to show how functioning within the group and clinic can be carried out into the community.

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Final Meeting (for those who were leaving the group.) In the last meeting, I try to give each person going out a sense that they have within themselves the strengths and ability to face problems and stresses. I try to help them to see how they can carry over the things they learn in the clinic out into the community. I try to mobilize them to go.

The caseworker had a consistent goal of mobilizing the member's strengths to deal adequately with the problems they would face on returning to the community. This is similar to Gisela Konopka's goal of "handling difficulties...from the hospital...family and community."

This was the only caseworker who explicitly states that group participation was one of his primary goals. This was evident in all of the three meetings surveyed. Note that the worker said:

T3 I wanted to organize these fellows...

...to show how functioning within the group and clinic can be carried out into the community.

As this group is an open-ended one, there is no final meeting involved. When a member was ready to leave, the worker "tried to help them see how they can carry over the things they learn in the clinic out into the community." In this group the worker is obviously involved in a great deal of individualization. The over-all impression is that this worker comes closest to that which is perceived by Klein, as leadership for this type of treatment group. He shows awareness of both the individual and the group, and gives evidence of consciously affecting the group process through reality oriented discussions.
C) SUMMARY of the TREATMENT GROUPS

The three caseworkers' purposes appear consistent with that of the model. The one area which was not explicitly expressed was that of "consciously affecting the group process." Since Klein places a great deal of emphasis on affecting the group process, there seems to be some confusion as to whether the caseworker is aiming towards a one-to-one, or a one-to-group relationship. The exception seems to have been in group T3, where the worker gave evidence of having a knowledge of group dynamics, and was concerned with affecting the group process. This will be explored further in Chapter three.

In all three groups there was a high degree of individualization and as Klein says "...treatment objectives...should parallel those of individual casework treatment." This therefore implies interpretation of feelings and problems by the worker, using the theoretical knowledge at their command.

It is important to consider that the caseworker is trained to work on a one-to-one basis. It is, therefore, not surprising that emphasis will be placed on individual treatment, even if the treatment is occurring within a group. Since "groups are the basic expressions of human relationships," it is an excellent opportunity for the social worker to assess the adequacy of a client's social functioning. This concept

of social functioning is common to all social work methods i.e. casework, group work and community organization. It implies a helping or enabling role for the social worker who should therefore be able to transfer it from an individual to a group situation. This is the primary objective of social group treatment. However, in reality, it is difficult for many caseworkers to handle a group situation. This is due not only to personal biases but also to lack of training in group dynamics. Therefore, in conclusion, it is exceptionally important that the caseworker, who has, or has not formal training with groups, define his activity and describe the purpose and depth of treatment that he, as a change agent, hopes to undertake. Only with this clear definition of purpose can the caseworker "be prepared to deal with the dynamics of the group."22

IV GROUP PSYCHOTHERAPY

There are innumerable definitions of group psychotherapy; Klein explains it as follows:

An analytically-oriented group treatment aimed at personality reorganization in an individual who has a psychiatrically diagnosed emotional problem. It is conducted under psychiatric supervision, by a person professionally trained to handle individual unconscious material, fantasy dreams, free association and transference in depth beyond the scope of the usual Social Work Training. Like individual

22 Klein, Op. cit., p.68
psychotherapy, aimed at personality reorganization, it is not included in the selection of treatment aims in social agencies except under very rare circumstances.\textsuperscript{23}

It is generally conceded that social workers are not trained to engage in psychotherapy. Klein makes it clear that it is only "under very rare circumstances" that social agencies choose this form of treatment. In a psychiatric setting the social worker may indeed be used as a professional person in such a group. Whether one agrees with the idea that social workers should or should not be doing psychotherapy, the fact remains, that in this study three workers were found to be engaged in one or other capacity in this type of group.

In order to analyze the groups included under this section, it is important to look at the member composition of each one. There are three groups - two of which were conducted in the same psychiatric agency. They will be designated as P1, P2, and P3. All groups were led by a trained psychiatrist or psychologist with a caseworker acting in the role of co-therapist.

P1 was a group composed of adolescents and young adults of both sexes. The main purpose of this group was the resolution of authority and parental conflicts, as well as on-the-job problems. P2 was a group of adults - also of both sexes. The primary purpose was to resolve parental conflicts through

\textsuperscript{23} Klein, \textit{Op. cit.}, p.137
the group discussions. Both groups sought to establish a family atmosphere which would be used therapeutically for the solution of the above problems and conflicts. Each individual was intensively assessed by a clinical team before joining either group. It is interesting to note that the psychiatric agency where these two groups were held, serves both children and adults on an out-patient basis.

P3 was a group of young adults - of both sexes - who had common problems of epilepsy. The main objective was to try and resolve - through the group - some of the psychosocial problems which are caused by this physical handicap.

Since the basis of psychotherapy is rather well defined, both in the literature and in practice, it was expected that the purposes and goals of the three groups would be similar to one another and to that which is presented in the model.

A) PURPOSE of the GROUPS

It should be noted that the two groups, conducted within the same agency (P1, P2), had formal statements of purpose while the third group did not. It is presupposed that these formalized statements were written by the psychiatrist or psychologist and not the caseworker.

The pertinent question put to the workers of the groups was:
"What was the purpose of the group?" (note the underlined portions deal specifically with the purpose.)

The formal statement for group P1 (adolescents) was as follows:

1. To help the clients understand their problems and their reactions to these problems by a showing of experiences and emotions in an accepting and protective environment.

2. To encourage the members to verbalize their frustrations regarding peer and parental relationships through identification of the therapists (conscious or unconscious) as surrogate parents and fellow members as siblings.

3. To enable the members to experience a variety of interpersonal relationships through the medium of the group.

4. To bring direction and focus to practical problems in assuming adult responsibilities.

In order to help set the climate and to help each member to understand the general purpose of this group, the written purpose given to the members was as follows:

The purpose of the group is to allow each member free discussion of thought and feelings. The object is for group members to help each other come to a better understanding of how to deal with relationship problems which arise from day-to-day, at home, at school, on the job or generally in any social situation. The therapists efforts are directed at facilitating this process of free communication with due regard for the comfort and security of each group member.

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24 Part I, Question I, Interview Schedule, see Appendix A
The above is a simplified statement of the formal agency purpose, therefore the two coincide.

The Formal Statement for group P2 (young adults) was as follows:

1. To help the clients understand their problems within the protection of the group, thereby receiving help and guidance from the therapist and group members.

2. To verbalize personal frustrations within the group context, to develop new insights into behaviour and generally broaden the clients understanding of himself and others.

3. The group will be used as the tool to build and/or intensify the ability of the client to form and maintain, need fulfilling relationships.

The caseworker's own perception of purpose for P2 was:

The main object is treatment. They could discuss what they wanted to. One rule was that everything in the group was confidential and not to be taken out of the group.

Hence, the above purpose sums up the previous formalized statement in one word - treatment, as the primary aim.

The caseworker for group P3 (epilepsy) did not have a written statement of purpose for the group but her own response to question I of the interview schedule clearly stated the purpose of the meetings.

P3 In the hope that psychotherapy would alleviate not only the seizure problem among the patients but deal with other psychosocial problems as well, that were precipitating the seizures that had no apparent bearing.
... they could help one another with their troubles, and understanding that other people have troubles that are upsetting to them ... may help them learn more about themselves and provide help for other people.

All three groups are in agreement with the model. The formalized statements, as well as the individual worker's perception of the group's purpose were consistent with the overall treatment objective. This is seen in the underlined purpose statements where such phrases as "to help the client understand their problems," "to verbalize frustration," and "to form ... need fulfilling relationships," were common to all workers.

All groups had a male and female therapist. Since the primary aim of psychotherapy is to provide a corrective experience through discussing unconscious and conscious material in the group session, transference relationships towards the therapists were encouraged. Therefore the creation of a secure, family atmosphere was inherent in all the group purposes.

As the purposes of the groups are based on personality reorganization, the thesis team assumes that the goals stated by the workers for the three meetings will not be their own, but the goals of either the psychiatrist or psychologist. Since the social worker is trained to handle conscious or preconscious material on a reality oriented level, the thesis team then questions just how effective the social worker is as a co-therapist, in a psychotherapy group. This therapy role will be further discussed in Chapter three.
B) GOALS of the GROUP

Despite the differences in these three groups as compared to the other two group classifications, the researchers used the same questions to elicit information. In answer to the questions about the three meetings, the goals for the worker of group P1 (adolescents) were as follows:

**First Meeting:** We had a specific agenda and we suggested that we go through point by point. We explained that individual experiences on the job and at school should be discussed here. ...we wanted to gain their trust and a sense of familiarity and security.* At least we wanted them to trust the therapist, to provide them with a structure and to realize that they wouldn't be pressured individually into producing.

In the **middle meeting** there was no specific goal for the group. However, the information obtained from the interview schedule indicated that the group was moving towards the groups' formalized statement of purpose. The caseworker expressed it as follows:

This was the first meeting where the group expressed understanding that this was a cohesive family group ... The members discussed parental figures ... and they moved from this to the difficulty of getting close to people ... the meeting was terminated on the theme, what the present situation was and would this family group make up for what they had lost.

* underlined portions indicate the specific goals for each meeting.
Final Meeting: We wanted to show the group that the association, as it was, was terminating. We would not be meeting again. We wanted the group to accept this reality.

Through examining the above statements, the researchers found the caseworker's goals for the three meetings to be consistent with those of the model. The therapists aimed at structuring a group situation where the members would feel enough security and trust to be able to discuss threatening material. In the middle meeting the worker said "the group expressed understanding that this was a cohesive family group." This is in complete accordance with the formalized purpose statement, as well as inherent in the model, which speaks of "personality reorganization" through the professional handling of individual unconscious material. It is interesting to note that this infers that the members understood the purpose of the group.

As the goals for the meetings depend on member participation, the sharing of problems was encouraged. It is evident in analyzing the three goals, that the therapists played a fairly active interpretive role. This is seen through such statements as "we suggested..., we explained..., or we wanted to show...." The use of the word "we" also suggests the therapists worked closely together. It further indicates that the caseworker is identifying with the psychiatrist as a therapist.

The goals the worker set group P2 (adults) were as follows: In the first meeting, it was hoped to move directly
toward the purpose, the therapist had outlined for the members. This was designed by the worker to set the pattern for future meetings, in an effort to create a therapeutic environment. This was expressed as follows:

After the therapist explained the rules he sat back and waited for the group to decide what they were going to do. The worker did try to bring out feelings but received little response. I don't think we ever told the group what they were going to do, his (the therapist's) initial standards of practice didn't allow this.

Middle Meeting: The only plan set up, was in the formation of the group and after that it was simply to discuss feelings around members and themselves. It was hoped that the members would verbalize and demonstrate feelings to the group by specific examples from everyday life. At this point they are beginning to talk about feelings and feelings are beginning to be demonstrated.

Last Meeting: The last three meetings were to try and get the group to express their feelings about termination.

In the first meeting, the worker stated that the members had a different purpose for the therapist than what he intended. This lack of clarity resulted in some confusion as the worker said:

Any questions directed at the therapist were returned to the group and he stated that all he wanted to do was act as an observer. The members constantly tried to draw the therapist into the conversation but quickly realized this couldn't be done.

This confusion was also apparent in the worker's statement, "I don't think we ever told the group what they were going
to do...." Even though the psychotherapy groups have strictly formalized purposes and goals, it is interesting to note that the therapists' perception of them, and that of the members, can still differ. It was evident that as the meetings progressed (as seen in the middle one) the members began to use the group in the way the therapist wished.

This group coincides with the model. Personality reorganization through a therapeutically created environment is the main goal. There is no specific content structure beyond that of feeling expression. A high degree of member participation is encouraged, which indicates a fairly passive role for the therapists. This did not happen in the first meeting, where the caseworker states, "the worker did try to bring out feelings, but received little response...." Resistance by the members then forced the worker into a more passive role.

The goals set by the worker for group P3 (epilepsy) were as follows:

First Meeting: The purpose was stated to the members as an opportunity for people to discuss upsetting feelings which may be causing poor seizure control, family problems etc.

Middle Meeting ... to have the group accept the absence of the therapist (psychiatrist) and for the case-worker to take over.... We hoped via discussion to assure the group that the Doctor could be absent occasionally and that they could still accomplish something because we need to have this happen rather than just discontinue the group.

Since this group is still continuing, there has been no final
meeting.

The worker's group goals coincide with the model's psychotherapeutic aims. However, these goals can be distinguished from P1 and P2, because in the middle meeting, the case-worker took over as the sole therapist. Since the worker did take on the role of therapist in several of the group sessions, it would therefore follow that the goals set for these sessions would depend on her. Even if they were set by the psychiatrist, it would be interesting to see how she interpreted these to the group, and whether or not her social work orientation influenced this interpretation. This will be further discussed in Chapter Three.

C) SUMMARY of the PSYCHOTHERAPY GROUPS

All the groups' purposes are consistent, both with the two written statements (P1 and P2), as well as that of the model. Even though P3 did not have this written statement, her purpose for the group was completely psychotherapeutic in content.

The goals set for the three meetings are all in agreement with the model. All aimed at personality reorganization. This is seen in the great reliance the therapists placed on individual contributions to the discussion, especially around unconscious material. The bringing to the fore and interpretation of the unconscious material is the area of competence of the psychiatrist. Despite this, it is interesting to note
that some of the goals in the three group purposes were similar to those held in general social work practice. This is seen in the formalized statements (P1, P2) where references were made to "understand problems... verbalize frustrations... and enable members to participate...." A case can therefore be made for a social worker working with a psychotherapist in an "interpretive capacity," which is in accordance with her professional competence and skills. It is when the worker takes over as the sole psychotherapist (P3), that complications can arise. Dr. Klein states it this way:

A well-trained caseworker would not attempt treatment of the forces of the unconscious in psychotherapeutic situations where basic reorganization of personality patterns was involved, without special and prolonged preparation under psychiatric supervision. In contrast, many caseworkers do not realize that they may not be competent to handle the complex and powerful forces of the group without additional training and supervised experience. They are likely to be unaware of the destructive as well as constructive puissance at work in groups.25

It is therefore exceptionally important that the caseworker understand his function in the group. If he does, he will be better able to employ his own professional skills, and will be able to identify with his own profession, rather than that of psychiatry.

**SUMMARY OF CHAPTER TWO**

All the purpose statements, of the three group class-

ifications, were consistent with the model. Confusion only resulted, when the caseworker's perception of the group's purpose, differed from that of the members. This is specifically seen in E1 and P2.

In both the group education and social treatment groups, the caseworkers formulated the purpose statements. In the group psychotherapy groups, the psychiatrist or psychologist defined the group's purposes in formalized statements. Therefore in the former groups, the caseworker was seen as the primary change agent, while in the latter, she was either a co-therapist or recorder. She would then be a secondary change agent, subordinate to the psychiatrist.

The purposes of the ten groups differed on one main objective - that of treatment. In the group education groups, education was the primary objective, therapeutic results being incidental. In social group treatment and group psychotherapy, treatment was the primary aim. The main difference, between the two, is that psychotherapy deals primarily with unconscious material while social group treatment deals with pre-conscious and conscious material. It is therefore extremely important that the caseworker be aware of the depth of treatment, that she as a change agent can profitably hope to undertake.

A clearly defined purpose directly affects the statement of goals. If the caseworker is clear as to the purpose of the group, she will be clearer as to the goals of the individual meetings. It therefore follows, that faulty perception of
purpose will cause an inconsistent set of goals. This was seen in El. This was also characteristic of all the psychotherapy groups. In the formalized purpose statements (P1, P2), the caseworkers stressed similar aims to those of social group treatment i.e. verbalization, enabling, etc. When the individual meeting goals were spelled out, they were primarily psychotherapeutic in nature. Confusion therefore resulted in the caseworker's own perception of function in the group i.e. recording and interpretative role within the social worker's area of competence, or a co-therapist dealing with unconscious material. If the role is the latter, it leads to identification with the psychiatric field. This is still a problem within the social work profession and needs further study and clarification.

In the group education groups the goals were easily definable, since the caseworker was working within a specific problem area e.g. mental health rehabilitation or adoption. In the social group treatment groups the goals were more diffuse. This was due to the treatment objective, as the worker relied a great deal upon individual member contributions to the discussions. Therefore, there were usually no set goals for the meetings, allowing for greater flexibility in discussing problem areas or conflicts. In the group psychotherapy groups, the goals were aimed at personality reorganization through a corrective experience. Therefore, the members were responsible for the discussion content, and the psychiatrist was responsible
for its interpretation. There was no set goals for the meetings, and if present, the caseworker had little or nothing to do with setting them.

The education groups were the most consistent with Dr. Klein's classifications. It was in the social group treatment groups where the goals, explicitly, differed from the model on some primary objectives. This was especially seen in the goal of "consciously affecting the group process." Only one worker (T3) had this as a primary objective. The other two relied on individualization of members in the group i.e. P2 plus schizophrenics. As previously mentioned, in the psychotherapy groups there were some social work goals implicit in the purpose statements. It is important to remember that many social work objectives parallel those of other helping professions i.e. psychiatry, but that the methods of employing these skills are different. Therefore to avoid confusion, the goals in a therapy group must be primarily psychotherapeutic in nature, with any social work components being secondary to the main treatment objective. Only with this clear statement of purpose can the respective professions (social work and psychiatry), utilize their own skills in dealing with the members problems.

As a result of these findings based on the purpose and goals of the meetings within the three classifications, the researchers believe social group treatment to be the most amenable type of group for a social worker to act as a change
agent. This is further substantiated by the fact that such things as a psychosocial diagnosis, casework treatment objectives to parallel group objectives, and the use of theoretical knowledge are explicit in this type of group's purpose.
CHAPTER III

THE ROLE OF THE CASEWORKER
IN THE GROUPS

GROUP EDUCATION

Chapter two discussed the purpose and goals of the ten groups being studied in this thesis. In Chapter three, the focus will be on the role of the worker. It has been hypothesized that the purpose of the group will determine how the worker uses himself to help the members. The Klein classification should be useful in distinguishing between the various types of groups and the activity that may be expected of the worker. That is to say, differences may be expected in the worker's role in education as compared to treatment or psychotherapy groups.

The primary responsibility of the social worker in any education group will be to teach or impart knowledge to the members. The information that is supplied to the group will be correlated to the purpose for which the group was formed. In this role, the worker is expected to be informed on the subject being discussed and active in the dissemination of knowledge. In the group discussions therefore, the worker will be expected to assume a central position as a discussion leader.
Since the education of the members is the primary focus of the worker's role, the treatment aspect will be secondary. Group interactions which are so important in therapy groups will not be used as a tool to increase the social adjustment of individual members. The relationships between members and cohesive group bonds, will not be fostered as part of the worker's educational focus. In encouraging questions and leading the discussion of emotionally charged topics, the emphasis will be on learning and increasing the knowledge of the group-as-a-whole, rather than purposefully changing individual behaviour patterns.

To accomplish this educational focus the social worker has at his disposal a wide range of communication media. These include lectures, informal discussions and visual aids. Lectures will be useful in presenting a formal topic that will be easily understood and readily accepted by the members. In discussing an emotionally charged subject however the lecture does not allow for sufficient outlet of feeling about the topic. This will be particularly true if the audience is large.

The discussion group is useful in overcoming the impersonal approach of the lecture. In situations, where the subject being communicated, is threatening to the members, the smaller intimate group settings will aid the social worker in transmitting this information. Through the use of discussion techniques, the members are encouraged to ask questions. The personal feelings of the group around the topic under consider-
addition are discussed. Aspects of the problems are developed and where possible, solutions or alternatives will be presented as part of the educational theme of the meeting. Books, articles, films and other media are useful supplements to any discussion. They may be used as a source of reference as well as an aid in helping to reinforce the information, that is being transmitted. The social worker may use any of these techniques to increase the knowledge of the participants, on the subject they are discussing.

The worker is therefore active and uses many techniques to impart knowledge to the members. Klein includes the use of communication media, member participation, and the expression of feelings around problems as part of the workers focus in education type groups.

ROLE of WORKER in GROUP EI

The worker in group El (deaf children) was very anxious about her role in the group. This was the caseworkers first experience at leading a discussion group and it proved very threatening for her. In describing the first meeting she stated: "I was very insecure before I went in and it kept getting worse." A certain amount of anxiety is understandable and commonly experienced by a social worker entering a group of unfamiliar clients. Her feelings however became so overwhelming that the worker was unable to contain them and the group members became aware of the caseworkers anxiety. She stated: "They were all aware of how I felt." This is also true of the
middle meeting: "I was uncomfortable in the group which was obvious to everyone." The social work discipline teaches control over a worker's personal feelings, to avoid affecting the client, who is seeking help. This is a condition that was noticeably lacking in this worker.

The anxiety of the caseworker caused her to assume a very passive role in group El. This was illustrated in the first meeting when a married couple became hostile over the avowed purpose of the group. They were attempting to form a social action committee and were not content to simply use the group for discussion purposes. The hostile reaction led to greater insecurity on the part of the worker and this resulted in further passivity. In later meetings the passive role of the worker was still evident. She stated: "The group carried on without guidance. They were very vocal and interpreted the material they discussed without any help."

The worker in an educational group is expected to help the members relax and feel at ease. This will facilitate the flow of information in the group and is accomplished through support, acceptance and the other principles of the social work discipline. The worker in the initial and middle meeting stated however: "I relied on the group for support." This is a focus uncommon to any social work method. The educational role of the worker was limited by her anxiety. The caseworker appeared so threatened by the group situation that she became dependent upon the members she was trying to help.
The over-all activity of the worker was described in the following statement:

"I tried to explain to them about the purpose of the group.... In general I played a pretty passive role...and I relied on the group for support. They were all quite vocal...and the group interpreted most of the material they discussed. I might have given a bit of interpretation or clarification from time to time. The members did most of the discussion and tried to make the worker comfortable."

Discussion techniques are available to any social worker in his work with clients. These include opening the subject for discussion by giving a general outline of the problem under consideration. Once the members understand the topic, the worker will encourage them to participate. By developing the topic of the conversation, focusing the discussion and raising salient issues, participation is encouraged. When members begin to interact, then the role of the social worker will include clarifying issues, interpreting feelings and summarizing the content of the meeting.

Discussion techniques are very important to education groups. Since the discussion is primarily oriented to help the members understand a subject that is significant to them, the opening remarks of the social worker will focus the group on a topic. The ability of the worker in guiding, focusing or interpreting the discussion will help the members learn about the subject. Once the topic has been considered from various
points of view the worker will summarize the content of the meeting. This will help clarify the various issues that have been raised and present the members with an organized analysis of the deliberation.

The worker in El began the discussion in the first meeting by outlining the purpose of the group. As stated earlier, this was immediately a source of irritation for two members who disagreed with the purpose as stated by the caseworker. The role of the discussion leader emphasized the need for having the members understand the topic that will be discussed. In group El, the anxiety of the worker did not allow her to elaborate upon the opening remarks, and the hostile reaction she encountered led the caseworker to remain silent. In the middle and final meetings, the worker was again responsible for initiating the discussion. This was accomplished by summarizing the content of the previous week, as illustrated by the worker's comments in describing the middle meeting: "I gave a short summary of last week's discussion. They hesitated for a moment but eventually someone would start the discussion." The worker due to her discomfort assumed very little responsibility in helping the members to interact.

In the middle and final meetings of the group the role of the worker continued to be a passive one. The worker stated: "I might have given a bit of interpretation from time to time. Generally the group handled the discussion." There does not
seem to be any indication of the worker using her position in the group to educate the members. This role was not clearly understood by the caseworker and the expected activity of the discussion leader did not materialize.

Since a group is composed of individuals who are interacting together the social worker will be responsible for handling various reactions that occur. If these difficulties are not dealt with they may remain a source of irritation for both the individual members or the group as-a-whole. This is particularly true if the reaction is centered around emotionally charged issues that the members are discussing.

In an educational group the concentration will be on learning rather than developing the social adjustment of the individual member. The intensity of individual reactions are expected therefore to be less than therapy groups and will be handled from an intellectual or educational frame of reference. That is, the worker will use the individual reactions to help clarify issues for the group as-a-whole rather than concentrating on behaviour patterns.

The caseworker, in group El, was presented with handling the problem of the hostility of a married couple. A lack of clarity around the group purpose seemed to be the central issue producing this hostility. There was no attempt on the worker's part to reduce the frustration these two people experienced. The worker left the resolution of this conflict up to the group which resulted in aligning the members against
this hostile pair. The worker stated: "Many people wanted this group and openly opposed this couple." Eventually the unresolved conflict caused the two members to drop out of the group.

The role of the worker was described in the interview as follows:

"I found that some of them thought this was to be a social action group... One couple in particular was most hostile... I tried to explain about the purpose of the group but I let the members handle this hostility which worked very well... They dropped out after awhile."

Thus far the focus has been upon the role of the worker in opening and developing a discussion in an education type group. This study also undertook to investigate the worker's role in terminating a group meeting. Termination of a group meeting in an educational group is generally not too difficult. The emotional involvement of the members is limited as compared to treatment groups and the development of cohesive bonds is not encouraged. The social worker in the final portion of the meeting would be expected to summarize the discussion. Salient points would be clarified but the worker would be careful not to open new areas of concern. The summary would involve an element of timing so the meeting is not concluded on a threatening subject. The emphasis in the workers closing remarks will be on the positive accomplishments of the group.

In this group the meetings were brought to a close very
abruptly. The three meetings of group El were terminated by the deaf children coming into the room. The children had been in school and following classes proceeded immediately to where their parents were meeting. This was a very disruptive ending to the session and any summary or interpretation the worker could have made became impossible. This would also be true of any intense or particularly meaningful discussion that was in process during this time. The caseworker did not summarize or terminate the meeting in any way. This process was left to the children as illustrated by the following statement: "We kept the discussion going until the children came. The parents knew the time and all of us were expecting them."

Termination of the group itself requires similar skills to those of closing the individual group meetings. Ideally the members are made aware of the final meeting date usually several sessions before termination. This allows the group to express their feelings about the problem and to prepare themselves emotionally to disband. The role of the worker will be to help each member reduce his dependancy upon the group by slowly severing the cohesive bonds that have developed. The worker may be expected to summarize the positive achievements of the group and outline those areas in which more understanding is required by the members.

Termination of educational groups is relatively simple as compared to treatment groups. This is due to the emotional attachments of the members being minimized as outlined earlier.
It is often facilitated by the members being aware of the exact number of sessions they are expected to attend. A summary is particularly appropriate in this type of group since the sessions have been structured around a particular subject. The difficulty of severing group attachments and preparing individual members for termination is thus minimized.

The worker in group E1 does not indicate that the subject of termination was discussed prior to the final meeting. She states: "I told them this was the final meeting and they generally accepted it. It only lasted twenty minutes." The worker states that she continued to maintain her passive role and did not attempt to focus the members in any way. The group meeting was late in getting started which resulted in the children coming to the room earlier than usual. There was no resistance noted by the caseworker and the disbanding of the group was a relatively simple process.

ROLE of WORKER in GROUP E2

It has been outlined that the worker in educational groups is expected to be active in transmitting knowledge to the members. The worker in group E2 (relatives of psychiatric patients) stated that in the first meeting he experienced anxiety due to the reluctance of the members to interact. The worker said: "I remember I had some anxiety myself because this was my first group and the production was a little slow." These feelings however did not interfere with his role in the group. He was very verbal and interacted easily with the members.
The activity of the worker in the initial and middle meetings was aimed primarily at educating the group members about the problem of mental patients returning to the community. The caseworker was knowledgeable on the subject and actively interpreted the material to the group. This is illustrated by the statement: "We offered information from a variety of sources to the relatives to affect an understanding of the problem." The educational focus of the worker's role was concentrated at three levels: firstly, to attempt to help the group understand the problems that would be encountered by the patient; secondly, to interpret the usefulness of the member in relation to helping the sick relatives; and lastly, to try to explain the community's attitude toward the inmate and how this would effect the families of the group members. Since the material under discussion was of such an emotional character, the worker encouraged an expression of feeling. "Another purpose was to have the relatives talk about their feelings to help allay any shame, guilt, fear or resentment." This focus was present in all three meetings.

Relationship was the tool the caseworker used to help develop verbal interaction among the members in discussing various subjects. The worker stated in the middle meeting: "I wanted to get the members to interact with each other, to support each other, to clarify for each other, to accept each other, to understand each other, to be a group." This kind of activity is common to treatment groups. In consciously
fostering group bonds, the caseworker indicated that therapy and educational roles overlapped. This was increasingly evident in the final meeting of the group. The members began to discuss each other and presented personal experiences to the group for discussion. The caseworker encouraged this sort of deliberation by helping to create a climate in which the members could bring up personal experiences. This focus of the worker's role was not expected in educational groups.

The over-all role of the caseworker was described as follows:

"I offered information of various kinds, and as I would talk I would use the collective pronoun we... I tried to support the group members around their anxieties and tried to get them to verbalize this..."

The discussion techniques of social workers has been discussed earlier. The caseworker in group E2 was active in initiating the discussion of the group in the first meeting. There was no specific topic the worker wanted to discuss and this was left up to the members. The worker said: "We will talk about you as relatives and what you can do to help the patient when he returns to the community. I let them go where they wanted, it was a very unstructured group." The members did not begin interacting immediately and the worker was forced to suggest a topic that was of interest to all of the group.

In the middle and final meetings of the group the members
assumed the responsibility of initiating the deliberations. The worker purposely arranged to be several minutes late in entering the meeting and the discussion was usually well underway at this point. He stated in the interview: "I would come to the office and prepare the room for the meeting and then I would go to the ward. Frequently I would be the last to enter and they would be discussing amongst themselves." While this may be an unusual way of functioning it appears to have been effective in this group.

Guidance, interpreting and development of the discussion have previously been elaborated upon in considering the worker's role in continuing the discussion. The worker stated: "Generally the group responded very well once they started talking. I was very relaxed and casual despite my anxiety. I generally just tried to keep the members talking and where necessary helped them understand a point or two."

In the middle and final meetings the caseworker continued to be active. The worker allowed the group to develop the discussion without guidance and only interjected statements concerned with clarifying issues. Interactions of the members were continued without difficulty at this stage. This was illustrated by the worker: "The group was allowed to go in any direction they wished. It was started by them and my role was to interpret any pertinent material. I was usually pretty active." The pattern of allowing the members to develop the discussion without guidance from the worker was carried on throughout the life of the group.
As a result of the caseworker tending to shift between educational and treatment he was forced to handle a personal situation with one member in the group. A very obese woman began discussing her association with Alcoholics Anonymous. The worker stated: "This was very upsetting for the whole group. I handled this by simply letting her talk and getting it out of her system. When she talked too long or too much I would divert the interaction to one of the other members." The material being discussed in the group was centered around the personal experiences of the members. Helping the individual was a primary concern and the woman was encouraged to discuss her feelings. The treatment implications were very obvious in this situation.

The expectations of the discussion leader in terminating a meeting have been outlined earlier. The worker in the first meeting of group E2 stated: "In closing I suggested; "Well it's eight o'clock." I would comment generally on the discussion and suggest, we can carry on from this point next week." The comments of the worker were designed to organize the discussion into meaningful concepts. By stating the position at which the group would begin the following week, it allowed the members to assimilate the discussion as well as giving time to prepare for the next meeting.

In the middle meeting a member terminated the session. This was accomplished by the member suggesting that time was up and by making a move to leave. The other members followed the
suggestion. There is no indication of resistance, and acceptance of this situation was registered by the members. The worker had completed his summary and was about to suggest the meeting disband. He stated: "I finished commenting and was about to shut it down. One woman looked at her watch saying; 'Well it's the end of the hour.' No one objected."

In terminating the final session of the group, neither the members nor the worker was aware that the group was disbanding. The caseworker was going on holiday and carefully explained to the members upon his return the group would reconvene. There had been absolutely no preparation for termination. Since the group bond had been so carefully fostered and played such an important aspect of this worker's role, one may wonder about the effects on the members. After his return the caseworker contacted each member individually to explain that the group would not be re-established. He stated: "I told them I would get in touch with them after my vacation, which I did. No one was especially upset about stopping the group." In this case the life of the group came to an end in an unusual way. The positive aspect of it was that the worker understood the need to explain this to each individual in the group. It is difficult to estimate what the loss of the group and of the worker really meant to the members.

**ROLE of the WORKER in E3**

The caseworker in group E3 (blind children's parents)
stated her over-all role in the group was very active. The worker was formerly a teacher and this helped to influence the didactic role that was assumed. She stated: "I wanted to give them factual information so they could discuss the problem of blindness rationally." The emphasis of the worker's activity was centered on imparting knowledge. The information that she offered was the result of seven years experience of working with blind children and was obviously very knowledgeable on the subject.

The group discussion was the primary tool the worker used in transmitting her information. Films were used to supplement the discussion on several occasions. These helped the members focus more clearly on various issues that were important for them to understand. Books also helped the worker in this regard. Pamphlets, texts and various written lectures were made available to members, who felt that information would help them with their particular problem. Where appropriate, outings to other agencies were arranged to help the members develop a more complete picture of the facilities at their disposal. In each case the educational value of the supplementing media were clearly evident.

The development of relationship and group bonds among the members was an important aspect of the caseworker's activity. This was seen as a method of showing the members that they belonged to something worthwhile. The caseworker had been in contact with many of the group participants over several years and had an intimate relationship with them. This feeling of
intimacy was encouraged between the members and consciously fostered by the social worker. She said: "The psychiatrist who started this group thirteen years ago thought the members would help support each other. We want them to feel they belong. All of us show a mother she isn't alone with her load. We all can help her." The primary focus of the workers role in the group was educational in teaching the mothers how to deal with problems expressed by their blind children. Treatment however was of major concern and consciously developed by the worker.

A development occurs in the group meeting which changes the over-all role of the social worker from group leader to caseworker. The intensive part of the group discussion occurred before tea was served, two thirds of the way through the meeting. At this point the members broke up into small informal groups. The caseworker circulated through these groups and talked to members on a one-to-one basis. She stated: "We discuss very earnestly and very organized until tea and then they chat until the children come. I work my way around the groups which gives me a good chance to discuss problems individually." Treatment on an informal casework basis was supplemented by group education for helping the client.

In describing her over-all role in the group the caseworker stated:

"I may read an article to the group on blind children. I act as discussion leader and the
members respond by following the discussion leader. I try to discuss something that is pertinent to a new member... I try to make them comfortable and the worker brings people who are alone into the group."

It has been shown that the social worker in educational groups is expected to initiate the discussion and that this may be accomplished by a short introduction of the subject. The caseworker in group E3 carefully chose the topic. The choice of subject was guided by the personal problems being experienced by members in the group. For example: "One member was having difficulty with her blind baby confusing day and night. By discussing this with the group the other mothers told her how to handle this." The worker began the meeting by reading a short article that was appropriate to the problem. This allowed the other members to focus upon the subject and to begin from a common frame of reference. In the middle meeting this same general pattern was used. The worker read an article on toilet training children and related this to the complication involved with blind children. It was not unreasonable to assume that this was a subject of concern to all the members.

The worker was active as a leader in guiding the discussion. When a new member entered the group, the caseworker would direct questions to the mother to involve her in the discussion. This technique was also used in obtaining information about a particular topic from any member. The worker stated: "With new members at the beginning I asked them questions to make sure they are involved. With parents who
have something important to contribute I may ask a question if they don't speak."

If an individual raised any issues that needed the worker's clarification or interpretation the caseworker would ask the group-as-a-whole to consider the problem. By asking questions about the topic the many aspects of the subject were studied. The worker said: "Eventually if the members didn't crystallize the topic then I would. Usually one member would see the light and come up with an answer that was generally acceptable. We all tried at least to agree upon the pros and cons." The development of the discussion was evident in this role, through the use of questions. This helped the caseworker maintain guidance of the discussion and ensured participation.

In group E3 one mother demonstrated considerable resistance to the group. The role the worker assumed in this case displays qualities of both the casework and groupwork method. To overcome this resistance the worker said: "I made several home visits on a strictly casework basis. I tried to show her that she must accept the child's blindness. If she could accept the group she could accept the handicap." Since the group was designed to educate the members about blind children their attendance at the meetings would help them both understand and accept the problem. When the member agreed to come for one session the worker arranged to provide a ride to the meeting in an effort to support her. The group made her very welcome and she was warmly introduced to the other members. The worker stated: "It proved to be a very meaningful meeting. Since this
time she has been a very regular attender." The group was used to help the member accept a handicap and to learn how to successfully deal with it. This was accomplished through a warm accepting group experience.

Termination of the group meetings occurred when the blind children of the parents came into the room. The members were in small informal groups at this point and were expecting the children. This was illustrated by the worker: "The parents knew the time of stopping and usually arranged for someone to pick them up. The usual pattern was for the mothers to wait expectantly for the children to come. When they arrived, the eighteen children demolished the place." The inherent difficulty of the children interrupting a discussion or summary was minimized in this group. The intense group discussion was completed by tea time as explained earlier. The latter part of the meeting was spent discussing problems informally. The worker did not try to summarize the content of meetings. Since the meetings were several weeks apart the worker did not plan a program ahead of time. The topics developed as the needs of the members changed. One cannot help but note the difference between the children arriving in E1 as compared to E3.

The group itself has not been terminated. The members automatically leave the agency however when their child reaches school age. This process was seen by the social worker as a graduation and the members move into another agency and group. The role of the worker in achieving this transition was very active. She accompanied the group members to the new agency and formally introduced them. If any resistance was encounter-
ed the worker handled this through casework interviews. She stated: "The transition is simple. They see parents of last year and realize they have some place to go. I may have to see some of them individually." The worker helped the members understand that their connection to the group was over by creating a transition into a new agency and group. This gave the members something concrete to rely upon during this period.

ROLE of the WORKER in GROUP E4

The worker in group E4 (adoptive parents) attempted to maintain an entirely educational role in her work with the group. She stated: "It was decided that the discussion series would have an entirely educational rather than therapeutic emphasis." The help given to the clients was expected to be most beneficial if the worker concentrated on teaching the parents about the problem of adoption. The caseworker had considerable experience in this field and actively interpreted her knowledge to the group. This was accomplished by structuring a series of meetings each week around specific aspects of the adoption problem. The members were encouraged to discuss the subject and the caseworker guided interpreted and expanded on the material presented to the group.

As a result of the educational focus there was no attempt to encourage the development of relationship between the members. The worker-member bond was kept very formal. The agency had suggested that certain people would benefit from an adoption group and these individuals were contacted by telephone. The
worker stated: "We told them, the group was primarily set up to discuss problems around adoption. They were welcome to come if they wished."

Earlier it was noted that a social worker should help a member to feel as comfortable as possible. The worker in group E4, in the initial meeting, greeted each member at the door. This was designed to create a climate in which the group could interact freely. The caseworker was verbal in the meetings and was responsible for developing the discussion in such a way as to include as many members as possible.

Since the meetings were so formally structured, the worker did not accept any suggestions from the members about the content of the discussion. A written summary of each subject to be discussed by the group was given to the members. This was an excellent source of reference as well as a basis from which to begin. The worker stated: "Any suggestions to bring in extra speakers or films was not tolerated. The series was set up to discuss specific problems and changes would have meant extending the series." The educational focus of the worker's activity was vividly illustrated in this situation. Her over-all role was described as follows:

"The worker guided the discussion...
I was the discussion leader...
Feeling around issues were discussed and many anxieties were clarified... By actively participating the group was helped to interact."

The activity of the initial meeting was instigated by the caseworker. She stated, the purpose of the group by saying:
"This is a discussion group, anyone expecting a lecture will be disappointed." From this beginning, the worker expanded on her comments by explaining how the series was structured and the subjects that would be discussed. This technique clarified any misconceptions on the part of the members and gave the group an understanding of their position and role expectation in the meetings.

In the middle and final sessions of the group the discussion was started by the caseworker, presenting a summary of the previous meeting. The series was structured in such a way as to have each subject develop from the former discussion. Following her summary the caseworker would lead into the subject that was to be discussed at the meeting. This gave the members a chance to recall the former sessions as well as to prepare for the present discussion.

The ability to maintain guidance in a discussion has been described and was noted to require considerable skill. The techniques of handling a discussion were clearly illustrated by the worker. The first meeting was opened by a concise statement of the group's purpose and the topic to be discussed was outlined. When the worker attempted to involve the members however, she was met with silence. To overcome this the worker said: "Who would like to start? There was no reply. I rephrased the question and still no reply. At this point I threw out a hypothetical question and from there the discussion was away." The use of rephrasing ideas and attempting to make
the discussion as understandable as possible are all techniques used by a discussion leader.

The worker in group E4 seems to have used herself appropriately in bringing the meetings to a close. In the first and middle sessions she summarized the discussion very concisely and outlined the topic to be considered the following week. This was illustrated by the statement: "The session was terminated by a summary. I outlined the discussion next week. The group appeared to agree by silent consent." The worker did not appear to meet any resistance in closing the meetings which is not unusual for this type of group. The members did not become emotionally involved to any extent and dependency upon the group was not encouraged. This facilitated the closing of the meeting.

The members were aware of the number of sessions the group would be operating and accepted termination of the group itself from the beginning meeting. The worker stated: "They knew when the group was to end and accepted it. I did not notice any resistance at all." The definite structure and termination date was helpful in ending the group. The worker made use of the last session in order to gather together the various ideas discussed and presented them to the group in a crystallized form. The consecutive nature of the topics which were covered by the group facilitated such a summary. This is illustrated as follows: "By bringing together all the ideas, we hoped to give them a clear and total picture of what they had been discussing." The worker again demonstrated appropriate use of self in the concluding meeting of this educational group.
SUMMARY OF GROUP EDUCATION

The role of the worker in education groups has been shown to be active in the dissemination of knowledge. Educating the members is the primary focus of this group and the use of visual aids, books and other media may be used to facilitate this purpose. The members are encouraged to express feelings around emotionally charged subjects and the worker is expected to encourage participation. Since the aim of the group is education the use of relationship and group interaction to enhance the personal functioning of individual members, will be secondary. This places the worker in the central position in the group.

Group E1 was inconsistent with the other three groups in considering the over-all role of the worker. The anxiety of the worker combined with a lack of clarity about the role that was expected, resulted in passivity. This limited the flow of information to the members and prevented the caseworker from helping the group develop the discussion. This is contrasted with the other three workers in this classification who all actively participated in the interactions of the members in imparting knowledge.

The overlapping of the educational and the treatment focus of the caseworker's role becomes evident in groups E2 and E3. In the former group, the worker actively encouraged a relationship between the members and problems of the individuals were discussed in the group in an effort to help the members concerned.
In group E3 however, an organized group discussion emphasizing the educational role of the worker lasted until tea was served. At this point the caseworker discussed problems individually with the members on an informal one-to-one basis.

All four caseworkers in the educational classification were responsible for initiating the discussion. This may have been accomplished by a short statement as evidenced in three of the groups or by reading an article pertinent to the needs of the members. The latter was the case in group E3.

Considerable variation was present in all four groups as to the technique used by the worker in continuing or developing the subject under discussion. In group E1 the caseworker once the meeting was started, became passive and relied upon the members to maintain the deliberation. In group E2 the worker actively participated and helped the group develop the content of the meeting. This was also true of group E4 but the use of formal discussion techniques were more evident in this worker's role. Another technique was used by the worker in E3. This involved the use of questions to consider the various aspects of the problem the members were discussing. The worker saw the importance of crystallizing ideas which would be useful to the members in handling daily problems.

There were variations in the ways in which the meeting of the four groups were terminated. Group E1 concluded following the entrance of the deaf children into the room. When the children arrived, the meeting came to an abrupt ending. This
type of termination was also evident in group E3. The difference, however, was that the group had concluded its deliberations and the members were gathered in small informal groups awaiting the arrival of the blind children.

The termination of the meetings in group E2 came about when the worker announced that time was up. Little resistance was noted and the process was accomplished with relative ease. This was also true of group E4. The members accepted the suggestion of the worker to end, and resistance was not evident in concluding these meetings.

The study revealed that the termination of the life of these four groups and the role of the worker in bringing this about took as many forms as there were groups. E1 abruptly disbanded following a final meeting which lasted twenty minutes. The members had not been prepared for this termination but the worker stated that they accepted it without manifesting any resistance.

In group E2 the members disbanded following the holiday of the caseworker. This had not been planned and the termination of the group was not discussed during the meetings. The caseworker however contacted each member individually to explain this situation. The worker in group E4, on the other hand, indicated careful planning of this process. The final meeting was used to summarize the discussion series and the values derived from the meetings were focused for the members.
Group E3 has not been terminated. Individual members automatically leave the agency when the children reach school age. The caseworker facilitated the termination by introducing the member concerned to the new agency and group with which he would be associated. Any resistance to this process was overcome through casework interviews.
SOCIAL GROUP TREATMENT

Social treatment groups are formed to help individuals adjust more adequately to the conditions in which they live. The social environment of the member may range from the general community to the closed doors of a mental hospital. By creating a protecting and accepting group climate, the members will begin to interact and express problems they are facing in everyday life situations. Treatment therefore is the major purpose of the group and the activity of the worker is expected to help facilitate the interactions of the members in achieving this therapeutic focus.

The worker will be active as the discussion leader in this type of group. The material that will form the content of each meeting will be primarily derived from the life experiences of the members. This allows the worker to increase the awareness of the members in discussing individual problems and to relate these difficulties back to the group as a whole. It will require clear understanding of discussion techniques in encouraging the members to discuss these emotionally charged issues without feeling threatened. The ability to begin the discussion on some meaningful topic and then to elaborate and develop the subject so it is understandable and meaningful to the members, requires considerable skill.

The relationship between the worker and the individual members, will help to achieve this treatment focus. The worker consciously fosters cohesive group bonds and develops a purposeful relationship with the individual in the group. This will
facilitate the expression of personal feelings and builds a sense of security for the members. The relationship bonds of the members will help to reduce their anxiety around threatening topics. This will aid in the discussion of the problems the members are facing.

An educational component of a workers' role is evident in treatment groups. The social worker in encouraging the use of personal experiences helps the individuals become more aware of their problems. This is accomplished by pointing out similarities and differences in their reactions to those of other individuals in the community. Since the group is usually desirous of increasing their social achievement they accept this information in learning to handle personal problems.

In such a group the worker would be expected to be very active and in the centre of group interaction. His activity will be centered on helping individual members, clarify their feelings and understanding, about their relationship to the social environment. Klein, summarizes the role of the worker for this classification in the following manner:

"In these groups the leader uses material fashioned from the personal experiences of the members and encourages them to express their feelings about the content. Through the conscious use of himself, he enables the members to form purposeful relationships with him and with one another. By drawing analogies and parallels between the responses and interactions of the members, he helps them achieve some self-awareness. He sets limits and focuses the discussion."1

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ROLE of WORKER in GROUP T1

It will be seen from Chapter 2, that three groups are categorized as being treatment types. Group T1 (adolescents) was formed to help the members accept the hospital routine more successfully. In the first meeting the members were very cautious and guarded. The worker stated: "They were frightened and secretive. They did not know exactly why they were there." In an effort to overcome this reaction the worker assumed a central position in the group. She interpreted the purpose of the group to the members and encouraged them to discuss their personal feelings around this topic.

The development of a relationship was evident from the very outset. By accepting the ventilation of feelings that developed in the initial session, the worker showed the members her willingness to help. She stated: "Group members brought out their problems and two of them brought out examples of punitive treatment. Through acceptance and understanding I showed the group my desire to help them." This beginning meeting helped to establish a positive relationship which was evident in the later meetings of the group.

Relationships between the worker and members, helped the group accept the limits imposed by the hospital. This is illustrated by the caseworker: "I tried to explain why the group needed a protective environment and why locked doors were necessary on a ward. It was necessary to show them that punishment and limits were not synonymous. This didn't go over in the first
week." The concept of understanding limits was again present in the middle meeting. Two of the members had left the hospital without permission and the worker interpreted the reason why this wasn't allowed. The worker explained to all the members that she would take measures to ensure this didn't happen again. The worker stated: "A short time later a patient was killed when he left the hospital without leave. All of us agreed that I had been right in stopping the members." The positive use of limits was part of the treatment role of the worker which was necessary in her work with adolescent patients. It helped them see why rules were necessary and how it was useful for them as individuals.

Due to the age of the patients in T1 and the intensive relationship that was fostered by the caseworker, transference elements were evident in the group. Each adolescent referred to the worker as "Mom." She stated: "They used my position in the group to discuss problems and seek advice. On occasion I would arbitrate in arguments and fights." This indicated how completely the members identified the worker as a mother image. Transference was not encouraged by the caseworker, although she was well aware of the mechanism at work in the group.

The worker used her role to actively interpret various behaviour patterns to the members. Since this group had originally been a considerable problem to the staff on the hospital wards, the worker concentrated the discussions around these activities. She stated: "We discussed their shortcomings
in the hospital. Various suggestions from the group have helped with their behaviour problems. The worker used these experiences in the group as a positive learning process. For example the members complained about the lack of adequate recreation. To overcome this the worker stated: "The group was shown how to approach the director for help rather than just complaining. They received a few extra privileges." The social worker attempted to bridge the gap between frustration and positive action, to increase the understanding in the members.

The over-all role of the worker was summarized as follows for the interview:

"The worker acted as the discussion leader and took over each meeting... I was very firm and set limits on the adolescent behaviour and explained why this was necessary... I always tried to let them see how the behaviour here related to the ward or the community. This needed interpretation and I supported, yet limited the members."

It has been stated that the worker in the social treatment groups, is expected to be the discussion leader and will structure the meeting around the personal problems of the members. Once the interactions have started and personal attitudes become evident the worker will use this material to lead into more revealing problems. The difference in a treatment group as compared to an educational group, is the individual orientation and the concentration on understanding the personal problems of the members.
The worker in the first meeting of T1 met with a very reserved, withdrawn group of adolescents. The worker stated: "I immediately took over and tried to find out why the adolescents thought they were here. I outlined why the group was necessary and what we hoped to accomplish." This clarification of agency and member purpose was very important to the group. It helped clarify the group's feelings and the members were able to express what they wanted from the meetings. During the first part of this session the worker remarked: "I don't know everything and I am not too familiar with groups." Since the adolescents were having difficulties around authority and limits, this explanation was very acceptable. It helped the members see the caseworker as an individual and to verbalize their feelings about the problems they faced in the hospital.

By the middle meeting the members were interacting very freely. The discussions were introduced by the caseworker through summarizing of the previous meeting. The caseworker would then comment on a subject pertinent to the issue, under consideration. This was illustrated as follows. "The worker summarized what happened last week. "Occasionally I would give them some information which was discussed." This role was again evident in the final session of the group. In this meeting however the worker started the discussion by outlining three areas that needed to be clarified. It was stated: "I first of all wanted to interpret the transfers of the patients within the hospital. Also, Christmas vacation was close and many people were leaving
while others would stay. This needed interpreting. For those people returning home, what to expect from families was important." This material was very meaningful to the members and they actively contributed to the discussion.

In studying the role of the worker it is important to investigate the ways in which the change agent encouraged member participation in the group. In the first meeting of group T1 the worker encouraged the participation of the members through the use of acceptance. This was illustrated by the following remarks: "The members responded to the worker by bringing up the personal problems they had on the ward." The worker allowed these adolescents to verbalize their frustrations. The caseworker continues: "The rest of the session was spent clarifying the misconceptions." The worker has used herself to create a situation where the members felt free to interact. This facilitated participation in the discussion which was the aim of the caseworker as discussion leader.

In the middle and final meetings of the group the members eagerly entered into the discussions. This was illustrated by the worker's statement: "They waited for me to start it but they were bubbling with things to say." Due to this type of reaction, limits had to be imposed upon the group. Only one person at a time was allowed to speak and the worker maintained control. Therefore focusing the discussion proved difficult since each member wanted to bring up a different point of view. The worker attempted to develop the discussion but she said:
"It was very difficult to maintain a forward direction. I had to be strict or we jumped all over." Understanding of her role as discussion leader was evident but difficulty was experienced in adequately maintaining this position in the group.

An interesting and important aspect of group process is in the area of testing the worker as to limits. This was illustrated in the members' request for a certain boy to be allowed to join the group. It was stated: "The worker explained that this thirteen year old boy would not be able to function in the group. I explained this several ways, to no avail." Finally the worker gave in to the pressure of the group and she invited this member, although it was against her better judgement. The boy arrived at the following session and caused such a disturbance that the worker ejected him from the room. The members accepted this action as illustrated by the statement: "They asked why I had not done this sooner." They now seemed to understand the validity of the original limit that was set, but had used this as a means of testing the authority of the worker. The possible harm done to the thirteen year old boy and the image of the worker in the group could have been considerable.

The individual reactions of the members and their personal involvement in the group was quite extensive. This is true of any treatment group. The process of terminating a meeting therefore will be difficult. The members come to realize what an important role the group plays in their lives. There are
manifestations of dependency. This has come about through the development of individual and group bonds and personal involvement in the group. The closing of a meeting may be very threatening as it may be seen as a form of rejection, and this is often vigorously opposed by the group. This reaction will tend to become more predominant as the discussion of individual problems develops intensity. The meetings may therefore become increasingly more difficult to terminate with the development of cohesion in the later meetings. The skill of the social worker in succinctly summarizing the topic of discussion, relating this to the environment in which the members function, and helping the group accept the closing of the meeting, will aid the process of termination.

In the initial meeting of group T1 there was considerable resistance to termination. The meeting was a new and enjoyable experience away from the routine of the hospital for the members. The worker did not attempt to summarize the content of this session and the meeting closed when the time was up. To accomplish this the worker said: "I was rigid in closing to help the members keep a routine." The caseworker felt that this was a way of helping the individuals accept limits and responsibility. The members asked if they could continue the session beyond the hour but the worker maintained the limit she had set.

In later meetings the discussion around termination became extensive. The patients would bring up various topics of discussion at the end of the meeting. The caseworker in trying to summarize found difficulty, since the members would interrupt
in an effort to prolong the session. To handle these reactions the worker said: "I insisted that new topics be kept for the next meeting." The worker was aware of the resistance the group displayed and carefully explained the limit she set in closing the meeting. Grudgingly the group would accept this situation as inevitable and under the insistence of the worker the meeting concluded.

Termination of the group itself would be even more difficult than terminating the group meeting in any type of therapy group. The members have been encouraged to identity with the group and considerable emotional investment is usually present. This has been discussed earlier. The role of the worker in this process will be to help the members relinquish their dependency on the group. Over a period of several weeks the problem of termination will be the point of discussion and emotional feelings around this problem expressed. The social worker will be expected to summarize the progress of the group. This is not unlike the situation in the education type group discussed earlier in this paper. The major difference in terminating a treatment group will be the difficulty experienced in severing individual attachments to the group.

In the final meeting of T1 the members terminated very passively as they were unaware that this was the final session. The meeting was focused on helping the members prepare for transfers within the hospital as well as visits to their homes over Christmas. The excitement of the season, their home leaves, and the two hour group session facilitated termination of this
meeting. There was no preparation of the individuals for the disbanding of the group. Considering the emotional investment of the members and the role of the worker in fostering relationship with them, as well as between them, such abrupt termination may have serious consequences for the members.

**ROLE of WORKER in GROUP T2**

The worker in group T2 (chronic schizophrenics) indicated extreme anxiety in his first meeting with the group. He stated: "My personal reaction to the group was one of anxiety and discomfort. I smoked too much and was extremely nervous." The caseworker indicates the extent of his discomfort in the following statement: "The group situation was simply overwhelming. For this reason I terminated the meeting after twenty minutes." This was the caseworker's first experience in treating clients through the use of the group and it proved very threatening.

The members had been instructed to report to the meeting room following a casework interview. When the patients arrived they quietly took seats in different positions all over the room. The caseworker did not attempt to explain the purpose of the meeting or actively interpret what the meeting was intended to accomplish. It was stated: "This had been done by the medical staff. They knew they were here to discuss problems." The caseworker by a very short introduction tried to initiate the interactions of the members. Following this he sat back and waited for the members to comment. Silence resulted and
lasted the entire length of the meeting. The tension in the room was evident from the heavy breathing of the clients who sat staring at the floor. The active role that is expected of the social worker in initiating and continuing a discussion in treatment groups, was not evident. The caseworker did not try to help the clients participate. This was complicated by the fact that the patients in this group were so withdrawn. The caseworker's passive role limited the help he could offer the members in learning how to interact and involving them in the group.

Interactions by the middle meeting were still very limited and only about half of the group was participating. The members were scattered randomly around the room but the caseworker did not encourage them to sit at the table provided for them. The reason given for this was: "The members were allowed to enter the group at their own speed. There were not hurried." To overcome this resistance and to facilitate the interactions of the group, the worker began taking two members on an outing into town each week. His reasons for this were stated as follows: "I did this to partly reduce my own anxiety. The outings helped give the members something to discuss." This was an approach that allowed the caseworker to meet with the clients in the smaller more intimate pair group setting which was less threatening to the worker.

In the middle and final meetings of the group the role of the worker was more active. Since the group was beginning to discuss various subjects, the worker helped them explore and
focus the topics, as well as interpreted and clarified issues for the group. It was noted however, that unless the members initiated the subject of the discussion, the worker remained silent. This was also true if the members stopped talking. The worker remained quietly waiting for the group to resume the discussion. In such a withdrawn group of people the anxiety of sitting quietly in a group was probably very threatening. The caseworker did not adequately understand that his role in a treatment group was expected to involve active participation. His reliance on this group of withdrawn clients to maintain the discussion, does not seem realistic.

The over-all role of the caseworker in the group setting was described as follows:

"I gave a short summary of the purpose... I sat back quietly trying not to show my anxiety. In later meetings I was more comfortable... I interpreted the reason the group was in hospital and tried to help them discuss their feelings."

A more detailed picture of worker role in the first meeting of the group emerges in the following explanation: "The treatment team has recommended this group for eventual discharge. The group meetings will be held once weekly until you leave." This introduction could have been very threatening to the members, since many of them had been in hospital for five years. The thought of returning to the community would have been very anxiety producing. This could partially explain the silent reaction that resulted.

The middle meeting was initiated by the worker again
discussing the eventuality of the members returning to the community. One individual responded to this opening remark by saying: "I am ready." He fell silent again for the rest of the meeting. This reaction to the worker's opening lead indicated that the members were beginning to interact. The expression of feeling however was still very defensive as evidenced by the silence of the patient following his remark.

The worker's passive non-verbal reaction following his introduction in the initial meeting, has already been elaborated upon. In the middle meeting the worker was more active and following the introduction of his topic attempted to involve the group in the discussion. Several members said they wanted to go home. The worker then asked: "Can you prove to the group that you are ready for discharge?" The reaction to this statement was usually silence. The worker in posing this question implied that the member was not ready for discharge. To ask the individual to prove his readiness in front of other patients, would likely be very threatening. The long pauses throughout this session may be explained, in part, by the threatening question posed by the worker.

Since the members were so insecure and reluctant to interact, the problem of termination did not loom large. The group did not become emotionally involved until the final meeting. The extent of involvement even at this point was limited as judged by the amount of interaction that was exhibited. In terminating the first meeting the worker simply stated that time was up. The relief that was experienced at this point was
illustrated by the worker: "The members stood up looking relieved and slowly filed out. Since schizophrenics rarely resist anything they certainly showed no resistance here." This reaction was again evident in the middle meeting of the group. The worker called the meeting to an end and the members wordlessly filed out of the room. The pathology of the group seemed to interfere with the development of any cohesive bonds between the members.

Involvement of the members and a growing dependence upon the group was indicated in the final session for the worker. The caseworker was leaving the agency and transferred the group to another member of the staff. This change had not been discussed with the group until the final session. The worker described the reaction as follows: "When I told them I was leaving they were very fearful. They asked many questions about the new worker. Comments such as; 'What do we do now?' were common." The caseworker attempted to interpret the reason for the change and reduce the anxiety of the members. Since the group was so withdrawn and defensive, any changes would result in intense anxiety. The group may have been better prepared for the change of worker if it had been discussed in advance and if it would have been possible to introduce the new worker while the outgoing one was still present.

ROLE of WORKER in GROUP T3

This caseworker worked with a group of pre-discharge patients from a mental hospital. The group had been in operation
for two years under the guidance of the caseworker, and he was very relaxed and casual in his approach to the members.

This informality of the worker helped the members relax and feel at ease in the group. Since this was an open-ended group, the membership was constantly changing and it was necessary to explain the purpose of the meetings to the new members. The worker's informality was illustrated in the way this was accomplished. "I guess you are wondering what in hell you will get out of this. We discuss problems here, your problems."

The worker attempted to show the group that he was an individual, interested in helping them understand their personal difficulties. The warmth of the group meetings allowed the worker to be very abrupt with the members in bringing out personal problems. This is illustrated by the statement: "Fellows let's not hesitate. We are here to discuss problems, let's get down to it." This was often followed by a chuckle from the group and the intensive discussion would begin. The worker attempted to put the relationship on a "man to man" basis.

The worker stressed importance upon the participation of the individual members in each meeting. One person for example had not been interacting so the caseworker asked him to read a short article on maturity, which was pertinent to the needs of the group. The member needed encouragement to undertake this task but with the support of the members and worker together, he presented the topic. The caseworker said: "He was nervous but got a lot out of reading this article. They all welcomed
down-to-earth matters and responded positively to this approach."
This technique could again be threatening to the individual concerned. Discretion is needed in using this method of obtaining interaction and its application would depend upon the worker's evaluation of the members strengths.

In each meeting, the central focus of the worker's role was to help the members see the reciprocal relationship between themselves and the community. The weaknesses and strengths the members expressed were discussed in regards to their lives outside the institution. The helping forces in the community were explained and what the members may expect as well as contribute to these services, were central themes in the discussion. The meetings brought out and centered on the realistic problems they would face in returning home.

The over-all role of the worker, as described in the interview is summarized as follows:

"The worker began the discussion... on a realistic basis to give them insight into handling life situations and marital problems... I focus the group on similarities between the group situation and the community... I interpreted to these fellows their strengths and what to watch out for. We are on a man to man level and the member is more like a friend."

The caseworker in group T3 initiated the discussion as would be expected from the description of his active role. In the first meeting for any new members the caseworker stated: "They are usually thirsty for realistic discussion. I start right where they need help the most." By encouraging the group to discuss personal feelings, the members began to interact.
The practical level at which the discussion was centered, facilitated the beginning involvement of the members. The older participants were useful as a means of helping the new members understand the type of problems that were to be discussed. The older members initially carried the conversation until the new individuals felt secure enough to begin communicating. The open-ended group was useful in helping the worker promote involvement and overcome the initial communication barrier.

The middle meeting was started by the worker requesting one member to read an article. This has already been discussed. The use of this type of communication aid is more common in education groups. It was noted however that the material was related to treatment in that the caseworker compared the social functioning of the members to the article and pointed out similarities and differences.

The group was active in continuing the discussion once it was initiated by the worker. This was illustrated by the statement: "Once away and they were fine. I would interrupt to state a point or two. Generally I only interpreted where necessary. Asking the occasional question also focused them." The worker has stated that the discussions were oriented and related to problems in the community. Since this is such an important problem to the members they joined in without difficulty. The use of interpretation, clarification and focusing the discussion all aided in the process of deliberation. This
focus was present in both the initial and middle meetings of the group.

Many of the members in this pre-release group had been very ill. This resulted in the worker being forced to handle an individual reaction which developed from the fear of the member preparing to leave the hospital. This was described as follows: "In his first meeting the member hid behind a cubicle and did not come into the room or sit down. Later in his third meeting the member moved into the opening of the room but did not interact." The worker allowed the patient to enter the group at his own pace and realized how threatening the situation was for him. By the third meeting this accepting role of the worker helped the member move into a marginal position in the group. The advisability of including such a withdrawn person in the composition of a discussion group, designed to prepare patients to live out in the community, is questionable but a great deal more would have to be known about this patient before a definite statement could be given.

Since the interactions of the members play such an important part of any treatment group, how the meetings are ended will be very significant to the members. This was discussed earlier in the paper. In T3, the interactions of the group terminated following a knock on the door announcing that it was lunch time. The caseworker did not attempt to summarize the discussion in the first meeting. It was stated: "The new members were pleased with the meeting. They were looking forward
to next week." There did not appear to be any resistance to this process and all the members left the meeting to go to lunch. This seemed to be the pattern of the middle meeting. The group quietly left the room and there was no attempt to prolong the session. Since lunch followed the meeting, this change of activities could well have been a factor which contributed to the ease with which the meetings terminated. The abrupt ending to the interactions however could have interrupted any meaningful discussion that was in process. It is suggested that this type of termination does not allow the social worker sufficient time, to bring the discussion to a halt or clarify any threatening issues that may have been in process. Timing would be important in this situation.

In the final session of the group, for those members who were leaving, there was considerable reluctance to sever the group attachments. The worker stated: "They had gotten a lot out of these meetings. They were sorry to go. I indicated that they were graduating and there was no turning back." The worker spent the last meeting helping the members understand their strengths and weaknesses in returning to the community. At the end of the session, those members remaining in hospital wished the other people farewell. The worker stayed behind and said to the departing group: "You know where I am, if you want me just call and make an appointment." Since the members knew several weeks ahead of time that they were leaving, their resistance to termination was minimized. They had been prepared for this break and the group was specifically designed to help them make this transition.
SUMMARY of SOCIAL GROUP TREATMENT

The social treatment group is used to help the members adjust more adequately to the environment in which they function. It has been shown that to effect these changes the social worker uses information fashioned from the personal experiences of the members. To facilitate the flow of discussion in these sensitive areas, the purposeful use of self aids in the establishment of relationship. The rapport that develops between the members and the worker is used to overcome resistances and to encourage the members to discuss feelings about the content. The worker attempts to relate the behaviour pattern of the members in the group to other areas of living; i.e. the ward, the hospital, the community. This will help to increase the awareness of the individual members and develop insight into the problems experienced in their adjustment.

The over-all role of the worker in two of the three groups studied in this classification appeared to be active in helping the members understand their problems. To accomplish this the worker was the discussion leader and actively fostered group bonds. In group T2 however, the caseworker played a passive role throughout the life of the group. It was noted in the first meeting that apart from a short opening statement, the worker did not communicate again with the members. The schizophrenic patients were extremely withdrawn and the entire group remained silent in the session. The role of the worker became more active in later sessions but the members were expected to
be responsible for initiating and carrying the discussion. The active development of the topic through the worker's support, questions or attempts to involve the members was not evident.

All three workers in the social treatment groups attempted to initiate the discussion. Various techniques were noted however in the approaches used by the workers. In group T2, the worker would make a short statement and the members were responsible to discuss the subject raised with the minimum amount of guidance offered by the caseworker. The discussion in group T1 on the other hand was initiated by a summary statement of that which was considered at the previous meeting and included the problem that was to be considered this time. This active approach was also evident in T3 but the worker allowed the members to begin where they felt it necessary. The caseworker's attitude encouraged the members to present their problems for discussion and initiating the interactions.

The case workers in groups T1 and T3 used similar techniques in continuing the deliberations of the group once they were started. These included the use of discussion techniques in focusing, interpreting and developing the content of the meeting. The technique used in T2 was to allow the members to carry the discussion and where necessary, the caseworker would interpret or clarify issues. If the members stopped talking however, the worker would remain silent until it was resumed by the group.

In all three groups the caseworker terminated the meeting. This was accomplished through the use of a summary in group T1. Considerable resistance to this process was noted and the members
attempted to prolong the session by bringing up new topics for discussion at the end of the meeting. The worker was firm about closing and this was done in order to help the members learn to maintain a routine. In the other two groups the worker brought the session to an end and the members left. There was no resistance noted in this process.

The worker in group T2 was leaving the agency and transferred the members to a new staff member. The new leader was not introduced to the group by the outgoing worker and considerable anxiety was expressed around the change. The members were threatened by this transition of leadership and resistance was very evident. The worker attempted to reduce the anxiety of the members by interpreting why this change was necessary.

The termination of group T1 occurred very abruptly. Following the Christmas break the group did not reconvene and the members had not been prepared for termination in any way.

In the final session of group T3 the members who were leaving were given special attention. The meeting focused on their strengths and weaknesses in making the transition back to the community. At the end of the meeting the individuals who were remaining in the hospital said good-bye to the outgoing members. The worker described the session as a reality oriented farewell meeting.

It is interesting to note the differences between the education type group discussed in the first section and the groups being discussed here, when it came to the termination of the
meetings. In the former there appears to be little or no resistance while in the latter the very intensity of worker-member and member-member relationship, creates a dependency which expresses itself in the need to prolong the sessions.
GROUP PSYCHOTHERAPY

Psychotherapy groups are designed to help the members undergo personality changes in an effort to increase their social functioning and adjustment. The treatment emphasis centers on gaining insight into personal problems, and to restructure faulty adaptive patterns of behaviour. This is accomplished through the interaction of the members in a group setting.

Psychotherapy groups usually pass through several stages. The first has been termed the "therapeutic honeymoon," in which the members relegate tremendous personal status to the therapist. They believe that he is able to solve all their problems and the members at this point are very dependent on him. His role however is usually passive and any questions directed to the therapist from the members are returned to the group. Long silences may be evident during this phase and the inactive participation of the therapist creates anxiety. Eventually, the members begin to interact between themselves, which marks the entrance of the group into the second stage of therapy.

Dependence on the group rather than the therapist develops. The members begin to point out various problems and symptoms that they recognized in each other. This further increases the anxiety of the members and this second stage of development becomes characterized by hostility and the formation of sub-groups. The intensity of individual reactions develops as the emotional involvement of each member increases.

The third stage involves participation by the therapist in the deliberations of the group. He actively interprets the meaning of behaviour and begins to move the members toward
termination. Since the participants are so emotionally involved and dependent on the group they actively resist this process. Termination is therefore very difficult in the psychotherapy groups.

The personal experiences of the members are discussed in an effort to delve into the deeper unconscious motivations of behaviour. The use of free association in the group context, is used to achieve this purpose. The members are allowed to begin the discussion on any topic and they develop this subject in a direction appropriate to their needs. The unconscious needs of the member will be revealed in these deliberations.

The therapist in this type of group will at an appropriate time interpret the behaviour patterns of the members. In areas where resistances are evident the therapist will examine these barriers for possible psychological significance. This type of analysis into the unconscious motivations of the group places the social worker beyond the limits of his professional discipline. This is an area of knowledge for the psychiatrist or trained psychologist. The social worker in this type of setting would therefore act primarily as a secondary change agent in the group, working in conjunction with the therapist.

Many psychotherapy groups attempt to simulate the family setting and therefore employ both a male and female therapist to act as parent figures. The interpretation and psychological significance of these mechanisms however would be left for the psychiatrist to communicate to the group if he found it necessary.
The role of the social worker in such a group is secondary to that of the therapist. These elements are outlined by Klein in describing the expected activity of social worker in psychotherapy groups. She states:

"In these groups the leader uses material derived from personal experiences of the members, encourages considerable ventilation of feeling and is active in the exploration of resistances and defenses especially when these block group movement. He fosters identification with himself and places emphasis on transference and counter transference elements. He actively promotes group interactions, sets few limits and focuses only in a minimal way."²

The ROLE of WORKER in GROUP P1

Mindful of the appropriate use of social workers in this type of group, and with the Klein definition of the leader's role, it is possible to turn to an examination of the three groups in this classification. Group P1 (adolescent patients) was formed to help teen-age members with problems in social adjustment. There were two therapists in this group. The male was a psychiatrist and the female was a social worker. The caseworker stated: "We wanted to create a family group. Both the mother and father image was present in the two therapists." The worker attempted to use her position in the group as a transfer agent and fostered the identification of herself as a mother image. This was illustrated as follows: "I would suggest that maybe we don't have families, but we do have each other. At

one point they suggested this new family would help to make up for what they had lost."

To achieve interaction among the members, the worker was initially active in the group. She facilitated the flow of discussion by encouraging the members to communicate the personal experiences and problems they faced in their daily lives. For example, the worker said: "We wanted to gain their trust and familiarity. It was explained that individual experiences on the job and at school should be discussed here." This helped to create a common frame of reference from which the group interactions could begin more easily.

Both therapists attempted to structure the first meeting by using an agenda. It was stated: "We wanted to give them something to hang on to in this new association. It was a way of neutralizing their fear." The therapist, with the help of the worker, aided the group in a point by point coverage of the listed discussion topics, on the agenda. Implicit in this approach was the intention of the therapists to help the group feel at ease. The use of free association and the loose unstructured psychotherapy setting that would be expected was not evident in this meeting.

In the middle session the worker became more passive. The therapists allowed the group to begin discussion on any topic that was important to them. The worker in describing her role said: "I was quiet for the most part and did not comment. I was generally passive except for the odd explanation that was
given." The worker confined her statements to the group in areas concerned with social functioning. It was noted in the interview that the therapist was more active than the worker in the middle meeting. The social worker seemed to be using her position in the group to supplement the work of the psychiatrist.

Hostility becomes evident in the middle meeting and the group directs their anger at the therapists. Following this outburst the members seemed to draw more closely together and the discussion purposely circumvented the therapists. This was illustrated in the following statement: "One member directed her hostility at the value of sitting talking in a silly group, with people taking notes. They continued along this theme as though we were not there." Group bonds were evident at this point and the frustration of the members with the passive role of the therapists were vented in their hostile remarks. The attempt to ignore the therapists at this point, seem to be a further indication of the group's hostility.

The role of the caseworker and the psychiatrist became more active as the group approached termination. The focus of the worker was aimed at helping the group accept this process by maintaining a position that constantly reinforced this fact. The worker stated: "I accepted their anger directed at myself as the mother in the group. I attempted to help the members understand that the group was terminating and that they had to accept it." This was a very difficult period for the two therapists and they assumed the active role which is expected in
terminating a psychotherapy group.

The caseworker's role was described in the interview in the following manner:

- "We were very verbal in the first session... We explained that individual experiences and group experiences on the job and at school should be discussed here...
- In the middle meeting we were quite passive but where necessary we focused the discussion... We did occasionally support them around making the bridge between fantasy and reality...
- In the final meeting we were again active and kept the focus on the termination no matter what the discussion..."

(a) INITIATING THE ACTIVITY

In psychotherapy groups the members are primarily responsible for initiating the discussion. This allows the group to open the meeting on any problem areas that are causing them concern, or by the use of free association to move into these difficult areas. The therapist or caseworker tries not to interfere with this process.

During the first session of group Pl the therapists actively initiated the discussion through the use of an agenda. The meeting was used to orient the clients to what would be expected of them in later sessions. For example, when a point was under discussion, many of the members would ask if they should continue speaking. The worker replied: "We are here mainly to observe and later will not be participating." This type of remark helped the members realize the responsibility that was expected of them. The discussion developed fairly easily and was facilitated by the use of the agenda.
In the middle meeting the discussion was initiated by a member who stated that by devious means he had discovered his medical diagnosis. The worker stated: "This was fantasy but the group picked up on the topic." Anger was expressed at the therapists for allowing this to happen. It would seem that this subject fulfilled the need of the group to ventilate their frustrations at the two therapists. They were met by silence however and it was stated: "We accepted their anger but did not comment. We both remained silent." This allowed the group to develop the subject without direction or guidance from the two therapists.

In the final meeting, the therapists were again active in initiating the subject which was focused on having the members accept termination. Since the group was actively resisting it was necessary for the therapists to guide and develop the meeting in considering this topic.

(b) CONTINUING THE DISCUSSION

The discussion techniques which played such an important part of the worker's role in education and social treatment groups, have only a limited use in psychotherapy groups. The role of the social worker in relation to the discussions of the group will mainly be concerned with clarifying and interpreting information to the members. The techniques for involving individuals in the discussion will not be applicable since this responsibility lies with the members.

In the first meeting of group PI the caseworker and therapist
were responsible for developing and guiding the discussion. The caseworker was particularly active in helping the members verbalize their feelings around the topics on the agenda. She indicated this in her statement: "We both outlined the topics on the agenda. It was more appropriate for me to involve the members. The psychiatrist would be handling the deeper material later on." The social worker in this situation, indicated that the role of co-therapist was clearly understood in working with the psychiatrist.

In the middle meeting of the group, the therapy focus was very clear. The session was opened by the group displaying hostility to the therapists. The worker stated: "This unrealistic anger was very significant. The group was discussing their reaction to the beginning of the meeting. The emphasis on fantasy indicates the need of this defense for them." By allowing the member to develop the subject they initiated, the therapist and caseworker recognized an important need for the group as a whole.

In the final meeting of the group the therapist and caseworker again became active in developing the discussion. The focal point during the last three weeks of the group was centered on termination. The worker stated her role in these sessions as follows: "I helped the therapist keep the idea of termination before the group." This process was actively resisted. The members preferred not to discuss the problem and avoided it wherever possible. The two therapists however helped the group
accept the idea by relating any problem under discussion to this eventuality.

In group Pl an interesting scape-goat reaction developed. One member identified the purpose of the group in the middle meeting. In describing the group's reaction the caseworker said: "They openly ridiculed the member and through facial expressions indicated that she was the worker's favorite." The worker did not comment in this situation but the therapist asked the group what was specifically annoying about the member's statement of purpose. This helped the group clarify their thoughts and develop awareness of the reasons for their annoyance.

(c) TERMINATION

The individual reactions to the group become more intense as the treatment process begins to affect the members. Cohesive group bonds develop and dependence upon the group is very evident. Since the emotional involvement of the members is very great, any form of termination is actively resisted. This is true of ending each meeting.

The initial meeting of Pl was ended by the caseworker summarizing the content of the discussion. She stated: "We generally summed up the meeting. I suggested it would take a while to feel relaxed. The group left without comment." The reaction to termination of the first meeting was silent consent. This was partly due to the unfamiliar setting and the lack of any personal involvement in the meeting.
In the middle meeting however the group indicated considerable resistance to ending the session. The caseworker stated: "The therapist ended the session by saying time was up. Two members prolonged the session by trying to get the last word in." When the two therapists prepared to leave, the group tended to remain together chatting in smaller groups. The role of the worker at this point was stated as follows: "I herded the members out of the room very firmly but pleasantly." This firm, yet understanding approach, seemed to help the members accept the ending of the meeting more easily.

The problem of terminating the group itself is even more difficult than that of the ending of the individual meetings. This process is very threatening to the group. The members usually have become dependent upon the group association and may view the psychotherapy sessions as their resource in returning to mental health. Ending the group, means endangering their personal opportunity of freedom from neurotic anxieties and problems. The dependency attachments are severed slowly by the therapist through explanations of the factors involved in their personal behaviour adaptations. Termination is usually discussed over several weeks, to help the members prepare emotionally for this ending of the group.

The members in group Pl, indicated intense anxiety at the time of termination. The worker states: "One member verbalized anxiety. Another tried to make the therapist feel guilty and implied that he would take over that role himself." A very
immature member in the group was very depressed in this meeting and the worker was concerned for his personal safety. The role of the worker in this process was stated as follows: "I responded with firmness, especially as the female therapist. I reiterated that this was the end of the group and there was no way to extend it." In handling the individual problems that arose during this session the worker indicated that notes were taken and casework sessions were arranged. This active ending of the group by the therapist and the reluctance of members to terminate is a focus that is common to psychotherapy groups.

**ROLE of WORKER in GROUP P2**

The role of the caseworker in group P2 (young adults) was entirely non-verbal during the meetings of the group. Her activity in each session, primarily centered on recording group reactions for the use of the therapist. The worker stated: "I did not open my mouth at any time. I was busy observing and taking notes." This was the role the worker maintained in all three meetings.

As a result of this non-participant role the members became annoyed at the worker. This was particularly evident in the first session when the members were seeking guidance in their deliberations. They turned for help to the therapist and the caseworker without success. Since her role was entirely passive the caseworker frustrated the group even further by not replying to their questions. This was illustrated by the following remark: "Considerable hostility was directed toward the worker due to my
position. They were very hostile at me for not talking." The position of the caseworker in this group differs from the expected model that was outlined earlier.

In the middle meeting of the group, the worker began to communicate non-verbally with the members. The caseworker said: "I was responding emotionally to the members. The kinds of feelings I tried to manifest were supportive, by looking up, watching, showing interest, but not expressing it verbally." The worker felt that her attempt to communicate in this way helped the group feel more secure.

The primary purpose of the caseworker in this group was to help create a family setting in which she was the mother image. It was stated: "The member saw me as the mother image. The remarks to this effect were always done obliquely but were very evident in the later meetings." The caseworker was aware of the transference process taking place in the group, but she was limited in any attempt to foster this identification. The overall role of the worker was illustrated in the following statement:

"I was making no verbal responses. In the later meetings I tried to communicate on a non-verbal level. This aided my identification as a mother to the members, which was why I was in the group. In the final meeting I was still entirely passive."

(A) INITIATING THE DISCUSSION

The verbal role was carried solely by the therapist. In the first meeting, the psychiatrist outlined what was expected of the members and commented that they could be observed on a
one-way screen and microphone. He encouraged expression about this problem and one member said: "It was like being in a gold fish bowl." Following this, the therapist sat back and waited for the group to decide what they were going to discuss. This part of the meeting was left to the members and the therapist did not offer any encouragement or guidance.

In the middle meeting of the group the members had assumed the responsibility for initiating the topic of deliberation. The worker stated: "They would start on some superficial subject but learned to ask why they were avoiding the intensive material." The psychotherapy approach was clearly illustrated in this session, as the members initiated and were responsible for directing the discussion.

In the final meeting however the therapist was focused on termination. The therapist initiated this discussion.

(B) CONTINUING THE DISCUSSION

The first meeting was characterized by anxiety on the part of the members and they continuously attempted to draw the two group leaders into the discussion. It was stated: "Anxiety and frustration were directed at the therapists for their passive roles. Any questions directed to either of us were returned to the group by the therapist." When the members finally realized that the therapist would not interact they carried the discussion without his help.

In the middle meeting, the therapist only commented twice and his remarks clarified misconceptions the members held about mental illness. Apart from this information, the entire dis-
cussion was carried by the group without help from the two leaders. The worker said: "During this meeting sub-groups formed which opposed each other. Mainly it was the men against the women and the remarks were very personal." The non-intervention of the therapist and caseworker in the group helped the members create this type of climate.

It has been seen that individual reactions in expressing hostility are common to psychotherapy groups. To handle these reactions the responsibility rests mainly with the members. In the middle meeting a very hostile member was aloof and disinterested. Whenever she was spoken to she would sneer and turn her back on the other members. The worker stated: "We did not try to bring her into this group but allowed her to maintain this hostile role. Eventually one member said that she was too frightened to interact. This was probably true." The group allowed this member to remain isolated for several meetings but were aware of her defensive patterns which they clarified for her. This aspect of psychotherapy helps the individual become involved in the group and therapy becomes more acceptable.

(C) TERMINATION

Since the treatment aspect of psychotherapy is the central purpose of the group and intensive bonds develop due to the interactions of the members the problem of terminating each meeting will be very difficult. In the first group meeting of P2 the members left immediately at the close of the session without any comment. By the middle session however the group has become
cohesive and the members' bonds are very strong. As a result terminating the meeting becomes more difficult. It was stated: "One member tried to get the last word in while another wanted to discuss a new subject." In these situations the caseworker was unable to supplement the role of the therapist. This was illustrated by the way she remained seated while the psychiatrist moved the members out of the room.

In ending the group itself, the problem of termination increases. The worker stated: "One member was in tears and sobbed she couldn't go on." In these situations the worker was limited in the help she could offer either the members or the therapist. As a parting gift to the two therapists the group presented the therapist with a bottle of scotch and they gave the caseworker a book called 'Sick, Sick, Sick.' She stated: "This indicated the hostility the members felt toward me for not participating." It would appear that the entirely passive role of the worker had been a constant source of frustration and irritation up to the final meeting.

ROLE OF THE WORKER IN P3

Group P3 (epilepsy) had been in progress for several months. The co-therapist, working in this group had left the agency and the caseworker studied in this paper was taking her place. The role was designed to create a family setting and mother image for the group. The caseworker in group P3 was initially quite anxious with her role in the group. In an effort to overcome the insecurity and to become oriented to the group
setting the worker started out as a recorder. The anxiety of the group was also evident in this session since the caseworker was replacing a co-therapist, who had left the agency. The worker stated: "This change made the members strained and uncomfortable. Their anxiety level was very high and they talked about the new worker in the group." The former social worker had been active each meeting and it is suggested that the passive role, the new worker initially assumed, helped to create this anxiety in the members.

In the initial meeting of P3 the caseworker remained within the bounds of knowledge of the social work discipline. It was stated: "Whenever I commented it was usually on environmental situations pertaining to social assistance, employment and welfare." In problems that dealt with the psychological difficulties of the client, the psychiatrist took the major responsibility. The role of the worker was stated as follows: "I remained quietly in the background unless I simply had to become involved." The caseworker indicated that the role was not well defined in these areas and was reluctant to participate in this type of discussion.

In the middle meeting the psychiatrist was absent. The worker attempted to continue the group meeting in the usual way and assumed the role of therapist. The caseworker stated: "This was a way of ensuring that the group did not become too dependent on the psychiatrist. I remained relatively passive and my first comment came half way through the group." The
worker indicated anxiety in this meeting. This suggests that
the worker was beyond her professional capacity and the in-
security could possibly have been the result of this situation.

It was stated earlier that psychotherapy groups are usually
small cohesive units that often simulate family settings. This
group however was open-ended and new members were constantly
admitted. Since the treatment aim of psychotherapy is to gain
insight and understanding into an individual's behaviour to
effect personality changes it appears that this group would find
difficulty in accomplishing this purpose. Defenses would be
established with the entrance of each new member. The difficulty
of the participants being involved in different stages of treat­
ment would also be evident. This would tend to create resistance
in moving into intimate areas of personal discussion.

The over-all role of the caseworker was described in the
interview as follows:

"I played a pretty passive role in the
first meetings. My responses were
mainly in replying to the lead of the
psychiatrist. In the middle meeting
I was still relatively passive but I
assumed the role of the therapist.
Occasionally I would step in and
interpret something."

In describing how the initial session was started the worker
said: "Some people were hesitant in starting. The psychiatrist
asked them what they thought about the new worker." The topic
was appropriate since the group was anxious about the change of
worker. This gave the members opportunity to vent their feel­
ings before moving into a more intensive discussion.
In the middle meeting the worker stated that the members began the session. It was said: "The members made a valiant effort to start the discussion and ignored the absence of the therapist. This was accomplished by one member discussing his own problems. The worker did not comment at this point and allowed the group to begin where they wished." This was consistent with the psychotherapeutic approach to groups.

The worker in these groups would not be expected to guide or develop the meeting. This has been outlined earlier. Since the first meeting was used to introduce the caseworker to the group, the therapist developed the theme of the meeting. He brought out individual feelings about the new worker and encouraged them to indicate what they expected of the co-therapist. It was stated: "Each person outlined what they thought I should do. Many of them were pleasant and tried to begin a relationship. Only one person was hostile."

It has already been described how one member began a discussion of his own personal problems in the middle meeting. The worker stated: "This activity continued until the member stopped and silence developed." After an awkward pause the worker asked a question relating to the absence of the psychiatrist. The group spent the remainder of the meeting discussing the subject. The worker used her awareness of the group's anxiety and by focusing the discussion on this point facilitated the flow.

An individual reaction was evident in the middle meeting
as a result of the therapist's absence. It was described as follows: "A very anxious member tried to handle his feelings around the absent therapist by discussing them. This was upsetting for the whole group." The caseworker allowed this member to continue talking without interference. Finally he was challenged by another member in the group. This discussion continued in the following way: "Eventually they stopped fighting. One of them commented that he wished the therapist was at the meeting. All the group agreed they missed him." The caseworker stated that as soon as the group became aware of the importance of the therapist's absence the group relaxed and the discussion was less tense.

The bonds between the members have been somewhat neutralized in this group due to the open-ended membership. This seemed to facilitate the termination of the meetings. The worker in both the initial and middle meetings indicated that there was no resistance evident in closing the meeting. It was stated: "The therapist said time was up. All of them take this for granted and leave." This process was unusual as compared to the difficulties generally encountered in terminating this type of group. Since P3 has not been disbanded it is not possible to study the termination procedure used by the therapist and caseworker.

SUMMARY OF PSYCHOTHERAPY GROUPS

The social worker, in psychotherapy groups, uses the group discussions to help the members gain insight into problems and
difficulties they express in their social functioning. The role of the worker is therefore a secondary change agent in the group and her function will be to interpret knowledge within the bounds of the social work discipline. Interactions with the group tend to be passive since the members are primarily responsible for initiating, developing and continuing the meeting. The use of two therapists, male and female is meant to simulate the family situation, with both the "father and mother present."

The over-all role of the social worker in the three psychotherapy groups studied in this classification showed considerable variation. The worker in group P1 was active in the initial and final meetings of the group. This helped the members to begin interacting in the first session and aided the termination process of the group. The middle meeting however indicated that the worker had assumed a relatively passive role.

In the first meeting of group P3, the worker's role was that of recorder. It was noted however, that she would comment on matters dealing with the welfare of the members, where appropriate. In the middle session the caseworker took over the role of therapist. One may wonder about the validity of this role for the social worker.

The role of the worker in group P2 was entirely passive. There wasn't any verbal interaction between this person and the members at any time. This seemed to limit her activity in all areas of the group.

The discussion was usually initiated by the members in these meetings. During the first session of all the groups
however, help was given the members in getting started. Group Pl used an agenda to focus on a series of topics, while the therapists in the other two groups outlined the subject for the meeting.

Once the topic for discussion was initiated the members became responsible for the developing the subject. Any comments made by either the workers or therapist were used to clarify or interpret issues to the group. The direction and intensity of the deliberation depended upon the members. This was true of all the groups in the middle meeting.

In all three groups the initial meeting was terminated by the therapist who announced that time was up and the members accepted this without indicating any resistance. In group Pl and P2 in the middle meeting however, the members were reluctant to leave. They gathered together in small informal groups and attempted to prolong the meeting by slowly moving out of the room.

Considerable resistance to terminating the group itself was noted in Pl and P2. The members were tearful and one stated: "that he could not carry on without the group." The caseworker in group Pl was firm and helped the therapist terminate the group, while in group P2 the worker observed the process without verbally interacting. Group Pl has not been terminated.

The outstanding characteristic in all three groups is that the caseworker was intended to fulfill the role of the mother figure. The workers also had the task of recording and observing. This was seen as a secondary function.
CHAPTER 4

SUMMARY AND FINDINGS
IMPLICATIONS FOR PRACTICE

The focus of this study was an analysis of caseworkers working with groups. It would have been possible to judge these workers in terms of social group method, but because of the existence of Dr. Joyce Klein's study on caseworkers working with groups it was felt that the latter would be a more useful model. The model provided a classification system for the groups. It also permitted an analysis of the groups' purposes and goals, and the role of the caseworkers.

On several occasions, reference is made in the study to instances where workers apparently encounter difficulties which, in the estimation of the researchers, might have been avoided if the caseworkers had had some basic knowledge and training in social group work. However, it must be stressed that these caseworkers were not attempting to do social group work. Nevertheless, it is important to consider some contributions which social group work practice might make to caseworkers working with groups.

CLASSIFICATION

It was deemed essential to classify the ten groups before attempting to analyse the role of the workers. This was considered important because it was anticipated that the role
of the worker would be influenced, if not in fact dictated, by
the purpose and type of group. By classifying the groups, the
thesis team hoped to evolve a more systematic, concise, and
useful analysis of the worker's role.

If it were, indeed, possible to classify groups as to
their purpose and goal, then this might be followed by a clear­
er definition of the role of a worker in a group. The importance
this would have on practice is significant: training and
practice could become more precise and effective; and criteria
could be established to evaluate the role of the worker. With
this in mind, the researchers tested the ten groups against
the model to appraise the validity and suitability of Klein's
classification system for groups operated by caseworkers.

The study revealed that each of the groups could be
placed in one or other of Klein's three categories: group
education, social group treatment, or group psychotherapy.
Four groups fitted the model of the group education classif­
ication as defined by Klein. Their purpose was primarily to
impart knowledge. Three groups conformed to the social group
treatment model. They were established to provide treatment
to reduce social and emotional pressures and to increase the
client's capacity for satisfactory social functioning. The
remaining three groups corresponded to the group psychotherapy
model. This classification consists of groups with treatment
aimed at personality reorganization in an individual conducted
under psychiatric supervision.

It is evident from the previous chapters that in some
groups there was a lack of clarity about purpose. Two outstanding examples are found in Group E1 (parents of deaf children) and Group E2 (relatives of psychiatric patients). In the first instance (E1) the worker's perception of the group's purpose differed from that of the members'. While in the group of relatives of psychiatric patients the emphasis shifted backwards and forwards between education and treatment, although the group's stated purpose was education. Despite these deviations the Klein typology appears valid for the classification of groups in which caseworkers work.

PURPOSE

All ten groups had basic purposes consistent with their respective models: education, social adjustment, or personality reorganization. It was discovered that in practice there was some overlapping of elements of education and treatment in all ten groups. This would be expected in any group. However, such overlapping should not detract from the main purpose of the group. It may, in fact, supplement and support the purpose. Perhaps, overlapping might be described as a "fringe benefit".

Klein discusses the importance of having a clear understanding of purpose. She points out the confusion that may arise when there is overlapping. She states:

"Education, counseling, and group therapy are confused when the purpose of the group is not clear. The result is that the worker becomes multi-selved and cannot identify closely with her own"
profession. Role conflict appears. ¹

This makes it imperative that an adequate classification be available and that a worker endeavours to follow it.

The study suggests that confusion of purpose can be attributable to either the worker or the agency. Most frequently inexperience is the basic cause. In regards to the worker, being a caseworker attempting for the first time to work with a group is often the crux of the problem. For example, the worker in El (parents of deaf children), because of her inexperience was unable to reconcile the dichotomy of purpose which existed between her and the members.

Likewise, an agency experimenting for the first time with groups, might well have difficulty in formulating a clear and consistent purpose. Frequently, the agency's purpose for establishing a group is ambiguous. This occurs when the agency sees a group as a "time saver" or "money saver." Group E3 (blind children's parents), although not a new group, does illustrate confusion of purpose stemming directly from being established as a "time saver." The intent of the agency was to replace individual casework services with group services. Although classified as an education group, a considerable portion of time was devoted to individual counselling in the group sessions.

The confusion of purpose is accentuated when an inexperienced worker is engaged to work with a group in an agency

¹ Klein, Adult Education and Treatment Groups in Social Agencies, p. 95.
experimenting with groups for the first time. Both agencies and caseworkers would be well advised to consider using Klein's or a similar classification as a guide and securing some basic social group work knowledge and training before embarking on work with groups.

The psychotherapy groups revealed vividly the value of having a written purpose for the group. The two psychotherapy groups (P1 and P2) which had written purposes demonstrated a clearness of purpose, resulting in consistent goal and role performance of the workers. Group P3 (epilepsy) had no written purpose. However, the worker intimated having a clear perception of the purpose. Even so, in the middle meeting the worker assumed complete leadership of the group. There may have been some question about the worker's role at this point.

Group P2 (young adults) illustrates that even with a written purpose there can still be confusion of purpose between worker and members. However, the worker in this case, remained consistent with the purpose and eventually the members accepted it. Without a clear perception of her role, (and this may have been aided by having a written purpose) the worker may have vacillated like worker El (parents of deaf children) when she encountered similar resistance.

The two groups with a written statement of purpose were led by psychiatrists and the statements were prepared by them. Group E4 (adoptive parents) prepared a brochure outlining the group's purpose. The success of the adoptive parents' group, along with the experiences of the two psychotherapy groups,
suggests that all workers working with groups would be greatly aided by a written statement of purpose prior to the formation of a group.

The study revealed that a group composed of members having the same common problem facilitates the acceptance of the purpose. The members' perception of this purpose must be similar to the worker's. In an open-ended group, there is a danger for the purpose to become confused and forgotten; especially if the group continues indefinitely. The worker, by clarifying and interpreting the purpose to each new member, can prevent this occurring to some extent.

GOALS

One difference between an intuitive worker and a professional worker is that the professional deliberately plans and has prepared a conscious goal for each meeting he has with the client or group. Most professional caseworkers would have specific goals for each casework interview. However, it should not be taken for granted that they would carry this practice over to work with groups. Therefore, the researchers studied the goals set at three points in the life of the group. These were the first, middle, and final meetings of the group. This was done in order to ascertain whether the worker consciously planned a goal for each time he met with his clients. And, also, to compare the goal of the individual meetings with the over-all purpose of the group. In this way, it was hoped to discover if the short-range goal was consistent with the long-range purpose.
Nine groups had goals consistent with the purpose and the model. Only group El (parents of deaf children) did not. It was found, however, that on occasions no specific goal was established by the workers. This was intentional in the meetings studies. For instance, the psychotherapy groups set no goals in order to permit for greater flexibility in discussing problem areas or conflicts.

The goals set by the workers in their first meeting and their terminating meeting were given special consideration in this study. In the first meeting the members may feel uncomfortable among strangers or anxious about the group. The worker's goal, therefore, must be to interpret and clarify the purpose of the group and stimulate a warm, friendly, and accepting atmosphere.

In the first meeting, all ten workers appeared to realize the necessity for explaining the purpose of the group to the members. The information indicates that most workers consciously tried to relieve the members' anxiety and make them "feel at home." All ten workers established goals for their first meeting consistent with good practice.

The importance of the final meeting stems from the fact that some of the members may have become very attached and dependent on the worker and the group. The worker must support them in making the separation. An interpretation of why the group is disbanding may be necessary in order to dispel a sense of guilt among the members or an expression of hostility towards the worker or the agency.
In the study, four of the groups were open-ended and, therefore, did not have a final meeting. Workers in five of the six remaining groups appeared to have a clear goal in mind for the termination of the group. The worker in group, E2 (relatives of psychiatric patients), did not appear to have a specific goal consistent with the requirements of the terminating situation.

ROLE

Klein's model provided too general a description of the worker's role in any of her classifications. It was, therefore, necessary to include some concrete questions in order to gain a better appraisal of the worker's role. For instance, in the education groups the researchers expanded on the model to consider specific discussion techniques. How did the worker make use of them to initiate discussion, interpret material, or encourage participation? Klein makes no mention of the worker's role in termination. It was necessary to pose questions to construct the appropriate worker role in this critical situation. How did the worker handle dependency, hostility, passiveness, and scapegoating, for example? These, and similar questions, were used in conjunction with the Klein model to analyse the role of the caseworker in the group.

It was found that on the part of most workers there was some difficulty and confusion in their role in the group. The researchers believe that most of the causes for this could be attributed to one or more of the following: (1) lack of
clarity of purpose; (2) lack of clarity of goals; (3) lack of knowledge of group process; (4) lack of necessary skills; and (5) confusion in professional identity.

Difficulty in role performance caused by lack of clarity of purpose was observed in E2 (relatives of psychiatric patients). The worker gradually moved from an educational to a treatment focus. He encouraged the members to initiate the discussion: a role generally accepted as being the prerogative of a worker in an education group. Also, contrary to purpose and practice, he encouraged one woman to discuss a personal problem. He then proceeded to provide help in a manner similar to a worker in a social group treatment group.

The same group (E2) provides a good example of faulty role performance caused by lack of clarity of goals. This may have been the result of poor agency planning. In the final meeting neither the members nor the worker was aware that the group was disbanding. The worker informed the group that they would meet again after his vacation. For some unexplained reason, the group was not re-established. The worker found himself in the position of having to contact each member individually to explain that the group was terminated. It may be assumed that for some members this abrupt ending would cause a great deal of anguish. The fact that the worker had deliberately fostered strong group bonds resulted in the group meaning more to the members than would be the case in an education group.
An example of lack of knowledge of group process handicapping a worker was found in social group treatment. Although Klein emphasizes the worker's role in affecting group process in treatment groups, worker in group T2 (chronic schizophrenics) relied almost entirely on a one-to-one relationship. This is not surprising, considering that caseworkers are trained in the one-to-one relationship and could be expected to carry this technique into their work with groups. This would be particularly true where the worker was anxious or inexperienced.

The education groups provide examples of problems arising from lack of skill. Group E4 (adoptive parents) seemed to be the only group where effective use of discussion techniques was displayed. As this is the core skill required for education groups it seems essential to the thesis team that workers should have training in this area.

Psychotherapy suggests some confusion in professional role identity. The worker in P3 (epilepsy) actually assumed complete leadership of the group. It is questionable whether it is within the competency of a social worker to assume a role which is properly the jurisdiction of a psychiatrist. In studying the role of the workers in the first and final meetings it was found that the workers attached to the psychotherapy groups assumed the role assigned them by the psychiatrist. These were consistent with the model.

The role of the workers in the education and treatment groups were consistent with the goals for the first meeting. As would be expected, all seven workers assumed a major
responsibility for starting the meeting and interpreting the purpose of the group. Four of the five workers engaging in work with groups for the first time experienced anxiety. This is a common phenomenon accompanying inexperience. However, in two cases it interfered with the worker's role. The worker in El (parents of deaf children) was unable to clarify the purpose for the group members because of it. The worker in T2 (chronic schizophrenics) found the situation so threatening that he closed the meeting after twenty minutes. The remaining two workers adequately coped with their insecurity. The researchers suggest that some basic training and knowledge in social group work could eliminate some of the anxiety workers feel in their initial group experience.

In the final meeting, the role of the workers in the four closed groups in the education and treatment categories displayed some marked contrasts. Three examples are chosen for illustration. Group E4 (adoptive parents) was an excellent example of appropriate role performance in an education group. The worker used the meeting to present a summary of the various ideas discussed in all the previous meetings. She circumvented resistance to termination through informing the members in advance that it was to be the final meeting. Also, by not having encouraged group bonds, this facilitated the closing of the group. Group El (parents of deaf children) provides an example of faulty role performance. The worker apparently gave no consideration to possible resistance to termination for she gave no prior warning to the members that the group was disbanding. No attempt was made to summarize the group's discussions.
Group T2 (chronic schizophrenics) illustrates the worker's role in supporting very dependent members to accept transference to a new worker. All the skill of the worker could not alleviate the anxiety and hostility displayed by the members in this situation. The case depicts the immense responsibility there is on a worker to consciously plan his goal for the final meeting and to fashion a role consistent with this goal.

A number of interesting findings pertinent to roles in open-ended groups were uncovered. It is obvious the worker must consciously help each new member find his place in the group. This includes an interpretation of the purpose of the group. The interpretation also assists in keeping the group and the worker focused on the purpose. This is extremely important because there is danger of deviation from purpose, and consequently from role, in education groups which meet indefinitely. When this happens, the members may become overly dependent upon the group and the worker. Where this does occur the onus is on the worker to help each member move out of the group more easily.

Group E2 (relatives of psychiatric patients) is a striking example of the problems inherent in an open-ended group running indefinitely. The basic purpose of education switched to include treatment. The worker's role vacillated from educator to therapist. The members used the group for their own needs and became attached to the group and the worker. Then, abruptly the group disbanded. The worker was
unable to give adequate support to the members to accept this event. If the group had remained true to its purpose the abrupt termination might have been avoided. Group E3 (blind children's parents) shows the active role the worker must play in assisting each member make the transition from one group to another.

The implications are of particular significance to workers in treatment groups. In this setting the members are encouraged to use the group for support. When the time comes for the individual to leave the group the role of the worker is crucial. Group T3 (pre-discharge) illustrates the emphasis the worker must place on helping a member separate from the security and support of the group.

CORRELATION BETWEEN PURPOSE, GOALS, AND ROLE

The study points out conclusively the important correlation between purpose of the group and the goals established for the group meetings. Likewise, it was found that the role of the worker within the group will be determined by the purpose of the group and consequently the specific goals established for achieving that purpose. The study clearly illustrates the difficulties which may ensue when there is lack of clarity of group purpose on the part of the worker. At the same time, the study shows that a clear perception of the group's purpose directly affects the statement of goals and assists the worker in using himself appropriately in the group.

Group El (parents of deaf children), provides an excellent example of what can happen when there is faulty perception of the
group's purpose. In this group there was a disparity in the purpose as perceived by the members and the worker. Through the course of the group's meetings the worker gradually accommodated her ideas to those of the members'. This resulted in the goals for the meetings being inconsistent. The original purpose for the group was eventually ignored. In the confusion, the worker appeared to lose sight of the fact that the group was educational in focus and assumed a role incongruent with the purpose. The worker played a passive role providing very little guidance and leaving the interpretation of material to the members themselves.

Group E4 (adoptive parents), exemplifies what can be accomplished when there is a clear and concise purpose formulated for the group. This group most closely resembled the models in all three areas of purpose, goal, and role. The goals in each meeting were consistent with the purpose. The role of the worker was clearly defined and most closely approximated the role outlined by Klein. Although the researchers did not attempt to measure the effectiveness of the groups, it would appear as though Group E4 came very near to reaching the desired purpose for which the group was formed.

IMPLICATIONS FOR PRACTICE

The study established that lack of clarity of purpose and inexperience are two of the main shortcomings handicapping caseworkers working with groups. The findings suggest that inexperienced workers should be given some basic knowledge and training
in social group work before embarking on work with groups. In addition, agencies should consider providing a written statement of purpose for the prospective group. Klein's typology might be found useful and convenient as it was discovered to be a valid model for the classification of the ten groups studied in this thesis.

The correlation of purpose, goal, and role points out the importance of maintaining goals consistent with the purpose. To do so, the worker must accept professional responsibility for consciously planning and setting appropriate goals for each meeting. Some consideration might be given to how recording can be instituted to assist in this matter.

Agencies and workers should consider the findings discovered in relation to open-ended groups. The longer a group is in operation the greater is the danger of the members becoming over-dependent on the group and the worker. In such cases, extreme care must be shown by the worker in helping the individual separate from the group. Having a designated date for conclusion might well offset many of the difficulties found in self-perpetuating groups and in termination.

In psychotherapy groups it was found that unless there is a clear definition of purpose and a precise separation of roles, there is a real danger of a social worker assuming an inappropriate function. Only with a clear statement of purpose and understanding of role can the social worker and the therapist employ their own unique professional skills in dealing with the members' problems. Danger of confusion in professional identity
is inherent in the psychotherapy situation and must be guarded against by the workers.

The study undertaken by Kerr and Kirkham, and also the Dissertation by Dr. Joyce Klein, point out that caseworkers are moving into the area of working with groups more extensively. There is no reason to presume that this trend will diminish in the foreseeable future. The three workers attached to the social group treatment groups, discussed in this thesis, stated that they were extremely pleased with the results they had had in their experience in working with groups of clients. One of them said that he plans on increasing his efforts in the group area and discontinue some of his individual casework because he found the group technique more effective with his clients. This trend raises certain implications for the profession of social work and schools of social work.

The researchers feel there is an obligation on the profession to aid the workers and agencies in clarifying and enunciating practice in this field. Consideration should be given to discovering what requirements are necessary to assure competence in the practice. Also, some criteria should be formulated by which workers and agencies could measure the appropriateness of the method for their needs, and the effectiveness of their service.

There would appear also to be some implications for schools of social work. Within the curriculum there should be more emphasis placed on skills and knowledge essential for working with groups. This should be geared specifically to the types
of groups which caseworkers might be called upon to serve.

SUGGESTIONS FOR FURTHER STUDY

The possibilities for further research in the area of caseworkers working with groups is evident. The ten workers who were so generous with their time and so willing to participate in the present study, are all excellent sources from which to draw further material.

One important investigation suggests itself immediately, namely the need to measure the degree to which the groups met the needs of the members. This would involve reaching out to a sample group of clients in each of the groups.

The present study did not undertake research into the way in which caseworkers recorded the group sessions. Nor was there any attempt to investigate the use to which such records were put. The latter might prove to be an important area to pursue.

There is need for further investigation into the methods and techniques employed by caseworkers working with groups. It appears important to determine first, whether the practice is merely an extention of casework. Or, at least, to ascertain what casework methods and techniques are applicable, in this situation. As caseworkers are involved it seems most pertinent and valuable, that wherever possible, they make use of the skills already available to them.

Likewise, an investigation should be made of social group work methods and techniques employed. The findings from
these two studies might show whether the practice is a combination of the two methods or an entirely new one. The information would be particularly valuable for training purposes.

The investigation points out a need for some special consideration and research into the role of the worker in psychotherapy groups. It was evident in the groups studied that a more definitive and clearer demarcation of role would assist workers engaged in group psychotherapy to contain their function to appropriate social work spheres.

The study did not consider the supervision of the workers. However, the implications for this phase of practice is another area requiring investigation.

These are but a few of the many subjects which might profitably be put to the test of research. The ever-expanding practice of caseworkers working with groups deem it essential that additional study be undertaken in this field. Otherwise, the full potential of this practice may never be realized.
INTERVIEW SCHEDULE

CASEWORKERS WORKING WITH GROUPS

I  What was the purpose of the group?

II  First Meeting

1. In the first meeting, what was initial reaction of:

   (a) the group - as - a - whole?
   (b) the individual members?
   Please illustrate.
   How did the worker respond to this reaction?
   Please illustrate.
   How did the member respond to the worker?
   Please illustrate.

2. Was there any resistance displayed by the members to being present in this first meeting?
   Please illustrate.
   If so, how did the worker handle this resistance?
   What techniques were used in handling this resistance?
   Please illustrate.

3. Did the worker find it necessary to explain to the group the reason why the members were there?
   Why was this explanation necessary?
   Please illustrate.
   What was the explanation given to the members?
   How did the members or members respond?
   How did the worker handle this response?

4. Did the worker explain to the group what they were going to do in the first meeting?
   What was the exact explanation given?
   How did the members respond to this explanation?
   How did the worker handle this reaction?
   Did the worker tell the group what they were going to do in the following meetings?
   What was the exact explanation given?
   How did the members respond to this explanation?
   How did the worker handle this reaction?
   Did the worker discuss with the members the length of time the group would be operating?
   How did the members respond?
   Please illustrate.
5. Did the members ask questions about the worker's role in the group?
   What specific questions were asked?
   How did the worker respond to the Members' questions?
   How did the members respond to the worker's explanations?
   How did the worker handle this response?
   Please illustrate.

6. Describe how the group's activity for the first meeting got started?
   Was the activity initiated by:
   (a) worker
   (b) member
   (c) both
   How did the members respond to this activity?
   How did the worker handle this response?

7. What did the worker want to accomplish most in the first meeting with the group?
   What activity did the worker choose to accomplish this?
   Was this by:
   (a) discussion
   (b) crafts
   (c) speaker
   (d) other
   How did the worker use this activity?
   Please illustrate.
   How did the members respond to the activity?
   Please illustrate.
   How did the worker respond to the behaviour of the members?
   Please illustrate.

8. How was this meeting terminated?
   Did the worker and/or member terminate the meeting?
   How was this accomplished?
   What specifically did the worker do?
   Please illustrate.
   What was the member reaction to this?
   How did the worker handle this reaction?

III Describe a second meeting - one which is preferably halfway through the group sessions.

1. What did the worker want to accomplish most in this meeting?
   Please illustrate.
   Describe how the worker planned to accomplish this?
2. Describe how the group's activity for the meeting was started?
   Was this initiated by:
   (a) worker
   (b) members
   (c) both
   Describe how the members responded to this activity?
   Worker's response to member's reaction.

3. Did this activity continue? If so, what factors in continuing this activity were influenced?
   (a) by the worker
   (b) by the members
   If not, describe the changes in the activity.
   Who initiated the change?
   (a) worker
   (b) members
   (c) other
   Members' response to the change.
   Worker's response to the change.

4. How was this meeting terminated?
   Did the worker and/or member terminate the meeting?
   How was this accomplished?
   What specifically did the worker do?
   What was the member reaction to this?
   How did the worker handle this reaction?

IV Describe the final meeting.

1. What did the worker want to accomplish most in this meeting?
   Please illustrate.
   Describe how the worker planned to accomplish this.

2. Describe how the group's activity for the meeting was started?
   Was this initiated by:
   (a) worker
   (b) members
   (c) both
   Describe how the members responded to this activity?
   Worker's response to member's reaction.

3. Did this activity continue? If so, what factors in continuing this activity was influenced by:
   (a) the worker
   (b) the members
   If not, describe the changes in the activity.
   Who initiated the change?
(a) worker
(b) members
(c) other
Members' response to the change.
Worker's response to the change.

4. How was this meeting terminated?
   Did the worker and/or member terminate the meeting?
   How was this accomplished?
   What specifically did the worker do?
   What was the member reaction to this?
   How did the worker handle this reaction?
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