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GROUP PSYCHOTHERAPY AND GROUP WORK IN AUTHORITARIAN SETTINGS

HANS A. ILLING

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Until very recently the contributions of social work in institutions, where individuals were confined for curative or protective purposes, were either not desired, or, if wanted, not appreciated. Often, however, the lack of appreciation did not stem from the institutional authorities only; on the contrary, it was social workers who entered the new field of service to individuals or groups in institutions with great hesitancy and even outright misgivings. As an example of these misgivings of social workers, openly voiced as recently as a year ago, Trecker in his polling of "the best thinking" of over 40 group workers in various parts of the country as to group work in specialized therapeutic services revealed a unanimity of apprehension, if not outright rejection, of group work in therapeutic settings.¹

For the purpose of this discussion I would like to define as an authoritarian setting one where people are confined either voluntarily or involuntarily, either for pre-determined psychotherapeutic purposes or for purposes educational, recreational, medical or correctional. Among such settings, therefore, we will find mental institutions, general or private medical hospitals, children's or maternity homes, and prisons.

Considerably more difficult will be a definition of social group work. The reason for the difficulty in defining this methodology lies, so it seems to me, in the variety of conceptions held by most writers in this field. One reason for this diversity of conceptions may be found in the way social work researchers recently described "the dichotomy of our thinking about scientifically derived, tested, and formulated or structured theory or abstraction on the one hand, and practice-derived and structured 'empirical' knowledge and 'facts' on the other hand become very evident." These same researchers endeavored to define "goal" as that "which a program, an agency, or a worker attempts to bring about both as an immediate focus of activity and endeavor and a longer range and broader one." They state that "the existence of social work as an organized endeavor with its goals and its use of 'knowledge' to move towards

¹ HARLEIGH B. TRECKER (Ed.), *GROUP WORK: FOUNDATIONS AND FRONTIERS* (New York; White-side, 1955), pp. 397-400.

these goals, gives rise in our science-oriented society to the need for extending and modifying that knowledge to increase its effectiveness in goal reaching."²

If, therefore, the various writers in the social work field would have tried to put some of the fundamental statements submitted by the Social Work Research Group to a test, such as validation of social work theory and concepts, or translation and testing of theory or knowledge drawn from other fields,³ so great a variety as prevails today, would not be possible. To cite just a few examples: Trecker names seven "basic skills" in social group work; namely, establishment of purposeful relationships, analyzing group situations, participating in groups, dealing with group feeling, program development, the use of agency and community resources, and skill in evaluation.⁴ On the other hand, Wilson and Ryland define their group work methods and skills by the *quality* (italics those of the writers) of the group experience "that is the basis for differentiability among the methods. This quality arises out of the relation among the members and between the members and the worker who affects the interacting process." Wilson and Ryland, at least, are frank in admitting that there are many different methods. Contrary to Trecker, they also feel that the social group worker equipped with specialized knowledge of interpersonal relations helps sick people to develop groups in which they use the reality of the social situation they create as means of recovering social health.⁵

Speaking of principles and methods of group work, it seems to me that few group workers agree as to the principles of group work, even though they do not differ in their definition of the word "principles." Gisela Konopka, along with Harleigh Trecker, speaks of "self-determination" as a major principle.⁶ Does this mean, group workers are the only ones who have such a principle? In what way does the group worker's self-determination differ from that of the psychologist, the psychiatrist, the teacher, et al.?

Therefore, it seems to me that evading the issue as to a more distinct definition of concepts should not be in order. As Konopka says, "there is no sense in quarrelling about definitions."⁷ On the other hand, it seems to me that there is no such thing as an "official definition", as claimed by Clara Kaiser, because of the obvious lack of agreement among leading writers.

Personally, I have adopted a conception of group work principles which was advanced by Grace L. Coyle.⁸ Miss Coyle mentions six principles of which I find one of the following particularly applicable to group work in authoritarian settings: A group worker "sees the inter-play of social relationships which make up a group. These

² SOCIAL WORK RESEARCH GROUP (Ed.), *FUNCTION AND PRACTICE OF RESEARCH IN SOCIAL WORK*. (New York: National Association of Social Workers, 1955), pp. 19-26.

³ *Ibid.*, p. 4

⁴ HARLEIGH B. TRECKER, *SOCIAL GROUP WORK, Revised* (New York: Whiteside, 1955) pp. 36-37.

⁵ GERTRUDE WILSON AND GLADYS RYLAND, *SOCIAL GROUP WORK PRACTICE* (New York: Houghton Mifflin, 1949) pp. 60-62.

⁶ GISELA KONOPKA, *The Generic and the Specific in Group Work Practice in the Psychiatric Setting*, *SOCIAL WORK*, I, 1956, 72-80.

⁷ *Ibid.*

⁸ GRACE L. COYLE, *GROUP WORK WITH AMERICAN YOUTH* (New York: Harper & Bros., 1948) pp. 25-32.

include the inter-personal reactions between the members and the relation of each to the group as a whole. Affection and hostility, rivalry and submission, loyalty and leadership, he recognized as processes of social relationships of which he is a part."

This quotation seems to contain the germ of both methodologies—group work and group psychotherapy. For affection and hostility are the two potent forces which are active in both types of groups. Almost all leading group workers, including Miss Coyle, are mistaken if they state, as Miss Coyle does, that group therapy was "discovered by psychiatrists."⁹ As a matter of historical record, it is a group worker, S. R. Slavson, who is sometimes called the "father of group therapy" in this country. Most group workers are equally mistaken if they feel that group work and group therapy are antithetical in nature. Probably no one has explored this question better than Saul Scheidlinger.¹⁰

Because of the resistance among social workers to entering what seems to them a new field, it is small wonder that there is hardly any literature about social work, or specifically group work, in institutions. To the best of my knowledge only two books are in existence. One of these is a symposium entitled "Creative Group Living in a Children's Institution" edited by Susanne Schulze.¹¹ This symposium contains a chapter by Netta Berman, entitled "The Group Worker in a Children's Institution," in which the author quotes a group-record of a 12 year old boy who, because of his infantile behavior, was strongly rejected by the group. In order to be accepted by the group he was warned by the other members that he had to behave in an orderly fashion that would not interfere with the work of the other boys. How was this done? The author states in one sentence: "With the help of the group leader the boy was able to control his own behavior to conform with the standards of the group." It is left to the imagination of the reader to find out the kind of help the group worker gave to the child, how he "controlled" the child's behavior, and what the "standards" of the group consisted of. It appears to me obvious that this is a typical example of the overlapping methodologies of group work and group psychotherapy.

The other, more recent source is Gisela Konopka's "Group Work in the Institution." The sub-title seems to be particularly significant: "A Modern Challenge." I think that Mrs. Konopka's "modern challenge" principally relates to that authority in institutional settings which the social worker has to deal with in his every-day work in an institution, particularly, in a prison. Mrs. Konopka, for instance, poses such questions as, "What is the capacity of accepting reasonable limitations? Is this a person who cannot accept limitations at all or someone who will accept limitations from his or her equals but never from authority?" Mrs. Konopka states, in my opinion rightly, that "the group worker is not an entertainer." The group worker's task "will be a sensitive listening to outspoken or unspoken needs, and observing and helping with inter-personal relationships. His function will be observation . . . and leading of therapeutic group discussions." Here, too, the dichotomy between group

⁹ *Ibid.*

¹⁰ SAUL SCHEIDLINGER, *The Basic Concept of Social Group Work and Group Psychotherapy*, SOCIAL CASE WORK, July, 1953 also: same, SOCIAL WORK, July, 1956.

¹¹ SUSANNE SCHULZE (ED.), *CREATIVE GROUP LIVING IN A CHILDREN'S INSTITUTION* (New York: Association Press, 1951).

work and group therapy, as well as confusion of terminology, is apparent. Do these "therapeutic group discussions" fall within the province of social group workers' principles and objectives?

Speaking of my own experience in institutional authoritarian settings, in which I applied either one or both methodologies simultaneously, social group work and group psychotherapy, I can concur with such authors as Bixby and McCorkle, when they raise administrative problems with respect to the induction of new staff, new methods, and new tools. They state:

The recent history of penology is characterized by the appearance of psychiatrists, psychologists, social workers, and other specialists from fields dealing with the understanding and control of human conduct. Too often, however, we find that these specialists have been superimposed upon the existing prison organization without actually being assimilated in it. It is not uncommon to find the professional staff sitting lightly upon the institutional organization, like the foam upon a glass of beer adding considerably to its appearance but quickly blown aside whenever there is serious work to be done.¹²

This, then, seems to be the first aspect of a social worker's introduction into the strange life of a prison. In modified ways the aforementioned quotation would hold true likewise of mental institutions and children's homes. As I stated in a previous article, most institutions still do not have trained personnel. There is very little, if any, assistance from the administration or the rest of the personnel, who are seemingly detached and often "play the role of the involuntary spectator."¹³ I often observed that during the discussion among the inmates the guards or other officers seemed to undergo a change of emotions such as boredom, ridicule, amusement or even aggressiveness almost to the point of participation. Therefore, I felt that "a good deal of effort was necessary to overcome the fear of responsibility manifested initially by many of the guards. They needed constant encouragement until they finally felt comfortable."¹⁴

The presence of personnel during group meetings constitutes an important form of authority in any institutional setting. In fact, authority seems to be everywhere. It may be found in a children's home where the football coach may constitute an authority figure just as much for an orphaned child as does the warden of a prison or the psychiatrist in a mental institution. Surely, iron bars, barbed wire fences, or guards armed with machine guns are only the most obvious symbols of authority; the more subtle intimations of authority, as a rule, permeate the inmate's life completely throughout his stay in the institution, including his dreams while asleep. Therefore, it seems to me that group work, while properly having its own methodology cannot be entirely divorced from group psychotherapy, because the more authoritative a setting is the more disturbed the inmate tends to be, and the more will the practitioner have a therapeutic influence on the individual members of his group; that is, if the worker wishes to pursue realistic goals.

¹² F. LOVELL BIXBY AND LLOYD W. MCCORKLE, *Applying the Principles of Group Therapy in Correctional Institutions*, FED. PROB., March, 1950, pp. 36-40.

¹³ HANS A. ILLING, *The Prisoner in his Group*, INTERNAT. JOUR. OF GROUP PSYCHOTHERAPY, I, 1951, pp. 264-277.

¹⁴ MARVIN A. KLEMES, *The Therapeutic Effect of Group Morale on a Psychiatric Hospital Ward*, BUL. MENNINGER CLINIC, 15, 1951, pp. 58-63.

In applying group work principles in authoritarian settings, I have found, in the main, three stages: negotiation of relationship, the testing or inter-action process, and validation of transference relationships. Let me give an illustration of the first stage, negotiation of relationships. A new member was an inmate who, in my opinion, needed individual attention only. In fact, I had secured for him the services of a psychiatrist while he was free on bail prior to sentence and commitment to jail. He was a physician, in his early thirties, married, with a baby in the family. During his residence year in one of the largest hospitals of my state, he had made sexual advances to a ten year old girl under his charge. The girl had not been harmed and her mother's charge in the District Attorney's office would not have led to prosecution if the man himself, bothered by his conscience, had not revealed the whole story to the police. He was a little fellow, very quiet and cooperative. When I introduced him to the group I had acquainted him only in general terms with the purpose of these sessions, namely, to have informal discussions and to exchange ideas and experiences. I said to the group:

I thought it would be perhaps a good idea if Dr. X might share our discussions.

Max: Sure. It's all right. (Turning to Dr. Y) Glad to meet you, doc.

Moe: Hell, glad. What's it he wants here? We'll get along without him.

Max: Give doc a change, will you?

Moe: How you talk. Is he your doc?

Max: No. But what are your objections?

Moe: None. But I think we won't need him. He probably will give us a lot of his high-falutin' stuff.

Worker: I merely invited Dr. Y to participate in your discussions. If you think you don't like his company, I am sure, Dr. Y won't mind not being here.

Several: Oh, that's all right. Why shouldn't he be here?

Ignacio: We were talking last time. . . ."¹⁵

Although the initial antagonism toward the new member appeared to have been overcome, nevertheless, it seemed to persist underneath. However, Dr. Y was clever enough to sense the group's feelings and remained quiet during most of the sessions. His silence, more than anything else, seemed to have a soothing effect on the members and, toward the end, he apparently was accepted. Even during the following sessions he remained quiet and spoke and was listened to only when the subject of the discussions turned to medicine. Then, however, he was listened to with respect.

Another case may illustrate the second stage, the testing or interaction process. In an informal group of adolescent girls which I conducted in a children's home,¹⁶ music appreciation was the medium of the girls working together. I played "Peter and the Wolf," on the phonograph and the girls seemed to be confused, partially because of the narrative and partially because of the music. After the playing was over, I turned to the girls and asked:

"How did you like it? I did not hear any comment from you."

Marlene: Oh, all right. I think those things should be played for kids who still believe in wolves and little boys.

Florence: Why, Marlene, this is good music, just that "wolves and little boys" are important in that composition.

¹⁵ *Ibid.*

¹⁶ HANS A. ILLING, *Music as a Medium of Group Therapy With Adolescent Girls*, THE JOUR. OF CHILD PSYCHIATRY, 2, 1952, pp. 350-359.

Marlene: They shouldn't write good music unless they have a good theme.

Edna: I didn't mind it. But if what Rose Ann says is true, then Russia must be a strange country where little boys play with wolves.

Worker: How about coming back to the music? Don't you think it's a good idea to learn to distinguish musical instruments as easily as the composer intended for you to do?"

It was Marlene who minded the popularization of the music, perhaps misinterpreting the composer's intentions. She was the newest in the group but also the most active, and she wished, probably on an unconscious level, to test her leadership of the group which she had assumed. At another session when the merits of so-called classical vs. jazz music were discussed, this dialogue ensued:

Marlene: These Europeans are old-fashioned. They won't use anything we invented, just because it's us.

Clara: Don't be silly, Marlene. They are much too broad-minded and practical.

Marlene: But my mother says, they are finished anyway. They are hungry and asked her for some bread when she was over there last year.

Two girls: Suffer, Clara. ("Suffer" was the *dernier cri*, to be used, most illogically, as an answer to anybody whose statement was not liked.)

Clara: Suffer, ditto.

Worker: What about Beethoven and Jazz?

Florence: It could be that he didn't like it. For instance, isn't it true that Schubert and Puccini don't use jazz either?

Worker: That's right, Florence."

In this instance, Marlene chose a direction instinctively, perhaps driven by impulse or by predetermination, projecting her mother's wishes, as already pointed out by Despert, who states that "it is futile to press the child in another direction from the one he spontaneously chooses, since he will select the medium of expression best suited to himself and, therefore, the best adapted to observation."¹⁷

Finally, let me illustrate a case in which validation of transference relationship becomes apparent. (I do not feel it is out of order to borrow from other disciplines such as psychiatry, terms which have been established and have a definite meaning to practitioners of those disciplines, such as "transference.") The setting for the illustration of validation of transference relationships is a women's prison in California. Originally my services in visiting the prison consisted of casework only. However, in addition to services rendered to individuals, I found a real need to conduct group work meetings with all those inmates who were included in my case load. The need stemmed primarily from the convenience to present all information among the inmates concerning the group as a whole as well as the dissemination and interpretation of the agency's services and policies. However, in the course of these semi-monthly, informal group sessions it developed that the group had a real need for these sessions which lasted from thirty minutes to two hours. By virtue of the fact that all members of the group were "cases" of the agency, the group was quickly welded into a really strong unit. This, despite, or perhaps because of, the fact that the group was quite heterogeneously composed, having Jews and Gentiles, Negroes,

¹⁷ J. LOUISE DESPERT, *Play Analysis in Research and Therapy*, (in: NOLAN D. C. LEWIS AND BERNARD L. PACELLA (EDS.), *MODERN TRENDS IN CHILD THERAPY*, New York: International Universities Press, 1946) p. 225.

Mexicans and Whites in it. Some of the members were over fifty and others not yet 20. The authoritarian setting of this prison was, even as prisons go, pronounced. The Superintendent, known as a disciplinarian, constituted both a mother and a father figure to most inmates. Therefore, it is easy to understand why the group took at once to a person who was not only permissive in his nature and conduct but emphasized his non-authoritarian approach constantly. The validation of the transference relationship between the individual members and between the group and me was almost instantaneous. I was respected but did not receive the servile demeanor, which is so common in this particular prison.

This illustration seems to be significant for another, perhaps more important, reason. The fusion of methods of social group work with group psychotherapy was almost complete and ideal. The method applied here could not be called group work nor could it be called group psychotherapy, since some of the essential principles of both were lacking. However, elements of both were happily wedded in this rather extraordinary setting, the group conducting itself in as "democratic" ways as were possible in this setting. On the other hand, the group felt and often acknowledged the truly therapeutic nature of its sessions without the benefit of intensive or "deeper" psychotherapy, which would have meant the raising of unconscious instincts to the surface through group pressure and through the suggestibility of the therapist.

In my opinion, no work can be done in institutions with protective or curative purposes that is not also therapeutic. For a disturbed, socially maladjusted neurotic or delinquent individual will, if institutionalized, respond as a sick individual to almost any staff member, be the staff member a therapist or a janitor. It is the professional level of the personnel, of course, which makes therapy effective.

To sum up, according to my experience in authoritarian settings as well as what I know of the available literature, authoritarian settings would have a lesser lag in group work services if the field of group work could be convinced of what it has to contribute to such settings. After all, it should be the aim of group workers to demonstrate their skills wherever there is an opportunity and not to be squeamish about new ventures, which should prove the group workers' real value in settings where hitherto the contributions of social work were nearly non-existent.

I feel confident that books like the one by Gisela Konopka, mentioned above, are not only a milestone in the history of group work; they encourage the hope that more and more experiments in this field are to come.