tensity, closeness and the potential emotional intimacy of the one-to-one relation. For these the group provides a diluted and insulated setting. The specific advantages of group therapy for those who cannot adequately express aggressive and negative feeling have been repeatedly demonstrated.

Referral to a group involves certain realities: The presence of siblings with whom the therapist and the time must be shared, the obvious exposure of the emotional reactions of other clients and the ever-present possibility of meeting hostility from them, the reality that the group leader cannot fully control the degree and quality of emotional stimulation to which any one member will be exposed. These conditions suggest that certain minimal ego strengths and superego development are requisite to the individual's adjustment to a group in a social agency setting. He should have attained some satisfaction in his first group of two with the mother which would have built a foundation of some capacity for object relations and some desire for group acceptance. If these minimal gratifications have been lacking in his early years, then a group placement for him may be equivalent to demanding that a one or two year old adjust to nursery school.

A development which cannot be overlooked is the gathering trend in agencies as well as in private psychiatric practice toward the use of group therapy on a combined basis with individual treatment. The combined approach permits an approach in depth to deeply unipersonal problems while maintaining social perspective. Individual workers and therapists have reported activation and enrichment of the treatment with the addition of group therapy.

An effort has been made to outline some aspects of similarity and difference in the levels of group therapy with adults. It is obvious that no one method can be universally applied; successful psychotherapeutic effort must of necessity be intelligently discriminating. In the words of S. R. Slavson, "All practices are valid when used with patients for whom they are suited."

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COMMENT: LEVELS OF GROUP TREATMENT IN SOCIAL AGENCIES *

by SANFORD N. SHERMAN

Associate Executive Director, Jewish Family Service, New York

THAT substantial part of Mr. Rosenthal's paper which deals with generic features of group interaction process and therapy is very well stated and elucidated. It is, moreover, amply supported in the literature and in the experience of practitioners who have worked with groups from a dynamic psychologic orientation. This is the meat of Mr. Rosenthal's contribution which is so largely unexceptionable.

First I wish to enlarge somewhat on a general underlying principle in group therapeutic processes which is implicit in Mr. Rosenthal's statement but can take some further elaboration.

Mr. Rosenthal has reviewed certain dynamic elements of structure and process: the group as "symbolic family;" the "multi-dimensional transferences;" learning or growth through "emotional impact and feeling interaction;" the multiple identifications; the question of selection for group treatment of clients or patients. Cutting across a number of these points is the implied factor of the socialization aspects of the group experience.

If we in the field view personality as less of a closed psychic system than we had in the past, it is due to the neo-Freudian developments and investigations into ego psychology and the psycho-*social* nature of behavior. The trend has been toward seeing the psychologic skin of the individual in relative terms as more of a porous membrane and less of an airtight separation of the intrapersonal from the social. Personality develops out of complex transactions of the biologic and constitutional individual core in interpersonal experience. The interpersonal experience begins with birth and the individual embarks on a complex continuum of different and widening interpersonal experience. The process of socialization is of course, then, *a* or *the* crucial factor in personality development. Granted the decisive character of the infantile interpersonal experience and its integration in the individual which establishes what Erikson called "the ground plan" for future development, there is growing recognition—and even more important (because we always "recognized"), there is growing conceptual sophistication—about the psychosocial experience beyond infancy.

Parallel to this development is the fact that all treatment or personal problem-solving processes are interpersonal in character, whether the interpersonal medium is client and therapist alone or whether it is client, therapy group and therapist. The group, then, it can be seen, relates to the individual

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at a level or point farther along in his socialization scale than the one-to-one treatment structure. This fact was suggested by Mr. Rosenthal in his early discussion in the form of a contradiction to group treatment for those individuals who are so underdeveloped or regressed emotionally as not to have reached the level of psychosocial integration into the primary family group. This is a good rule of thumb but I think Mr. Rosenthal would agree it is only a rule of thumb and since individual development is so uneven, practical experience has indicated that many persons with very early emotional fixations or immaturities also have oases of ego development beyond, and they can helpfully use a group experience.

Moreover, near the other end of the socialization continuum, we know that beyond the most important childhood experience there are the experiences in larger social spheres of education, vocation, etc. and the crucially important experience of psychosocial integration into adult marital and parental roles. Fitting into roles in his family of orientation has real influence on behavior or disturbance in behavior of the individual. Therefore what the individual brings, emotionally, to the therapy group should not be viewed one-dimensionally as the transfer of feelings from figures in the primary family alone, but these feelings need to be recognized as a product of a complex sequence of psychosocial transactions the individual has experienced, starting with of course, as the core, those in the primary family group.

I go into such detail because in the value orientation of all therapies, including that of casework, the really "basic" help is to interpret the primary transference which amounts to interpreting a complex phenomenon chiefly by the character of its nuclear core. This neglects the very important principle of socialization experience as a continuum. Actually the therapist has a most difficult and complex job of perceiving the client's response in the group in terms of all its components, e.g., transferences from his primary family group, from relations with kin, from his experience in the adult role of husband, father—and so on, including, importantly, his response to the therapeutic situation: group and therapist. Add to all of these the time dimension and we see a vastly complex network. The therapist judges from the individual and the treatment context which of these levels to respond to. In responding to an emotional communication of a client, it may be much more timely and helpful to respond to a latent component in the communication which is a transfer from the *marital* situation of the client, than to the component which appears to originate in the infantile experience of the client. So long, however, as value labels of shallowness and depth get attached, sometimes erroneously, to the theraputic approach, the worker's or therapist's judgment gets slightly skewed. Who doesn't want to be "deep?"

The utmost flexibility and clarity thus need to be exercised by the worker or therapist in choice of level or plane at which he intervenes or allows the group to work at any one point. If freed of the bias about what is deep or what is superficial, and focussed on what is therapeutic at that time, he can bring clarity to distortions in attitude that are transfers from a variety of experience, past and present, in addition to the infantile experience. He can also be alert to when reflections on infantile experience by a client or group is actually an evasion or defense rather than abreactive.

Finally, I wish to comment on the difference Mr. Rosenthal defined among various group approaches. In the field of group treatment—if it can be called a single field—there is a jungle of semantics. We shall some day find useful the adoption of a uniform lexicography. For example, what Mr. Rosenthal describes as group guidance comes closer to what in the Jewish Family Service is called family life education—and group counseling as we see it is closer to group psychotherapy.

In our group counseling program, the episode Mr. Rosenthal described as psychotherapy is a commonplace—whereas the experience he reported with a father's guidance group could by definition and practice never occur in group counseling, but may well occur in family life education. I am aware that the term group counseling is used so differently in agencies as to cover a wide spectrum. I would like to make out a specific case, however, for a flexible approach to group treatment in social agencies, at least paralleling the wide spectrum of kinds and levels of individual casework practice, from the most specific and even tangible service-giving to insight therapy.

Mr. Rosenthal implied or stated a number of elements which he felt marked group counseling that I would disagree with. I would trust that group counseling in social agencies would *not* be confined to:

1) Specific or situational locales of stress.

2) *Centering* group discussion on that which is external to the clients—even as close as children and their behavior.

3) Work with those without serious personality disturbance.

4) Those parents with little unconscious involvement with the child—if such be found.

5) Exclusive "focus on reality-adapted patterns" to the near exclusion of interpretation of feelings.

6) The homogeneous groupings of adolescents, wives, or husbands, etc.

To the contrary, in Jewish Family Service a prototype group (not all groups) is one having both sexes, a variety of presenting problems and of focal points of symptomatic distress. The orientation is toward communication among clients on a feeling level about *themselves;* interpretation and attitude clarification are primary methods; and many individuals with really severe character neuroses, even occasional borderline clients, are included. True, the goal is not specifically geared to curative ends or to personality reconstruction, but to improvement of social functioning. Personality changes do however occur, shall we say as a byproduct or a necessary condition to improvement of social functioning.

I would emphasize that in social agencies the possibilities and methods of group counseling not be too narrowly construed and that a wide and flexible range of choices be possible by definition—even if in practice for a combination of reasons a particular kind of group or groups is elected by the agency at one point in time.