

Chapter 2

History of Social Work with Groups in Practice and Education



Abstract This chapter outlines a brief history of social work with groups including its place within the larger social work field and the landscapes of group work practice and education. Basic theory and concepts in social work with groups are presented including mutual aid, the centrality of relationships, and an introduction to the non-deliberative social work tradition. The presence of group work in social work practice has significantly increased due as research studies have piled up to support its efficacy. Nevertheless, at the same time, the presence of group work in social work education has steadily declined in the past several decades.

Keywords Social work history · Group work · Social work education · Group therapy · Teaching group work

The early histories of group work, social work with groups, and social work education exist within a state of interdependence and intersection. Unfortunately, today these three fields have lost much of their connection. The history of sociometry and psychodrama ran a parallel process with the evolution of group work in general and unfortunately remains mostly segregated from the larger group work world (Giacomucci, 2019). Just as the history of an individual significantly impacts its present-day functioning, so too does the history and development of a model or professional field. For this reason, it is important that we start this exploration of social work, sociometry, and psychodrama at the beginning.

2.1 Brief History of the Social Work Profession

This history of social work is often traced back to the Charity Organization Society and the Settlement House Movement at the end of the nineteenth century in Europe and the United States. In the context of this discussion, it is relevant to note that the many settlement homes included prominent art-based programs, theaters, and/or drama clubs (Bailey, 2006; Hecht, 1982; Kelly & Doherty, 2016, 2017). Social problems became exacerbated and more visible in American society due to industrialization, immigration, and poverty which led to a stronger need for the social work

profession (Ehrenreich, 2014; VanBreda, 2001). The social work field, like Moreno's methods of sociometry and psychodrama, also traces their origins back to religious communities. Social work as a profession with established schools of training appears to have emerged simultaneously around the world at the turn of the century (de Jongh, 1972; Healy & Link, 2012). By the mid-1930s, schools of social work had emerged on every inhabitable continent (Healy & Link, 2012).

The social work tradition of casework arose from the "friendly visitors" programs of charitable organizations in the late 1800s (Ehrenreich, 2014). Because of its early roots in religion, charity, and volunteer work, social workers experienced difficulty in being recognized by others as their own profession. In the 1930s, the social work field attempted to professionalize and enhance its status in the mental health field by adopting the popular psychoanalytic theory (Bendor, Davidson, & Skolnik, 1997; Ehrenreich, 2014; Weick & Chamberlain, 1997; Weick, Rapp, Sullivan, & Kisthardt, 1989). While many social workers welcomed psychoanalytic theory as core knowledge of the profession, others rejected it. With this change in social work's orientation came also a change in the social worker's clientele—"by turning toward the inner life, social work escaped its previously almost exclusive concern with the problems of the poor" (Ehrenreich, 2014, p. 75). Because psychoanalysis is time-consuming and thus expensive, social workers began working more with the middle and upper classes.

Due to challenges to the legitimacy of social work as a profession, Ehrenreich explicitly writes that "the solution was psychoanalytic theory" (2014, p. 60). This major shift in the social work profession also created a shift toward intrapsychic understandings of human suffering and more congruence with the medicalized pathology models of mental illness (VanBreda, 2001). In doing so, social work as a field shifted away from person-in-environment and ecological perspectives on human suffering. This alliance with psychoanalysis could be seen as a pivotal moment in the future absence of Moreno's methods in the social work field. Had social work not succumbed to the pressures of professionalizing and adopting psychoanalytic perspectives in an effort to increase its status, it is much more likely that the social work field would have aligned itself with Moreno's philosophy, sociometric theory, and group work—all of which appear to philosophically compliment social work more so than psychoanalytic theory.

2.2 History of Group Work in Social Work

Social group work was introduced as a method of social work practice in the first quarter of the twentieth century, emerging in the midst of a renewed dichotomy between casework and community/policy work (Wilson, 1956). In some ways, group work serves as a happy medium between individual work and community work. Papell (2015) suggests that social group work provided the social work profession with a method for operationalizing its ideology and social mission. Since its inception, group work practice has been grounded in "social reform; social responsibility,

democratic ideals, and social action as well as social relatedness and human attachment” (Lee, 1991, p. 3). Though the term social justice may be relatively new, its underlying principles—highlighting inequality, advocacy, and empowerment for disenfranchised and oppressed communities—are the historically core elements of group work (Singh & Salazar, 2010, 2011).

As early as 1920, Mary Richmond, the founder of social casework, indicated her belief in social group work as “the future of social treatment” (Richmond, 1930 as cited in Northen & Kurland, 2001, pp. 3–4). In response to the growing popularity of group work, Emory Bogardus outlined the “Ten Standards for Group Work” in 1936 which serves as one of the earliest set of standards for group practice. In the same year, the National Association for the Study of Group Work was formed (later renamed the American Association of Group Work—AAGW to promote professional standards for social group work (Andrews, 2001). In 1948, The American Association of Group Workers (AAGW) issued the following statement regarding the function of the group worker:

Through his participation the group worker aims to affect the group process so that decisions come about as a result of knowledge and a sharing and integration of ideas, experiences and knowledge rather than as a result of domination from within or without the group. (as cited in Wilson, 1956)

Group work first formally associated with social work practice in 1935 when the National Conference on Social Work created a group section. Later, in 1944, Trecker stated that “group work is a method in social work... not a profession—social work is the profession” (p. 4). The 1955 merger of AAGW into the NASW symbolized the experience of most group workers at the time who professionally identified with the social work profession (Andrews, 2001). Group work existed as one of the five primary practice sections within NASW until the 60s when the practice sections were disbanded in exchange for a generalist approach which was followed a few years later by a similar policy change in the CSWE. Considering the NASW and CSWE structural changes in the 1960s that marginalized group work within social work education, it is important to note that it flourished at this time in clinical practice—especially after its usefulness was recognized during World War II (Northen & Kurland, 2001). In 1979, the Association for the Advancement of Social Work with Groups (AASWG) formed and later in 1999 released the first edition of Standards Social Group Work. More recently, in 2013, the second edition was released (AASWG, 2013) providing a clinical framework for social group work moving forward.

While much of the social work field has emphasized the importance of evidence-based practice (EBP), in the group work arena, there is growing evidence against the efficacy of manualized EBP group work (Rivera & Darke, 2012; Sweifach, 2014; Yalom & Leszcz, 2005). Instead, attention to the group process is emphasized with its ability to “move beyond the constraints of method and technique and respond imaginatively and creatively to the impromptu, unrehearsed nature of the special human relationship” (Goldstein, 1998, p. 247).

Group work has been increasingly marginalized within the social work profession, while at the same time, it is in high demand in social work practice and the greater psychotherapy arena (Skolnik-Basulto, 2016). One might argue that as the social work profession moved toward professionalization and medicalization, it focused more on how psychopathology existed within the individual and thus treated mental illness in an individual psychotherapy context. Conrad takes this very stance, “Medicalization also focuses the source of the problem in the individual rather than in the social environment; it calls for individual medical interventions rather than more collective or social solutions” (2007, pp. 7–8). He goes on to discuss how instead of looking at the social sources of individual problems, medicalization focuses on the individual manifestations of the social malady—he calls this “the individualization of social problems” (2007). Group work exists within a *paradox of individuality*, as described by Smith and Berg (1997), “the only way for a group to become a group is for its members to express their individuality... and that the only way for individuals to become fully individuated is for them to accept and develop more fully their connections to the group” (pp. 99–100). Group work challenges popular sociopolitical discourses in the United States around medicalization, individualism, competition, dualism, and authoritarianism, which may be contributing to its marginalization (Drumm, 2006). This depreciation of social work with groups is evidenced by its invisibility in most social work educational programs. This gap in social work education only continues to fuel the marginalization of group work as social worker practitioners and educators enter the field without specialized group work training (Knight, 2017).

2.3 Social Group Work Defined

Social group work has been defined as a major component of social work practice with the focus of enhancing group members’ social functioning, social connections, social support, coping skills, personal fulfillment, providing psychoeducation, or stimulating community-action (Gitterman & Shulman, 2005; Hartford, 1964; Northern & Kurland, 2001). In the social group work practice literature, there are several essential ingredients of group work outlined, including inclusion and respect, mutual aid, group cohesion, conflict resolution, interpersonal communication, and group development.

Mutual aid is the linchpin of social work with groups (Gitterman & Shulman, 2005; Glassman & Kates, 1990; Northern & Kurland, 2001; Skolnik-Basulto, 2016; Steinberg, 2010). Mutual aid is a group phenomenon by which the group heals itself—each group member supporting and helping another (Giacomucci, 2020). Kurland and Salmon, when describing the role of the social worker in group work, state that “the worker’s role is to set in motion a process of mutual aid in the group” (2005, p. 131). In order to access the power of mutual aid within the group, the group must be treated as a group-as-a-whole rather than just one individual at a time (Kurland & Salmon, 2005).

Although the mutual aid concept was first introduced to social work by William Schwartz in 1961, many others had written about it earlier (Dewey, 1916; Kropotkin, 1922; Mead, 1934; Moreno, 1945, 1947, 1955a, 1963, 2019). The mutual aid group recognizes that all participants have inherent strengths, valuable information and experiences, a common goal and common needs, the potential to help each other and in doing so, help themselves (Cicchetti, 2009; Gitterman & Shulman, 2005; Skolnik-Basulto, 2016; Steinberg, 2010). Shulman (2015) discusses how the essential ingredient of mutual aid helps group members to “use the group to integrate their inner and outer selves and to find more adaptive mechanisms to cope with oppression, including personal and social action” (p. 548). Different evidence highlights mutual aid’s capacity to increase self-esteem, improve problem-solving ability, and relieve shame and isolation (Gitterman & Shulman, 2005; Knight, 2006; Steinberg, 2010). A recent article in the *Journal of Social Work with Groups* highlighted the use of expressive interventions to promote mutual aid for trauma survivors (Neuschul & Page, 2018).

Alissi (1982) states that “the hallmark of social group work process is evidenced in the ability to recognize the power that resides in the small group, to help members harness this power to meet personal needs and to achieve socially constructed purposes” (p. 15). Social group work practice operationalizes social workers’ belief in the significance of interrelations between humans and the importance of contextualizing clients within their social reality (Carey, 2016). Some theorists have even claimed that all social work is group work based on the premise that a group is defined as “two or more persons in a relationship of functional dependence, one upon the other” (Deutschberger, 1950, p. 12).

Social group work can take many different forms with a variety of different personal and/or social goals. Groups may be open-ended or time-constrained, open to new members or closed to only existing members, task-centered and/or growth-oriented, large or small, specific to a particular experience or aspect of identity—group work is adaptable to suit the needs of any population, setting, issue, or content (Alissi, 1982). Group work is commonly used throughout the entire treatment continuum, from inpatient/residential programs to outpatient groups.

In the social work with groups practice arena, the dominant approach is a “cognitively-focused, verbally articulated, contemplative, and reasoned problem-solving model”; however, there are also many practitioners integrating action methods (Lang, 2016, p. 97). Lang (1979a; b) even suggests that other group therapy traditions were more focused on cognitive approaches while social group work prioritized the use of action methods and activity in groups (Kelly & Doherty, 2016, 2017). Lang (2010, 2016) proposes a “nondeliberative” form of social group work which encompasses non-verbal, expressive, and action methods (art, dance, music, games, activity, drama, play, role-play, intuitive processes, etc.) tracing its history to previous social work authors (Middleman, 1968, 1983; Middleman & Goldberg Wood, 1990; Shulman, 1971; Vinter, 1985; Whittaker, 1985).

Non-deliberative social work practice is operationalized through experiential problem-solving methods and characterized by the paradigm of “do, then think” (Shapiro, 2016; Sulman, Sullivan, & Nosko, 2016). Norma Lang’s “do, then think”

philosophy mirrors Moreno's action theory—"however important verbal behavior is, *the act is prior to the word* and 'includes' it" (Moreno, 1955b, p. 17). Similar to J.L. Moreno's statement, Zerka Moreno later writes that "even when interpretation is given, action is primary. There can be no interpretation without previous action" (1965, p. 77). In this approach, the non-deliberative group worker's role is to "identify activities that further the work of the group and facilitate the group process" (Kelly & Doherty, 2016, p. 222). Based on Lang's (2016) definition of non-deliberative forms of social work practice, sociometry and psychodrama would fall within this larger category of social work practice. In their accepted proposal for a new IASWG symposium invitational on non-deliberative practice, Sullivan, Sulman, & Nosko (2019) advocate for non-deliberative approaches with the following arguments:

1. Non-deliberative practice is uniquely allied with social group work .
2. Non-deliberative practice gives leverage and visibility to group work within the social work profession and among the other helping professions.
3. Non-deliberative theory offers an opportunity to enhance the profile of social group work in relationship to the other creative arts therapy and experiential fields.
4. Non-deliberative theory offers an avenue for social work to further develop its practice theories.

The integration of the non-deliberative social work practice theory invitational event into the annual IASWG symposium is an indicator of the movement within the social group work community toward experiential and creative arts therapy approaches.

2.4 Group Work's Increased Demand in Practice

The cost-effectiveness of group therapy, along with increasing research demonstrating its treatment efficacy (Callahan, 2004; Kanas, 2005; McDermut, Miller, & Brown, 2001), has both contributed to its rise in popularity. Group therapy is recognized as an effective treatment modality for a variety of mental health disorders, psychosocial problems, social skills training, and personal growth work (Drumm, 2006; Furman, Rowan, & Bender, 2009; Yalom & Leszcz, 2005). Group psychotherapy has been shown to be at least as effective as individual psychotherapy (Wodarski & Feit, 2012; Yalom & Leszcz, 2005). As such, it has been regarded as an essential aspect of social work practice (Carey, 2016; Corcoran, 2020; Garvin, Gutierrez, & Galinsky, 2004; Gutman & Shennar-Golan, 2012; LaRocque, 2017). Although the availability of group work education has steadily diminished over the last 50 years, the utilization of group therapy in clinical practice has increased significantly—both in social work practice (Gutman & Shennar-Golan, 2012; Heinonen & Spearman, 2010; McNicoll & Lindsay, 2002; Skolnik, 2017; Wodarski & Feit, 2012; Zastrow, 2001) and the larger psychotherapy world (Drum, Becker, & Hess, 2010; Yalom & Leszcz, 2005).

According to NASW (as cited in Probst, 2013), clinical social workers now make up the largest group of clinical professionals—totaling about 60% of all clinical mental health professionals. Clinical social workers provide more therapeutic services than psychiatrists, psychologists, counselors, and other therapists. Thus, suggesting that clinical social workers may also make up the majority of clinical group facilitators in the treatment industry, and causing many group work experts to demand that group work be a mandatory component within social work education (Birnbaum & Wayne, 2000; Drumm, 2006; Kurland & Salmon, 2002). Zastrow exclaims that group work is of utmost importance as “every social service agency uses groups, and every practicing social worker is involved in a variety of groups” (2001, p. 2).

2.5 Placing Group Work Within the Historical Context of Social Work Education

Professional social work education has its early roots in the first formal course of Philanthropic Work offered in 1898 by the Charity Organization Society in New York City, foreshadowing the 1908 establishment of the Philadelphia Training School for Social Work (evolving into what is now the University of Pennsylvania's School of Social Policy and Practice) (New York Charity Organization Society, 1903; Lloyd, 2008). Group work was introduced to social work education in the early 1920s (Wilson, 1976) and emerged just years after the formation of professional social case work. The American Association of Group Workers was organized in 1936, which later merged into the National Association of Social Work when NASW was founded in 1955 (Schwartz, 2008).

Until 1969 when the Council on Social Work Education (CSWE) changed its Educational Policy and Accreditation Standards (EPAS), social work education had been organized into three specialization tracts—casework, group work, and community organization (Simon & Kilbane, 2014). This structural shift toward a focus on social work generalist practice is often underlined as the catalyst for the steady decline over the past 40 years of group work from social work education (Goodman & Munoz, 2004; Steinberg & Salmon, 2007). Although the intent of the policy was to promote a more holistic approach and find common ground between the three aforementioned specializations, many social group workers refer to this initiative as “genericide” (Abels & Abels, 1981; Birnbaum & Auerbach, 1994).

In 1994, Birnbaum and Auerbach wrote that “although social work practice with groups is on the rise, social work education has neglected to prepare students for group work practice” (p. 325). In lieu of the consistent outcry from social group workers over the past few decades, the percent of MSW programs offering a concentration in group work has steadily declined from 76% in 1963, to 22% in 1981, 7% in 1992, (Birnbaum & Auerbach, 1994; Drumm, 2006) and only 2% in 2014—with only four MSW programs in the United States offering concentrations in group work

(Simon & Kilbane, 2014). This 2014 study, which is a modified replication of Birnbaum and Auerbach's 1994 study, provides us with alarming figures suggesting a possible future annihilation of the once prevalent group work concentration in social work graduate programs.

Furthermore, Simon and Kilbane's 2014 study of MSW programs found that nearly 1 of 5 programs admittedly did not offer a single (required or elective) course with a primary focus on group work, while 58% offer a required course and 40% offer an elective in group. While many social work programs are providing some form of group work education in abbreviated segments within other courses, such as a course titled "clinical social work practice with individuals, families, communities, and organizations", the teaching faculty and field placement supervisors do not have specialization in group psychotherapy, and it is questionable how much attention is given to group work (Carey, 2016; Goodman & Munoz, 2004; Knight, 2017; LaRocque, 2017; Sweifach, 2014; Tully, 2015). A national survey of first year MSW students found that over half of their field instructors provided little or no information on group theory or practice during their first-year foundations (Sweifach & Heft-LaPorte, 2008). In the same study, two-thirds of these MSW students indicated that they were expected to facilitate groups in their first-year field placement (Sweifach & Heft-LaPorte, 2008). A survey conducted by Goodman, Knight, and Khudododov (2014) found that of a sample of both clinical and community concentrated MSW students working in a variety of different field placements, more than 80% of them were expected to facilitate groups. Similarly, Clements' (2008) survey of BSW and MSW students found that only 20% of them had never had a group experience in their field placement.

Additionally, research has demonstrated that students who have taken a course specifically devoted to group work consistently demonstrate positive attitudes toward working with groups (Gutman & Shennar-Golan, 2012; Knight, 1999). On a positive note, there has been a slight increase in MSW programs that require group work experience as part of the fieldwork requirement. However, at the same time, many authors have criticized the level of group work competency demonstrated by fieldwork educators/supervisors (Birnbaum & Wayne, 2000; Kurland et al., 2004; LaPorte & Sweifach, 2011; Simon & Webster, 2009; Skolnik, 2017; Steinberg, 1993; Tully, 2015).

While the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) explicitly requires a group therapy course and a practicum including group facilitation in accredited programs, the Council on Social Work Education (CSWE) does not require either in their accreditation requirements. The listed CSWE competencies are generically lumped together to cover working "with Individuals, Families, Groups, Organizations, and Communities" (CSWE, 2015, p. 8). In doing so, the importance of education specific to group work has been lost. Alternatively, CACREP specifically highlights "Group Counseling and Group Work" as one of the eight required curriculum common core areas for all students. The skills to facilitate group psychotherapy are equally necessary for counselors and social workers. These skills are essential for clinical social workers who provide

direct services in groups, as well as macrosocial workers who regularly work with groups, communities, or organizations.

2.6 Conclusion

In many ways, it seems that there is a missing generation of social group workers in the United States due to the lull of group work education in the past few decades. Some argue that many of today's social work educators and supervisors simply do not have the specialized education and training required to teach or supervise social work students or new graduates in their practice of group work (Carey, 2016; Goodman & Munoz, 2004; Knight, 2017; LaRocque, 2017; Sweifach, 2014; Tully, 2015). As we will explore in future chapters, this reduced number of social group workers mirrors the limited number of psychodramatists in the United States.

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