Building Mutual Support in Groups

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SUMMARY. The concept of support is frequently referred to in the groupwork literature but is relatively underdeveloped and unspecified. This paper partializes the concept of support and identifies and illustrates specific professional behaviors which are essential to the building of support in a group. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2005 by The Haworth Press, Inc. All rights reserved.]*

Support is integral to the group modality. It provides a major rationale for the provision of group services. In fact, such services are often referred to as "support groups." While the concept is frequently referred to in the literature, it is rarely defined and specified.[1] The notion of support is so central to our practice, that we have, perhaps unjustifiably, assumed a common understanding about it and dealt with it as if it were too self-evident and obvious to clarify and specify. The notion of peer support has consequently remained somewhat ambiguous, and undefined. For similar and more complex reasons, the professional behaviors and actual processes of building mutual support in a group have

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also remained relatively underdeveloped and unspecified. The purpose of this paper, therefore, is to partialize the concept of support and to identify and illustrate specific professional behaviors which are essential to the processes of building support in a group.

GROUP SUPPORT

Support can be metaphorically compared to providing the function to a group that energy provides to machinery. As members begin to feel supported by and in the group, they are more likely to share their concerns and experiences and take a chance on becoming involved with each other, and thus accomplish the purpose of the group. While they initially may share safe and less threatening issues, they are actually testing each others's and the worker's genuineness and competence. As members experience continuing support, they are likely to risk more personal, even taboo concerns. This process itself helps members to experience their concerns and problems as being less private and deviant. This process reduces isolation, "de-pathologises" problems and diminishes stigma. As members reach out to each other, they experience a variety of helping relationships and become increasingly invested in each other and in participating in interpersonal processes. Mutual support encourages members to struggle, to offer and receive help from each other rather than leaving that job primarily to the worker. Since group members have had common experiences and problems, they are often receptive to each others' views, suggestions and challenges. Without support (like machines without energy), groups are likely to lose their drive and momentum.

For members to experience and to be experienced by others as supportive, they have to be able to demonstrate and convey to each other specific kinds of behaviors. *Acceptance* is one example. To accept another requires an ability to be emotionally and cognitively with another person. This is demonstrated by such actions as conveying to another their worth, demonstrating care and interest, and offering suggestions without value judgements and moral lectures.[2] Offering *hope* is another behavior which demonstrates support. When members experience a sense that situations can change, become easier or less stressful, they are more likely than otherwise to invest themselves in the group. Being helped to feel that one has one's own as well as the group's collective resources to make things different and better are powerful incentives to undertaking new problem solving strategies and behaviors. Finally,

support is provided and experienced through tangible behaviors of helping each other to learn the actual skills of competently managing one's feelings and developing pertinent problem-solving strategies. Group members provide support by helping each other to manage overwhelming feelings of anxiety, or devastating pain from loss and isolation, or incapacitating self-doubts and insecurities. When members deny or rationalize, others may provide support by eliciting such feelings as anxiety or dissatisfaction with the status quo. Beyond managing feelings, effective coping requires the competence to solve problems. Being supportive is helping members learn how to help each other to solve their difficulties.[3]

FORMING MUTUAL SUPPORT GROUPS

In forming a mutual support group, the first professional task is to identify a clear purpose. Common needs, concerns or interests provide the foundation for support. The worker starts with a clear idea about group purpose, translating commonalty into specific operational tasks. Groups can be formed around typical life stresses, i.e., problems-in-living that people experience. Life transitional networking includes forming groups to deal with such common issues and concerns as: particular developmental struggles (learning disabled adolescents, young adult diabetics); difficult life statuses (siblings of retarded youngsters, homeless adults, renal dialysis patients, separating and divorcing parents); desired and undesired life changes (school transitions, marriage, parenthood, retirement, immigration, admission and discharge from institutions) and crisis events (pre or post surgery, chronic or acute illness, physical trauma and assault, loss of loved one). Environmental networking includes forming groups to deal with such common issues and concerns as: isolated elderly, parents of retarded children, problems within an organization (institutional food, welfare rights, tenants association) and consumer involvement within an agency (planning committee, advisory group, leadership council). Interpersonal networking includes forming groups to deal with common interpersonal issues and concerns experienced within natural units (couples, multi-family groups) and working with existing collectivities (patients on wards, children in residential cottages and students in a classroom). The problems in living formulation provides a guideline for clustering people at risk of social and emotional isolation.[4]

Group composition, another professional task, has a profound influence upon interpersonal processes. For the development of optimal mutual support, group members require both the stability from compositional homogeneity and the diversity from compositional heterogeneity. Ideally, both should be present. In composing a group for pregnant adolescents, for example, the worker considers the following factors: common concerns about "birthing"; relationship with parents, boyfriends, peers, school representatives; future plans for babies, etc. The worker also considers the relative advantages and disadvantages of commonalty and differences in such other factors as age, first pregnancy, religion, ethnicity, stage of pregnancy, etc. As a rule, members usually benefit from diversity when common interests and concerns are experienced intensively. Thus, for example, a group formed to help members cope with cancer is likely to be able to use compositional diversity more effectively than a group formed for a more general and ambiguous purpose of helping with adolescence. In the latter group, compositional differences are likely to result in interpersonal conflict and squabble. In contrast, the common situations of cancer patients (i.e., set of common fears and expectations) is such a powerful commonalty that it is able to incorporate individual differences in background and personality. The worker must assume responsibility for group composition. To relinquish this responsibility to someone else, e.g., a teacher in a secondary setting may result in a group of only acting-out children, or, if to a nurse, a group composed of diabetics with severely mixed symptomatology (i.e., early and amputation stages). Such combinations do not encourage mutual support and end in either conflict or despair or both.[5] A client poignantly describes the experience of being "different" in a group:

> My previous social worker referred me to a group at a mental health clinic. She told me it would give me something to do and people other than my children to talk to. Then I found out it was a group for recently released hospital patients many of whom were still psychotic. They talked to themselves and sometimes lost sight of reality for moments. I was frightened by them, and also upset that I was placed in a group with them. Look, I know I'm nuts, but I'm not that nuts. Maybe sometime I will be, but let me get there in my own time. When I have a nervous breakdown, I want it to be my very own and not taught to me by members of my therapy group.[6]

Some groups tend to be long-term and open-ended with departing members replaced by new members. When a common membership core remains intact, these groups provide long lasting emotional support, social contact and instrumental assistance. When membership fluctuates, these groups tend to develop two chronic problems: (1) loss of original sense of purpose and vitality and (2) members remain stuck in an early stage of group development. In contrast, the time boundary in planned short-term and time-limited groups helps members focus quickly, maintain purpose, direction and a sense of urgency. Other time considerations are frequency and duration of each meeting. Children and cognitively emotionally impaired adults, for examples, are both responsive to more frequent and shorter sessions. Thus, structuring temporal arrangements is another professional task useful in the development of mutual support.

BEGINNING A MUTUAL SUPPORT GROUP

Shared definition of concerns or problems, explicit mutual agreement about goals, and about respective roles engages members' motivation and cognition. It also develops reciprocal accountability and provides focus to the work.[7] In offering a group service, the worker's primary task is to capture the members' perception of their life situation, maintaining an ethical balance between active outreach and respect for a person's right to refuse service. With the person upon whom group service is mandated, the worker's primary obligation is to acknowledge and deal directly with the fact of imposition of service. Further, the task is to locate areas of discomfort (usually located in the environment) and specify the nature of the mandate and possible sanctions for noncooperation. These initial entry strategies are essential to the development of mutual support and are enhanced by several core contracting skills, the most important of which include:

1. *Presenting the agency's group service in clear and concrete terms*: Members require a clear understanding about the groups' purpose to evaluate appropriateness and suitability. Informed members are less likely to fear hidden agenda and, more likely to be receptive to an offer of help.

2. *Identifying group members' potential perceptions of their needs, problems or interests*: There are potentially differing perceptions between the agency, the worker and group members. Children, for example, referred by a teacher for being "troublemakers" may feel that they

are not liked and are being picked on. Similarly, mentally retarded young adults may not appreciate being referred to as "mentally retarded," and may be more responsive to a description of the effect of their common status on their lives, e.g., being teased for being slow and treated like a child. These sensitivities encourage mutually supportive behaviors.

3. *Identifying professional role and its boundaries*: Group members need to know that they are meeting with a social worker and have some idea about what social workers do. (To the query of "what does your father do?" a colleague's younger child responded, "He goes to meetings and helps people.") Children in a school group, for example, will use their teachers as role models for expected adult behaviors. With these expectations, mutual support would be inhibited.

4. *Translating members' needs into priorities*: Members' statement of need and an agency's offer of service do not in themselves represent a mutual agreement until members and worker have reached an explicit understanding about their particular foci and priorities. Translating needs into tasks and setting priorities offers worker and members a common frame of reference. Several guidelines are useful in developing priorities: (1) identification of the most pressing and stressful issues in members' lives. Paying attention to members' *vulnerabilities* provides the worker with critical points of entry into their lives; (2) avoidance of mobilizing individual member's and the group's systems of defenses. By selecting concerns which will initially mobilize least *resistance*, the worker takes care to begin with the members' definition and perceptions of their problems. When parents, for example, initially define their children as the "problem," redefining the problem as a marital one is very apt to mobilize defensiveness and withdrawal and (3) selection of tasks which provide the opportunity for positive outcomes. *Success* is a powerful motivator for involvement and mutual support.

These skills have to be employed flexibly, depending upon members' cognitive style, level of physical, emotional and social functioning, their backgrounds and the agency context.

BUILDING MUTUAL SUPPORT

As the work begins, the worker's authority, function and boundaries receive particular attention. And this provides the worker with still another task–to deal with a testing process through which members will develop and reinforce mutual support and alliances as they struggle to

figure out where the worker belongs in the interpersonal system. A few years ago the author worked with a group of high school girls. At our third meeting, a member with the support of others expressed their discomfort by asking him to share a happy and painful life experience. At that moment, the group coalesced to test his willingness to "belong" to the group. The members responded to his sharing a happy experience as well as a painful loss, by sharing their own losses (death of a parent, divorce, etc.), and so began some moving, focused and intense work. Another example is a social work student who was assigned to a group of recently released mental patients who had been meeting for a year:

> I stated that I understood this patient group had been meeting for about a year. Mrs. Bates interrupted by saying, "I don't like being called a patient." I asked her, "how come." Mrs. Bates suggested in effect that "patient" connoted sickness. I asked the other group members how they felt about it. Mrs. Charles agreed she did not like to be classified as a patient either. Mr. Anthony asked her what she wanted to be called. Mrs. Charles paused thoughtfully for a moment and said she would like to be called a "client." I asked the rest of the group for their reactions. Mrs. Bates said that was alright, but she would just like to be called a "member." The group responded positively to this, saying that they liked "member" better. I said that since I was new to the group and they had been *members* for some time, could they bring me up-to-date on the how the group began, what they talked about, dealt with and so on.

While the members may be "crazy," they certainly are not "stupid." They make an extremely sophisticated point about wanting to be treated with respect rather than being "treated." The group members here challenge the worker whose openness encourages the elaboration of mutual support. If she had turned their concerns into manifestations of psychological problems or had not treated the content with the seriousness and respect needed, members might have withdrawn or engaged in mutually exploitative behavior.

To build a mutual support system, the worker helps group members to develop a sense of commonalty and integration. To facilitate achievement of this essential group task, requires of the worker particular skills.

1. *Directing members' transactions to each other*: In the early stages of work with groups, members usually communicate through the worker. Like a "telephone switchboard operator" arranging a "conference call,"

the worker attempts to help members to talk directly to each other. In so doing, the worker encourages the development of mutual support.

2. *Inviting members to build on each other's contributions*: People often talk at each other rather than to each other. By linking a member's comment to those of others–"Bill's idea is very close to George's, what do the rest of you think about their idea?"–the worker encourages members to become involved with each other and to facilitate mutual support.

3. *Reinforcing mutual support and assistance norms*: Out of their individual beliefs, knowledge and value orientations, group members develop collective norms regarding rights and responsibilities, modes of work, and styles of relating and communicating. In some groups, members learn to compete with, withdraw from, and/or exploit each other. To mitigate these maladaptive norms, the worker encourages and reinforces cooperative mutual support norms. This is accomplished by modeling, teaching and crediting their expression, saying, "I hope you feel great about how you solved this problem–no one yelled, teased, threatened, rather you helped each other" reinforces and encourages mutual support.

4. *Examining group sanctions*: Shared beliefs about style and quality of interactions and verbal and physical expression of thoughts and feelings are enforced by explicit and implicit means. These include disapproval and stronger sanctions, interpersonal punishment ranging from mild rebukes and teasing to more extreme responses as scapegoating and ostracism. Clear and flexible sanctions encourage mutual support, ambiguous and rigid ones tend to factionalize members. By helping members to examine their patterns for expression of approval and disapproval, the worker attempts to help them to develop clearer behavioral guidelines and greater acceptance. When members are clear about what behaviors are preferred, permitted, proscribed and prohibited, they are likely to be less anxious and more available to each other.

5. *Encouraging collective action and activities*: Members need opportunities to act in their collective interests and participate in mutually satisfying activities. Action and activities play crucial roles in development and learning, both across the life cycle, and in coping and adaptation. They require planning and decision making, interaction and communication, specification of roles and tasks, and, frequently, negotiating the social and physical environment. By encouraging collective activities and by experiencing collective successes, the group becomes a source of mutual support and satisfaction. For a group of regressed schizophrenics, the activity of preparing coffee, for example, comfortably structures interaction and brings members closer together. To experience success,

the worker and group members must determine their readiness and motivation to undertake the collective action or activity.

6. *Clarifying members tasks and role responsibilities*: In order to undertake collective action and activities, a worker needs to help members to develop a division of labor. A group, for example, planning a camping trip has to specify the essential tasks (purchase of food and supplies, cooking of meals, setting up tents, etc.) and allocate specific responsibility for completion of the tasks ("Let's agree on what chores have to be done during the week, decide who is doing what and talk about what changes might help"). Specification of tasks and role assignment (i.e., a division of labor) facilitates mutual support and interpersonal integration and reduces conflict and stress.

7. *Structuring collective decision making*: In some groups, members experience difficulty in making group decisions, and require help with learning such processes as achieving consensus and compromise. These processes though often caught also have to be taught. The author, for example, worked with a group of disadvantaged older adolescent boys who were unable to plan, to problem solve or even to sustain a simple, focussed discussion. A member's comment would be immediately punctuated by another member's sneer or jeer about a girlfriend, mother, and so on. Chaos invariably followed! Since they had neither experienced nor learned the value of collaborative decision making, a structure was provided to facilitate collaborative processes. An interactional sequence was developed with them to use in planning any program or making any decision: (1) in a round robin fashion each member presented one idea at a time which was recorded on a large master list. The round robin continued until all members ideas were expressed (during this step no comments or alternative suggestions were allowed); (2) discussion about each alternative was limited to clarification and identification of potential problems; (3) after duplicate ideas were eliminated and impractical alternatives voluntarily withdrawn, the group voted for the preferred plan or decision. The prescribed sequence provided a structure for decision making and eliminated disabling criticisms and harshness. And as members learned to listen to each other, interpersonal support and competence replaced interpersonal exploitation and inadequacy.

8. *Identifying and focusing on salient group themes*: In working with groups, the worker confronts simultaneous and competing cues. At times the theme is evident and relatively easy to identify (adoptive youngsters asking questions about their natural parents). Other times, the group theme is more elusive and expressed in disparate behaviors

and responses (group of youngsters differentially coping with group termination). To be helpful, the worker searches for, identifies and focuses on common integrating themes ("I sense you are all very curious about your biological parents . . ." or "Everybody is reacting to the group's ending . . . John, you're running in and out of the room; Bill, you have stopped talking to me; Jack, you have laid your head down and closed your eyes; and I am acting like the group is not ending in two weeks . . ."). By identifying and focusing on the common salient themes, the worker provides the "glue" to bind members together and help each other with mutual concerns and issues.

Through the skills discussed in this section, the worker helps to integrate members by developing and elaborating common themes and structures which call forth mutual support. These themes and structures strengthen collective functioning and are essential to a system of support. While essential, however, they are not sufficient. To develop a mutual support system, the worker also has to help each group member to negotiate his/her individual needs for being different and separate. Developing a satisfactory balance between the demands for integration and individuation, requires of the worker particular and specific skills.

9. *Reaching for discrepant perceptions and opinions*: A worker has to be extremely careful about encouraging a premature consensus and stifling divergent perceptions and opinions. By inviting individual members to disagree, to have differing opinions and perceptions ("John, I sense you don't fully agree–I'm very interested in your thoughts"), the worker encourages expression of individual differences. A collectivity is only as strong as its ability to allow and tolerate differences. Members can only be supportive of each other, if they feel sufficient comfort to state their thoughts and feelings openly.

10. *Inviting and "chasing" individual members to participate*: Due to the transactional fit between group composition and individual member attributes, some members may experience difficulty in participating and may either withdraw, engage in parallel activities or act-out. At times, these behaviors are simply situational or episodic; while other times, they represent long established patterns. With caring and support, the worker invites the participation of the "outside" member. Often, more than one invitation is necessary; interest and caring are demonstrated through several invitations–"Billy, Debby is most worried about what to expect in high school, what's mostly on your mind?" By active inviting and chasing of individual member's participation, the worker conveys and models the importance of each member in the group.

11. *Creating emotional and physical space for individual members*: Group members have diverse needs for intimacy and distance, group activity and individual solitude, and group unity and individual distinctiveness. Some members require more separateness and space than do others. The worker attempts to help group members struggle to achieve a comfortable balance, identifying and supporting a member's need for greater space–"I think John is saying he needs a little more time before he is ready to talk . . ."

As members feel more comfortable and less threatened, they become more invested with each other. When their individual styles and rhythms are respected and valued, they become willing to take chances and to lower their defenses. Thus, for the worker, a critical professional task is to assure that individual needs are balanced with group needs.

OBSTACLES TO MUTUAL SUPPORT

In coping with life transitions, environments and internal group processes, members encounter interpersonal obstacles. These obstacles are expressed in maladaptive communication and relationship patterns. Stress is generated in the system, hindering mutual support. Withdrawal, factionalism, alliances and scapegoating are illustrative of these maladaptive patterns. While maladaptive for most members, these patterned behaviors also serve a latent need for maintaining group functioning. Scapegoating, for example, may stave off difficulties in the group while promoting it in the scapegoated member.[8] After a while these patterns may well become fixed and potential change resisted. To mitigate these maladaptive patterns, the worker uses various direct as well as indirect professional skills.

1. *Identifying maladaptive patterns*: Members are often unaware of their transactional patterns. Identifying a maladaptive pattern observing that "I've noticed every time someone introduces a painful and scary concern like graduating, getting drunk, girlfriends cheating, someone picks on John and our focus changes . . ." is often a first step to consciousness raising. As the pattern repeats itself, the worker can reflect on prior interventions ("O.K., here we go again, it's happening right now, Bill, you just started in on John when we began to talk about your father's drinking . . .). The worker can also encourage members to either give up a pattern even if slowly by suggesting, "Come on let's not start on John, Bill what happened the last time your father came home

drunk . . ." or examining the pattern directly–"Let's talk about what's happening right now."

2. *Challenging collective resistance*: Often, group members can not readily accept a worker's identification of maladaptive transactional patterns. To give up entrenched patterns is far from easy. Avoiding conflict, painful material, intimacy and threatening changes or escaping into an "illusion of work" may be initially an easier and understandable defense. For mutual support to serve the group's purpose, however, the worker has to attend to the dysfunctional patterns, hold members to their contract and to the work, "Everybody is fuming but nobody is talking, what's going on? . . . this silence won't solve any problems, what's happening? . . . Bull, it's not O.K., you are all very upset, what happened?" Such professional directness and persistence convey strength and genuine caring, which can release members' energies to deal with group tasks and with each other. Challenging dysfunctional patterns may induce a crisis which can loosen entrenched processes and structures to allow communication and relational patterns to improve.

3. *Inviting and sustaining group conflict*: When anger is suppressed or denied, communication is thwarted and mutual support wanes. The worker invites and sustains the expression of these feelings, reactions and associated content as in "I would like each one of you to put your silence into words, what's annoying you about . . . ?" By inviting negative feelings and thoughts, the worker conveys interest and respect for each member and faith in their ability to communicate and work on interpersonal issues. And by overcoming them, mutual support is enhanced.

4. *Reaching for discrepant perceptions and disagreements*: Members often need assistance and encouragement to express their discrepant perceptions and disagreements–"Phyllis, you disagree with the idea of getting a lawyer who will take a husband to 'the cleaners?'" By helping members to elaborate their opinions and explore differences and disagreements, the worker reaches for open and honest exchanges and consequently deepens the work.

5. *Establishing protective ground rules*: If members are to feel sufficiently comfortable to participate in discussion of disagreements and conflicts, they need a secure atmosphere in which differences can be examined without fear of recrimination. Thus, the worker has to establish ground rules which protect and facilitate open and direct conversations. Explicit rules barring use of physical violence, verbal abuse or threat have to be established. Such rules provide structural and normative supports for the weaker, lower status member. The worker insistently en-

courages and, even, demands that members abide by the agreed upon rules.

6. *Searching for and identifying common definitions and perceptions*: As members consider their differences, the worker listens carefully for possible common definitions and perceptions. For example, an adolescent group invited their parents to a meeting to work on the conflicts between them. A critical theme emerged; the adolescents' struggle to acquire greater freedom and autonomy and the reciprocal parental struggle to maintain some control and direction over the lives of their children. In helping the arguments unfold, the worker began to search for possible common definitions and perceptions. The parents' strong stake in their children making a safe transition to young adulthood; the adolescents' stake in their parents' providing sufficient protection and direction for them. After exploring their diverse perceptions and disagreements, the worker identified the "common ground" between them. By identifying common definitions and perceptions, members are directed to one another to search for some consensus and mutual support.

7. *Lending support and crediting work*: Staying with conflict and searching for common ground requires open and direct communication. Group members need support and credit for their willingness to struggle and to risk themselves (e.g., "The important thing is that as mad as you were at each other, you were able to talk about it . . . it was hard to do, but you've done it real well!").

8. *Using indirect means to facilitate communication*: When group members are unable to discuss the interpersonal difficulties, the worker uses indirect interventions to facilitate communication. Activities, programs and nonverbal methods can encourage interpersonal involvement and mutual support.[9] Audio and videotape provides members with the opportunity to hear and see themselves in action and discuss it as the worker stops and plays back the transactions. Between sessions, assignments of tasks can be used. These may include shared activities and monitoring uncooperative behavior, to encourage improvement of communication and mutual support.

Relationship and communication obstacles are phenomena inherent in a group's life. Members usually have some ambivalence about intimacy, about being close to each other and with the worker. As members work out such issues, they become closer, supportive, and helpful to each other. Usually with the worker's encouragement and professional skills, the interpersonal tensions diminish and energies are released for the agreed upon tasks. When these obstacles are ignored or dealt with unskillfully, they become entrenched and threaten the group's exis-

tence. The worker, thus, has to have confidence in the members and in his/her abilities to deal with the maladaptive patterns. By meeting the challenge, members have the opportunity to gain greater self and collective confidence and learn about the quintessential meaning of mutual support.

CONCLUSION

The paper has attempted to clarify and specify professional tasks and skills associated with building mutual support in groups. The author hopes he has not implied that the professional tasks and skills identified and discussed are to be applied prescriptively and in a neat, logical, orderly and sequential fashion. For in a group, the worker faces an array of simultaneous themes and cues, at times perplexing and other times overwhelming. At every and any moment, the worker has to determine which ones to respond to, and which to table. There is very little time to think and strategize about the "correct" intervention.

What can the worker fall back on in these moments?

The problems-in-living formulation provides a framework which encourages greater focus and direction to practice interventions. To illustrate, a worker is trying to help a group composed of recent widows. In the fourth session, members are agitated and complain about their loneliness and isolation. Were they at this particular moment asking for help in exploring their grief and going through the mourning process (i.e., life transition)? Or were they asking for help with their sense of social isolation and in becoming more effectively connected to their support systems or possibly requesting help in acquiring new support systems (i.e., environment)? Or, finally, were they at this particular moment, indirectly complaining about the worker's and group's lack of support and obliquely requesting attention to their own internal group issues (i.e., interpersonal)? How a worker intervenes would be different depending upon an assessment about whether the help being sought was life transitional, environmental or interpersonal. The problems in living formulation may assist the worker in choosing the appropriate interventions at each moment after each session and over longer time intervals.

A small, important concluding note: The worker can also fall back on the uses of humor (if he/she has it). Using humor is generally important in working with groups and specifically to building support. Professional education and socialization tends to stiffen our approach and seems to discourage both purposeful and spontaneous humor. Yet, ap-

propriate and timely humor can effectively relieve group tensions, anxiety, embarrassment and facilitate dealing with pain and suffering. After undergoing heart surgery, for example, a blue collar worker was extremely concerned about being sexually impotent, but was unable to discuss this concern with his doctors. His hospital female social worker responded to the awkwardness by asking, "Are you worried about whether the lead has run out of the pencil?" Laughter, tears and a frank discussion followed.

NOTES

1. For discussion and illustration of the concept, see, A. Gitterman and L. Shulman, eds. *The Mutual Aid Group and The Life Cycle*. Itasca, Ill: Peacock Press, 1986; and W. Schwartz and S. Zalba eds. *The Practice of Group Work*. New York: Columbia University Press, 1971.

2. Acceptance is a core characteristic in C. Roger's description of the helping relationship, see C. Rogers, "The Characteristics of a Helping Relationship," *On Becoming a Person*. Boston: Houghton Mifflin, 1961.

3. For a discussion of the concept of support in social work practice, see, J. Nelsen, "Support: A Necessary Condition for Change," *Social Casework*: (Sept., 1980): 388-92.

4. For elaboration of the formulation, see, C. Germain and A. Gitterman, *The Life Model of Social Work Practice*. New York: Columbia University Press, 1980.

5. For discussion about the influence of group compositions, see, H. Betcher and F. Maple, "Elements and Issues in Group Composition," in P. Glasser, R. Sarri, and R. Vinter, eds. *Individual Change Through Small Groups* (New York: Free Press, 1974) pp. 186-208; A. Gitterman, "Developing a New Group Service: Strategies and Skills," in A. Gitterman and L. Shulman, eds. *Mutual Aid Groups and The Life Cycle* (Itasca, Ill: F.E. Peacock Publishers, Inc., 1986, pp. 53-74; H. Northern, *Social Work with Groups* (New York: Columbia University Press, 1969, pp. 86-143; W. Shalinsky, "Group Composition as an Element of Social Group Work Practice), *Social Service Review* (March 1964):42-49; R. Toseland and R. Rivas, *An Introduction to Group Work Practice* New York: Macmillan Company, 1984, pp. 124-29.

6. A. Gitterman and A. Schaeffer, "The White Worker and the Black Client." *Social Casework* (May 1972): 280-91.

7. For discussion about the concept of contracting, see, C. Garvin "Complementarily of Role Expectations: The Member-Worker Contract," *Social Work Practice 1969* (New York: Columbia University Press, 1969) pp. 127-45; A. Maluccio and W. Marlow, "The Case for the Contract," *Social Work* (January 1974): 28-36; B. Seabury, "The Contract: Uses, Abuses and Limitations," *Social Work* (January 1976): 16-21.

8. For a discussion of these phenomena, see, L. Shulman "Scapegoats, Group Workers and Preemptive Interventions," *Social Work* (April 1967): 37-43.

9. See, S. Henry, *Group Skills in Social Work: A Four Dimensional Approach*. Itasca, IL: F.E. Peacock, 1981; R. Middleman, *The Non-Verbal Method in Working with Groups*. New York: Association Press, 1968; R. Middleman, "The Use of Pro-

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