

Group Work vs. Casework in a Group: Principles and Implications for Teaching and Practice

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SUMMARY. This paper examines the differences between group work and casework in a group. Examples of both are used to illustrate the distinction. Steps that are essential to maximize the value and benefits of the small group and to ensure that group work takes place are described and discussed. [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.]

In 1978, the first issue of *Social Work with Groups* appeared. Receiving and reading Volume 1, Number 1, was exciting. Those of us who had lived for a while viewed it as an intellectual rebirth of a kind. Group

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Work had its own journal again, and this would help the method have another chance to be born again and take its rightful place on the social work stage. Some of the articles in that issue are as relevant today as the day they were printed. Margaret Hartford's article, "Groups in Human Services: Some Facts and Fancies," Ruth Middleman's "Returning Group Process to Group Work," and Emanuel Tropp's "Whatever Happened to Group Work?" each spoke of issues that remain important today.

Tropp had become concerned that schools of social work were eliminating or de-emphasizing the teaching of group work as a specialization at the exact time that there was a growth industry appearing and developing for groups. The statistics published yearly by the Council on Social Work Education for a ten-year period ending in 1976, were the realistic basis for this concern. Social group work was fading away as other disciplines and other professions were expanding the use of groups. Since a vacuum had evolved, it was to be expected that other forces would fill it. We would not be pleased with the results.

Both Hartford and Middleman discussed some of the results of movement in that direction. Hartford said:

Another myth is that if a worker collects an aggregate, that is, gets people together in the same place and responds to them individually in the presence of each other, something significant and helpful will occur. It may and it may not. It may be good and it may be harmful for individuals in a gathering to observe a therapist responding to one and then another in sequence, but it is not working with the group and it is not maximizing the full potential of having the group begin to work for itself. It is, rather, doing what I call 'Aggregational therapy of individuals.' (Hartford, 1978, p. 23)

Ruth Middleman, in her article, discussed three issues that contributed to the lack of attention to a stance that maximized group process. In her view, at that time, one of the issues had to do with the continuing dominance of the helping person, and a therapy perspective that valued personality more than group theoretical constructs. The emphasis was on intrapsychic issues, and led to what she described as group casework, a hot seat pattern with the leader engaging in extended back and forth discussion with one group member while the others watched (Middleman, 1978, pp. 16, 22).

The "aggregational therapy of individuals" that Hartford described and the "group casework" or "hot seat pattern" identified by Middleman

are characteristic of an approach to group work that we call “casework in a group.” Such practice with groups minimizes the unique potential of the small group to help its members learn and benefit from the differences and diversity as well as the commonalities among them. Casework in a group is very different from group work. This paper will identify and examine the differences between the two. Examples of each approach will be used to illustrate the distinction. Steps that are essential to maximize the value and benefits of the small group and to ensure that group work takes place will be described and discussed.

GROUP WORK’S PRESENCE

As training in social group work methods and foundation knowledge about groups faded from the curriculum in graduate social work schools and therefore from the profession, caseworkers who may not have been trained in social group work methods at all often conducted groups. That they did so, and continue to do so, is in keeping with social work history. People trained in casework worked in groups with children and their parents as far back as the turn of the century, especially in hospital settings. This was even before the first group specialization was started by Wilbur Newstetter in 1923 at Western Reserve.

Historically, some of the foundation beliefs in casework and group work are similar, and have shaped the current practice. Newstetter wrote: “The underlying social philosophical assumption is that individualized growth and social ends are interwoven and interdependent; that individuals and their social environment are equally important” (1935, p. 297). The dual focus he described is basic to all current models of social group work practice (Roberts and Northen, 1976).

Prominent casework scholars also emphasize a dual focus. Gordon Hamilton, in 1940, said “. . . problems are both individual and social; a case is always a complex of inner and outer factors” (1940, p. 25). In 1990 Mary Woods wrote, “In our psychosocial approach, ecological systems and psychodynamic perspectives have become inseparable” (Woods and Hollis, 1990, p. 9). Similarly, Francis Turner accents the dual emphasis as one of the generally accepted, fundamental points which comprise a common core for all casework practice (Turner, 1974).

The generalized acceptance of a dual emphasis in work with clients may be one of the forces that gave impetus to the actions of the Council on Social Work Education, which from the 1960’s on, moved “to find,

elaborate and teach the generic and underlying pattern of regularity that presumably unified the direct practice method of social casework, social group work and community work. This effort was intended to define more sharply social work's identity as one profession" (Middleman and Wood, 1990, p. 6).

This effort, however, has been a disaster for group work. Since group workers always were a small minority of social work faculty, generic practice courses, by necessity, were taught largely by people whose expertise was in work with individuals and who had little or no social group work experience. The emphasis in such courses was on work with individuals. Birnbaum (1990) analyzes the results in his paper, "Group Work, the Spotted Owl: An Endangered Species in Social Work Education." In it, he describes the diminution of group work. To continue the analogy from the animal world, the situation was akin to putting a handful of guppies in a tank full of goldfish; the outcome was predictable.

Despite this, interest in groups has not died, and this is not surprising. "When viewed from a membership perspective, one observes that all social workers and clients, as human beings, are members of groups. Those groups may be large or small; they may be dyads, formed groups, families, neighborhoods or organizations. Membership is a fundamental condition of all human life wherever it takes place, and across all cultures" (Falck, 1989, p. 24). Even in today's times, the use of group process was listed as the third most frequently used intervention technique in the study of 142 mental health programs, and work with groups has emerged as a major modality for service delivery (Middleman, 1990, p. 1).

The problem, however, is that what is identified as social work with groups often is *not* that at all. Gertrude Stein's phrase "A rose is a rose is a rose. . . . resonates, and we know the rose when we see or hear the words. However, "a group is a group is a social work group" is not true and it is not necessarily the same.

Konopka, in her recent paper on work with the emotionally disabled, commented that in the last 25 years groups have abounded with emotionally upset people and are popular vehicles for treatment. But, she points out, now groups frequently are boring, suppressing, and run by people with a need for power. Group process has been used to enhance conformity. Dissenters may be humiliated. "Revealing" may be required, with punishment if refusal takes place. Konopka describes groups which are one-to-one treatment with the rest of the members acting as bystanders. She calls for a revival of group work with ". . . its basic grounding in a philosophy of respect for the individual, the skillful

and gentle use of the positive aspects of group process and the goal of enhancement of the individual's power and capacity" (Konopka, 1990, p. 14).

One can take heart from Konopka's remarks, and try to bring them to being. A revival or renewal of this kind of group work is possible and may be occurring now. "Trends run in cycles . . . once again there is interest not only in specialized fields of practice, but also by methods. Schools of social work once more are offering courses in social group work" (Sundel, Glasser, Sarri, and Vinter, 1985). There has been a burgeoning of literature on social work with groups in the last few years. Politically, our efforts in expressing the need for greater collaboration, inclusion, and participation with both NASW and CSWE have been fruitful.

DIFFERENCES BETWEEN GROUP WORK AND CASEWORK IN A GROUP

There are major differences between group work and casework in a group. Some of the differences are obvious, others more subtle. The worker who views each member only as an individual and who applies individual personality theories and dynamics without appreciating or understanding the impact of such concepts as group size, roles, norms, communication patterns, member interaction and influence, and group stages, to name but a few, is obviously practicing casework in a group. Similarly obvious, the worker who allots time to each individual group member, in turn, to talk about progress on issues of concern, who allots time in round robin fashion and who does not maximize group interaction and mutual aid, practices case work in a group rather than group work. Group work requires the worker to engage in what Middleman and Wood have called "Thinking group (which) means considering the group as a whole first, individual participants second when initiating or responding to others" (Middleman and Wood, 1990, p. 97).

But sometimes group members can all be participating actively and group work can appear to be taking place when actually it is not. When, for instance, group members are actively engaged in aiding and offering advice to one member who has raised an issue or problem with which s/he is struggling, case work in a group can still be what is taking place. If, in such an instance, all the group members become "caseworkers" in an attempt to help solve the problem of one group member, then this remains casework in a group.

In a pre-vocational skills group in a day treatment program, Sara explains that she is nervous about going back to work. She tells the group that she's gained weight and that her clothes do not fit, that she's worried that she won't be able to get a job because of the bad economy, and that she doesn't know what to say about the gap in her employment history. 'What am I going to say I did for two years—that I was hospitalized and under psychiatric care and doing nothing,' she exclaims. On the other hand, she also says she'd like to have some money and that she feels useless staying home, especially when her sister pressures her to go to work.

Group members jump in to offer advice. Doris says maybe Sara is not ready to go back to work yet. Robert advises her to go on a diet. John tells her not to listen to her sister. Chris and Lisa suggest she 'go for it' and go on an interview. Frank tells her to lie on her application and say she was working in her sister's office. Sara rejects all these suggestions. 'I couldn't lie on my application. I just couldn't do that,' she says. 'And if I went on an interview and didn't get the job, I couldn't handle it. I'd be sick for weeks.' Finally, she says in frustration, 'I don't want to talk about this any more. Let's talk about something else.' The group then moves on to discuss difficulties Frank is having with his girlfriend.

Readiness to work, pressure from relatives, feelings of inadequacy, fear of failure, how to explain having been hospitalized—all the issues that Sara raises are applicable to other members of this group. Yet the focus is maintained solely on Sara. The group is active. In fact, six members explicitly offer advice. But the problems that are mentioned, even though they are highly relevant to all in the group and are ones with which many group members have had experience, seem not to touch the others as they try to help Sara. This is casework in a group, even with everyone participating actively.

What would make this group work is the "demand" that group members apply the issue or problem of one member to themselves and their experiences and situations. What distinguishes group work from casework in a group is an emphasis on the commonalities of problems and situations and the concomitant commonality of feelings to which they give rise. In group work, each issue that is raised, even when that issue at first glance seems to have no relevance to others in the group, does have applicability for all. The worker who practices real group work draws out that applicability and elicits the commonalities and asks members to examine personally the issues of others. Thus, s/he helps

group members to view and to use the issues raised by one member as an opportunity for all.

A SEVEN-STEP PROGRESSION

To practice group work when one member brings up an individual issue in the group, the worker needs to maintain group work's traditional dual and simultaneous focus on the total group and on each individual group member (Newstetter, 1935). To turn an individual's issue into an opportunity for all in the group, a seven-step progression can be identified that draws on the problem-solving approach described by John Dewey (1910):

1. An individual member raises a problem/issue/situation with which s/he is concerned.
2. The problem is clearly identified by the individual and the group.
3. The problem is explored. As it is explored, additional information may be gathered from the individual about the situation. Group members need to really listen to what the individual is saying. They may ask questions about the problem and about the feelings of the individual. As they listen and question and come to understand the problem through the eyes of the individual who has raised it, they develop empathy and communicate that along with their understanding, concern, caring, and support.
4. The worker asks group members to recount situations they have experienced and dilemmas they have faced that are relevant to the problem that has been raised by the individual.
5. Possible "solutions" to the individual's problem are identified, drawing on the experiences of other group members that have been recounted in the group.
6. The worker and group members help the individual decide on a course of action or solution that s/he wants to try. The individual is helped by the group to plan how s/he will actually implement that solution.
7. The worker asks all in the group what they have taken out of the discussion that has transpired.

At future meetings, follow-up with the individual about the problem and how things are going is certainly a recommended eighth step in the progression.

If group work rather than casework in a group is to be practiced, particular attention needs to be paid to the timing of the third step in this progression, exploration of the individual's problem. Enough time must be spent in exploring the individual's problem to allow other group members to understand and develop empathy for the individual member and his/her situation. Only if they understand the problem that is being raised will they be able to recount relevant experiences and dilemmas of their own. Too much time spent in exploration with the individual, on the other hand, can contribute to his/her sense of being on a "hot seat" and of being "grilled" by the other group members.

In casework in a group, the third step in the progression is frequently rushed and the fourth step, recounting by group members of relevant experiences, is often omitted altogether, as group members rush to offer advice prematurely.

Jim is a member of a group on coping skills in a day program for the mentally ill. Jim is a lonely and reclusive 29-year-old man who has trouble making friends. He has been diagnosed as paranoid schizophrenic. Jim lives in his own apartment. He frequently annoys the group by talking of masturbation and walking around with his pants unzipped, by making inane comments that interrupt the group, and by pretending to fall asleep and lying across three chairs during the meeting.

At the group's tenth meeting, Jim asks a question of the worker. 'I want to know what you think, Debbie. Hypothetically speaking, suppose you had a friend and you don't have any other friends, but this friend every time he comes over he smokes pot or does a couple of lines of coke in your living room. I mean he is a good listener and is your only friend and you don't do drugs or anything, what would you do?'

Before the worker could even respond, group members quickly jumped in to offer advice. Jerry immediately said he'd just tell the guy to get out of his house with the drugs. Allen said drugs are dangerous and this guy's no good. Pam said she wouldn't want anyone doing drugs in her house. Ron said that the guy must not be a very good friend. Will said a friend wouldn't take advantage of you or get you in trouble. Finally, Jim said defensively, 'You know, I don't really care if he does drugs in my house.' He seemed dissatisfied with the discussion that had taken place. Others in the group seemed frustrated as well. As the meeting ended, Pam asked Jim, 'Why did you waste our time if there is no problem?'

In this example, the group participated actively by offering advice to Jim. But obviously, the seven-step progression identified here was not followed. The problem was certainly neither identified clearly nor explored. The members' "solutions" were offered to Jim in a seemingly belligerent fashion without empathy or understanding. Their own experiences, relevant to Jim's situation, went untapped. The result was that Jim and the group emerged feeling highly dissatisfied.

The worker with this group felt equally dissatisfied and resolved to raise the issue again. When Jim did not show up at the next meeting she was forced to wait for two weeks.

At this meeting, the worker asked the group if they remembered the meeting where Jim spoke of his friend who did drugs at his house. Everyone did remember it. She acknowledged that the discussion had been frustrating for everyone. The group agreed. She asked the group's permission to discuss the issue again in the hope that the group could be helpful to Jim and engage in a discussion that would be more satisfying for everyone. The group agreed.

Jim recounted the situation. This time, though, the worker's questions and comments helped Jim be more specific. When she observed that this issue seemed important to him, Jim responded by telling the group, 'I don't have any other friends and having this one friend is very important to me. This guy I've known all my life. We went to high school together. This guy is a college graduate with a good job. He has his own apartment. This guy is somebody.'

The group began to understand and empathize. The tone of their questions and comments changed from a belligerent to a supportive one. Jim's responses, in turn, became less defensive and more honest. He was now better able to hear the group. Even his physical posture changed as he sat upright and faced the group. Allen asked Jim if he was worried about the police. 'Yes, I am,' Jim responded. 'But I don't want to end the friendship. I don't want to get caught either with my friend doing drugs.' Pam asked Jim if he ever talked to his friend about being caught when he does drugs at this house. 'I told him it bothered me,' Jim said. 'He stopped for a while, but then he started doing it again.'

The worker then asked the group if they could remember situations they'd experienced that were related to that with which Jim was struggling now. Ron told of a time a year ago when he told a friend who wanted him to use cocaine that he would not do it.

Others told of other situations—times they'd tried to convince friends or relatives to do something, times others tried to convince them to do something, friends they'd valued and lost, people who'd gotten them into trouble. All in the group listened attentively to one another until the time for the group was up.

At the next group meeting, the group returned to Jim's particular situation and helped him develop a plan to talk with his friend about his concerns. Drawing on their own experiences, some gave Jim suggestions of what he might say, of actual words he might use. The group even engaged in some role play, with Jim playing his friend and various members playing Jim.

STRENGTHS AND MUTUAL AID

Group work is a method of working with people that is affirming of their strengths and of their ability to contribute to others. In fact, the very act of forming a group is a statement that embodies the belief that people have strengths and can help one another. The process of mutual aid, unique to group work practice, takes place when members draw upon their own experiences and deep felt needs to help their fellow members. They, in turn, will relive and relearn through their own offers of help and they will be the stronger for it. Brown (1991) states this well: "For members to be able to share their ideas and feelings with others is a means of strengthening the giver *and* the receiver. The collaborative problem solving that goes on during this mutual aid can nurture group members, enhance decision making, and build more cohesiveness within the group."

Breton (1989) emphasizes the healing and liberating powers of mutual aid and points out that recognition of the process by which members influence and help one another provides a power that contributes a *sine qua non* of effective work with groups. It is such mutual aid, she states, that leads to strength and actions and change at the social, economic, and political levels.

The quality of the mutual aid process that occurs in a group is what differentiates group work from casework in a group. In fact, Middleman and Wood (1990) identify the worker's focus on helping members to become a system of mutual aid and his/her understanding, valuing, and respecting the group process as a powerful change dynamic as criteria essential to group work.

The worker's role is to set in motion a process of mutual aid in the group. To set such a process in motion is not easy. The possibility of mutual aid exists in groups, but that does not mean it will flower. Shulman (1979) notes, "Creating a mutual aid group is a difficult process with members having to overcome many of their stereotypes about people in general, groups, and helping. They will need all the help they can get from the group worker" (p. 173).

The worker who sets in motion the process of mutual aid takes into account the entire group as an entity rather than just one individual at a time. S/he appreciates that the group is composed of many separate and unique parts, each contributing to a whole that is multi-faceted (Brandler and Roman, 1991). S/he also appreciates that help does not come from the worker alone, but rather from the interaction with other group members as well as with the worker. "The group is a principal means for the problem-solving and goal achievement, *supplemented* (emphasis mine) by the social worker's direct influence on members" (Northen, 1976, p. 117).

William Schwartz, in his simple but profound definition of a group, specified the importance of the interdependence of the members to one another and developed this as a major dynamic for growth and change. A client group, he said, is "a collection of people who need each other in order to work on certain common tasks in an agency that is hospitable to those tasks" (Schwartz and Zalba, 1971, p. 7). The ability of group members to gain from each other, to consider, to understand, to appreciate, and to build on each other's experiences, situations, problems, dilemmas, points of view, strengths and weaknesses—these differentiate group work from casework in a group. Such ability, put into motion and enhanced by the worker, is the unique power of group work.

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