was for a person who was willing to listen and think through with the clients what they could do to help themselves, and who knew when and where to refer them for further assistance.

Political work is social work. No setting which offers opportunity for direct contact with those in need should be scorned in social work planning. The success of the political club in bringing people together and even the club's basic helping process should not be overlooked.

Where the club's method of assistance differs from the social worker's, is in the political concept of "doing for" rather than "helping with." In connection with the Brooklyn experiment, the social worker reported that the carry-over of this method invariably led the client to expect the social worker to act for him, rather than to help him to plan something for himself. So marked was this tendency, that it had to be consciously counteracted by the social worker in each instance.

But the disadvantages of this fundamental difference in method are far outweighed by the advantages accruing from the acceptance of the politician by the social worker, and of the social worker by the politician. By providing the political club with a trained worker to whom the leader and the captains might bring their constituents, social workers would be helping the people, the clubs, and their profession.

Advantages of Cooperation

The social worker needs to be constantly alert to ways for strengthening community support of his agency. Such support might be appreciably increased if he would interpret to the politician what services his agency provides, and if he would offer to make them available to the constituency of the political leader. What if Mr. Democrat *should* earn votes for his party by referring clients to the district office of the family agency? Mr. Republican will do the same thing, and service to the community as a whole will be achieved with impartiality. Social workers might consider looking on referrals from politicians as indications that the politicians are trying to learn, and that they will lend a ready ear to the social worker's plans for community betterment.

Furthermore, social workers may learn from the politicians more about some aspects of community organization and of community service than can ever be learned in schools of social work. Nowhere will they find better teachers in group leadership, for unless politicians are successful group leaders they soon pass out of the political picture.

In addition to participating in politics, the social worker should attempt to draw the politician into social service. Today social workers are beginning to understand that the community as a whole must not only approve of but join in the work of community service, if it is to be fully effective. The over-all community councils which have been set up, under the supervision or with the assistance of social workers, to improve conditions of health, housing, racial tensions, or juvenile delinquency, illustrate the new and growing participation of communities in the work of solving their own problems. But public officials too often have been left out of these groups.

Politicians rightfully belong on the boards of social agencies, on fund raising committees, and on community social planning councils. Because of their fundamental interest in community needs, they will be found readier to learn, more flexible and progressive, more appropriately "educated" than the average intelligent layman. Even their "self-seeking" is apt to result, through a stepping up of referrals, in a more widespread understanding of the work of social agencies and of the profession of social work.

Casework in Groups

CYNTHIA RICE NATHAN

A former staff member of the Military and Naval Welfare Service of the American Red Cross discusses ways in which the importance of the group to the individual affects casework in a military setting.

WHEN one lives in a military environment, one begins to appreciate the tremendous importance of the group to individuals in the armed forces. The interdependence of the men is great. Their social needs must be fulfilled by each other. They are dependent upon each other for their very lives, since the success of military maneuvers depends upon teamwork. And so their need for one another, their need to be fortified, sustained, and helped by each other is immeasurable. Their training is geared for success in combat, which requires a strong group identification. Men drive forward in the heat of battle because of loyalty to their leader, love of their comrades, and an urge to help the military unit to which they belong. Each man must learn to submerge his individuality in the interest of the group and be ready to carry his own full share and feel a responsibility for his buddies.

The process of learning this is complex. At the time of induction, the men are still individuals who merely assemble in groups. They struggle to adjust to a new and often bewildering environment. Their uniforms, which help to symbolize a new group identification, seem as strange as civilian clothes will seem after years of military service. The men themselves are strangers to each other, and when the group notes that one man's ways are even stranger than the army's they mock and torment him. But, if a man later can prove himself to the group, he will become one of the men. Then the others will voluntarily risk their lives for him, protect and shield him from any who think him queer and try to mock or hurt him, for so strong does the group identification become that an attack upon one is an attack upon all.

The adjustment to military requirements is harder for some than for others, but all inductees undergo somewhat of a struggle in the process. There was the lad from the Tennessee hills who at the reception center found himself in a unit composed almost entirely of men from Brooklyn. He awoke when the sun rose and disturbed the other men who were sleepy at reveille. He said "thee" and "thou art," which sounded as peculiar to the other men as their speech did to him. The men laughed when he shoveled his food, they made him the butt of their jokes, and amused themselves by plaguing him in a variety of ways. But he was a basically stable, good-natured, outgoing individual who had felt secure in his large family and had a good adjustment to his civilian neighbors. Now, in the army, he showed he could "take it." It was not long before both he and the men learned to appreciate one another, accepting individual differences and peculiarities as unimportant. Each man became submerged in an attachment to the other, which was part of something larger than all of them individually. That something was their group feeling. Once that had developed, the group would not permit any outsider to ridicule the lad from the hills.

However, all men are not able to adjust to the military group, any more than all are able to adjust to civilian requirements. When they cannot, they must be discharged, as was one man who had been glad to enter the army because it offered a solution to an intolerable civilian employment situation. But after this escape he again found himself rejected, this time by the soldiers in his unit. His well ingrained pattern had been to curry favor with superiors, to disregard the feelings of the other men. In answer, the group had isolated him.

Prolonged and intensive treatment

would have been required to change this man's pattern of behavior sufficiently to make him capable of becoming a part of a group. Hence his discharge became a military necessity. For the military mission is the emergence of a fighting unit capable of performing with a singleness of purpose.

The process of excluding men who cannot adjust begins with selective service, which uses forms to obtain pertinent facts concerning a potential selectee, among them information on his ability to adjust to the group. His former teacher is asked, among other things, whether her pupil was "accepted, ignored, or disliked" by his classmates, and his employer whether a "poor adjustment to associates" was made. The individual who had difficulty in adjusting to a civilian group is considered a poor military risk.

In civilian life when an individual failed to conform to the standards of the group, several courses of action were open to him. He could remain in conflict with the group and fight it, attempting to rally others about him. In the armed forces, he cannot be allowed to fight the group, because it disturbs morale. In a civilian environment, the nonconformist could also choose to resolve his conflict by leaving the group and seeking another which could fortify him in his beliefs. But in the armed forces, if conflict arises, it must be resolved in one way alone, by his adjustment to the group in which he is placed.

Individuals in Groups

Caseworkers in army hospitals can learn to know some patients through interviews, but others will reveal themselves best through their group activities. When men feel secure with each other, they may produce in a group what they are unable to produce individually.

In one station hospital, patients in the orthopedic ward were absorbed in sketching. At one end of the ward a group drew a high sturdy shoe from a model. Two other patients sat apart. One drew a farmhouse needing repairs; another, a pastoral scene.

The men in the unified group were paratroopers drawing the symbol which bound them together—their paratrooper shoe. Their group feeling was well built, their morale high, and their desire for further military service intense. All of this was being expressed in their activity.

The caseworker knew that it would be traumatic to any one of these men if, for medical reasons, he would no longer be fitted for military service. She knew this by observing their group activities and by the attitudes they expressed in individual interviews.

But what of the other two? Their thoughts were not concentrated on their military group. In a matter of a few weeks they had proven physically incapable of keeping up with their units. In interviews each said he never should have been inducted into the army for physical (socially acceptable) reasons. Now, awaiting discharge from the hospital and from the army, they centered their thoughts on home.

Group Support

In neuropsychiatric wards, group activities have been found to be of great value in revealing the content of the individual's thoughts and the area and level on which therapy must be focused. They are of the utmost importance in the treatment of patients who are unable or unwilling to reveal themselves in individual interviews, but who find the group situation less threatening and hence, less blocking.

Many paranoid patients, for instance, feel a security in the group. Unwilling to accept a drink if handed to them individually because they believe it is poisoned; they will lift one glass from many on a tray when others are also drinking.

There are also numerous illustrations of patients whose conversion symptoms disappear in group play. A ball, thrown by another patient in the heat of the game, is caught with a supposedly paralyzed arm, or a "paralyzed" wheelchair patient, excited over the hotly contested ping pong game, arises to pick up the ball which has fallen a few feet away from him.

Patients themselves are frequently able to offer genuine help to each other. We speak of the teamwork of psychiatrist, caseworker, and recreation worker, but the team is not complete if it omits other patients who know when to rush for the doctor or social worker, who urge the patient concerned to tell the therapist what is tormenting him and who, ill themselves, help to give others a measure of psychiatric insight when their activities as a group are directed.

The patient group can help or hinder. It can reject a therapist and make his efforts sterile. This has occurred in hospitals where referral for psychiatric consultation has stigmatized the patient, thus negating any benefit derived from the interview. But there have also been instances in which a group's acceptance of caseworker or psychiatrist has broken down the fear of the initial interview on the part of newly admitted patients. When an explanation of the nature of mental illness is made to a group as a whole, it has been found that anxiety and resistance is lessened and that its members are better able to help each other.

In one army hospital, patients who had previously whispered to the caseworker "I'm from ward 33" (a mental ward) and who pretended not to hear if another patient in the recreation hall asked from which ward they were, laughingly said, "I'm one of the nuts from 33," after attending a series of group discussions on the nature of mental illness.

To establish rapport with the group or with the individual, it is vital to know the group interactions, attitudes, and taboos. Disregard of the group taboos can stamp one as an outsider and foster resistance to what help can be offered. Red Cross workers at one hospital have learned that the overseas patients on the orthopedic ward reserve unto themselves the right to push a wheelchair patient. When the rare occasion arises in which another man from overseas is not at hand to push the chair through a door, they respect the patient's wish to struggle alone. So, too, on another ward, the Red Cross workers restrain themselves from asking a patient, too ill to write a letter for himself, whether he wants them to write for him. They know that on this ward such an offer would be interpreted as an affront, since the patients feel that this service should be rendered only by another who has served overseas.

Casework Changes

Military necessity has revealed that casework interviewing can take on group forms. In the armed forces, men are faced with common problems at induction, at transfer, upon return from overseas, upon return to civilian life. These problems have appeared on such a mass scale that, to meet them at all, it has been necessary to abandon the conception of the private interview as the only method.

Caseworkers placed in the military setting and compelled to deal with great numbers of men, have struggled to uphold the professional standards in which they believed and to which they had been educated. They had been trained to believe that the success of treatment was dependent upon the privacy of the interview. They had memorized definitions which showed casework to be a relationship of individual to individual, an interaction between two people. Many of them had previously denied that group contact could contain the elements of casework, which was necessarily based on respect of the individuality and the confidence of the client.

Each time change in method has come, it has come with pain. It was once painful to the social worker to accept the fact that crowding the so-called orphanages with unorphaned children whose parents, even though often drunk, loved them, was a social evil. It was painful for caseworkers to abandon giving advice on everything from diapers to divorce, and

it was painful again to abandon passivity and decide to talk to their clients once more. Similarly, only under pressure and with guilt and anguish, have some caseworkers made the decision to leave the old standard of the individual and private interview and try to meet the needs of clients through group interviews. The impetus to do this has come through necessity and in most cases was embarked upon as a last resort, a purely temporary expedient.

But once tried, it was found not only that the immediate casework goal, whether orientation or financial assistance, could be met under certain circumstances through dealing with a whole group at once, but that something more, some plus factor, was achieved through the group interview. And now an increasing acceptance of the validity and soundness of the new method, the group approach, is developing in progressive professional circles.

Force of Necessity

The experiences of Red Cross case workers in this war offer numerous examples of group interviewing. A field director, stationed on an island in foreign waters, found himself suddenly confronted by a large number of men who had just arrived at his post and who were to be shipped to outlying districts within two days. The men had not been paid for three months and were in urgent need of such necessary comforts as shaving cream, razors, and cigarettes. On the post was a well equipped Post Exchange, such as the men would not find in their new localities, such as they had not had at their former stations. The commanding officer looked to the Red Cross to provide loans for the health and comfort of the men.

The Red Cross field director underwent a real professional struggle. He had been taught to interview each man alone, regardless of the obvious fact that many persons who need the financial assistance a caseworker can offer do not necessarily need deep and intensive casework help or even a private interview, but often merely shaving cream. However, he reasoned, if he were to undertake individual interviews, he could not hope to meet the needs of all the men. So, with feelings of guilt and with fear that an unpardonable breach of professional integrity was being committed, he decided to see the men in groups. He told each group that he had limited funds which were allocated for the use of the men at his camp; then made the loans, leaving up to each man the decision as to how much he would need, the amounts varying from $5 to $10.

Not only was the immediate objective met, because the men were able to buy the articles they so greatly needed, but an unusual thing occurred. The field director reported two months later that all but six of the large number of loans had been repaid without the usual follow-up reminders. He said that more than once an officer returning by plane from an outlying post, had come in with a large sum of money entrusted to him for delivery. Upon learning that the officer intended to return to the base post, the men to whom loans had been made had besieged him with their payments. It is impossible to say with certainty that it was the group method of interpretation which was responsible for the high degree of repayment. But it was undoubtedly a factor, for each man felt a group responsibility for returning the funds.

Hospital Interviewing

Workers in military hospitals occasionally have been faced suddenly with the necessity for helping as many as five times the number of men with discharge plans as they had previously been able to help in the allotted time. Each plan requires a careful and detailed interpretation of entitlement for government benefits, and each man needs an opportunity to express his feelings about being returned to civilian life. The choice has been either to give service in the accepted form to only a part of the group or to embark on a new method of giving service in groups.

When the latter method has been attempted, the workers have found that the men, being accustomed to group living and group discussions and faced with a common problem, have had no resistance to learning in groups about government benefits for veterans. Individuals who needed and were entitled to such benefits, who desired them but who felt guilty about planning to take advantage of them, have had their guilt relieved by the reinforcement of the group. Their anxiety about taking what they feared they might not have earned has thus been dissipated.

In one hospital, patients being discharged for psychoneurosis found, in discussing with the group their feelings about return to their communities, that others also feared non-acceptance in their hometowns because they had no physical injuries. Finding a common problem and a common fear, they were desensitized; their problems became objective and were more easily handled. The group discussion revealed those individuals who needed help on a deeper level. Moreover, after seeing their difference from the group, these men were often readier to accept individual casework help.

It was valuable for the caseworker to be able to observe which patient flushed at the neck when claims-filing was discussed. This was the man who still felt embarrassed and uncertain about actually filing the claim. When the discussion turned to the legal aspects of recovering former employment, it was challenging to notice a patient perspiring profusely who, in an individual interview, had said casually that he had no reemployment problem. Follow-up revealed that the man had been a truckdriver who was being discharged from the army because of convulsive seizure. It was useful to know that a man from a small southern community, whose three brothers were still in service, kept returning to questions about the ex-service pin he would be given, asking what it would look like, how large it would be, whether everyone would know what it represented. Such questions were indicative of the man's need for further help before facing his community again.

When convoys of patients from overseas arrive at general hospitals, the caseworkers are confronted by hundreds of men, each needing and wanting orientation. It is impossible to deal with them satisfactorily on any but a group level. The pressure of numbers compels this, the common problem makes it workable, the physical setting on wards makes it unavoidable, the unity of the patient group makes it desirable. Moreover, patients often wish to cluster in groups to ask and hear the answers to questions of common interest, without creating the artificiality of an individual interview.

Some Real Advantages

Caseworkers, who cautiously and skeptically embarked upon the group method of orientation, now report that they would not abandon this method if they could, because of its obvious advantages. It not only saves them time but makes it easier for them to establish rapport with the men. Once the worker is accepted by the group, the resistance which the men might otherwise feel in being referred for casework help or in seeking it is broken down.

The worker also finds that seeing the entire group makes it possible to distinguish which men need more immediate help than others. Seclusiveness, overaggression, hostility, and areas of tension on the part of individuals stand out in groups. The man who sits on the fringe of the group is often revealed as actually being on the fringe of the group; the man who is hyperkinetic, and the man who cannot bring himself to ask questions, all emerge from the group as individuals.

When hospital workers find a patient with low morale in the midst of a high morale group, they know that he is in need of help. They know, too, that members of a well adjusted group will find separation from military service difficult.

Return to civilian life, for men who have served together for years, is traumatic because the group unity, the emotional interdependence which had to be created and fostered for reasons of military efficiency, suddenly is gone. The men who are leaving high morale groups to return to civilian life, feel somewhat the same kind of loss they experienced in giving up civilian friends and family upon entry to the armed forces. Theirs is the loss of a sustaining, loving, accepting, helpful group which in many instances cannot be replaced because neither the group morale nor the facilities for group expression are present in their communities.

What of the Future?

Will men returning from the armed forces again have opportunities to write and act in plays and pageants, to write and edit news sheets, to paint and hammer or to sing and shout in groups? Will they have opportunity to discuss their hopes and feelings and fears in groups? Or will they have to give up the fulfillment and protection of the group and unlearn the part they played in giving fulfillment and protection to others?

The answer lies partly in the communities to which they return and in the social agencies, which must marshal their resources so the returned servicemen can continue to find expression in group activity. These men have found that there is a spiritual value in group unity and in the feelings of men for each other, that there is an ennobling quality in group identification. Their home communities should feel a responsibility to provide them with outlets for group expression.

Adapted from a paper presented at the 1944 meeting of the National Conference of Social Work.

A Psychiatric Service

EVELYN SPENCER

A "case history" of the successful efforts in Toledo, Ohio, to set up a mental hygiene center, told by the social worker on its staff.

THE Toledo Mental Hygiene Center has had no large endowments, no financial "fairy godmother," neither has it "mushroomed." But after five years of slow, often precarious growth our community is in a position to serve the increasing number of veterans who are returning to civilian life with neuropsychiatric disorders. For about 40 percent of our clients have been and continue to be adults.

Community backing for our center has come the "hard way." Other cities, which still lack such a service, will not have so much time to prepare themselves to meet the needs of these most complicated casualties of the war. They will, perhaps, be able to skip some of the steps through which we progressed. But we hope that they will find some assurance in our experience, which shows that a little psychiatric service is much better than none at all; that a community does not need to wait for a "full blown" mental hygiene clinic in order to begin; and above all, that sound interpretation and representative backing is a prerequisite, not only to adequate financing, but also to the effective use of clinical facilities.

False Starts

The history of the efforts to establish mental hygiene service in Toledo is a history of false starts. As far back as 1923 the welfare committee of the Chamber of Commerce stimulated a flood of resolutions from more than seventy organizations favoring the establishment of such a clinic. As a result, the county commissioners moved to appropriate money to set up a clinic in the county hospital. Suddenly the commissioners reversed their action, the force of the multiplicity of resolutions proved to have been spent in writing them, and the movement collapsed.

In the next year the Rotary Club, through its boys' work committee and with some financial assistance from the board of education, advanced money to bring not a psychiatrist but a psychologist to Toledo to work with "problem boys." This specialized and restricted service was maintained for seven years, first through a new private agency with an ambitious name, the Juvenile Adjustment Bureau, and later through the Juvenile Court with city funds. But in 1931, the county commissioners withdrew their appropriation.

In 1926, the Social Service Federation (now the Child and Family Service) tried unsuccessfully to interest the Commonwealth Fund in a demonstration clinic. In 1934, the local Junior League, in casting about for projects to support, considered a child guidance clinic, but found that a budget for a complete set-up was too large for its means. In 1935, the Child and Family Service tried to enlist the interest of the Toledo chapter of the American Red Cross in establishing psychiatric service, but the project was found to be contrary to the general policies of the national organization.

Thus, over a period of a dozen years, isolated, sporadic, and uncoordinated efforts by particular groups had proved abortive. At no time had there been a real community plan, with real community support. But undoubtedly these efforts served to keep the subject alive, and to spread interest in and understanding of the need.

Consulting Psychiatrists

In 1935, Toledo finally secured its first psychiatric service. Meager though it was, it was nevertheless a beginning. It came about in this way. The Child and Family Service agency had opened a new department, the consultation bureau. It soon found a desperate need for expert psychiatric help in meeting some of the difficult problems of its clients. Arrangements were made with a psychiatrist from Detroit to give two days consultation a month.

Even this limited service began to make itself felt, and three years later Paul Alexander, newly elected judge of the Juvenile Court, made a similar arrangement for consultation service from another Detroit psychiatrist. These two bits of actual experience, showing what a trained psychiatrist could do to help social workers unravel the tangled skein of human difficulties, gave impetus to the more solid start toward a real community-wide service which began in 1938.

A Community Plan

In that year the children's section of the Council of Social Agencies completed a study of child welfare in the community, which declared that "the most crying need in the child welfare field in Toledo is for child guidance facilities." It proposed that several agencies join together and out of their own budgets pay for half of the time of a competent psychiatrist, who would serve in a consultative capacity to each of them. It was hoped that private patients would take up the other half of the psychiatrist's time, and that the combination of guaranteed and potential income might prove sufficient to attract a well qualified person. This, in fact, is exactly what occurred.

After weeks of negotiation Dr. Elizabeth Adamson, well known New York psychiatrist, became interested in the project. Under the skillful guidance of Wendell F. Johnson, director of the Child and Family Service, seven agencies eventually agreed to join the plan: the Child and Family Service agency, the Bureau of Aid to Dependent Children, the Jewish Federation, the Luella Cummings