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Report on a Course in Advanced Groupwork for Social Workers, Keele University 14-18 April 1975

I went to this conference because I was familiar (over nearly 10 years now) with a certain type of group work but not in a social work setting; and I wanted to find out. I find that there is a great deal of difference between the type of groups set up by case workers, community workers, education-oriented people like myself, and therapists. It all depends on the concepts and ideas they have in their heads to start with, said Tom Douglas, senior lecturer in social work. At the same time, he said, we select and match the people who come to our groups if we can, if they are not sent to us willy nilly by some other authority. Social workers want to know more about the suitability of those who are sent to groups, and much of this information may have to be extracted against some odds. Eventually we are faced with a group of people with specific demands and expectations and background, and if we are to weld this group into a working whole we shall need to bring to it flexibility, adaptability and a wide range of skills. All right, so far I agree. Where we differed was on the variety and range of these skills that may be used, that are acceptable to the group and to the people who employ us. I learned from this particular course that my own skills are limited in a particular way when dealing with a group of people who have not come of their own free will.

Case workers, social workers, youth leaders, probation officers, intermediate treatment officers, prison officers may deal with groups who have or have not come of their own free will. They may be groups of delinquents or potential offenders, borstal boys, isolated or inadequate single parents unable to cope, or similar groups of children, adolescents or adults.

Community workers will be concerned mainly with tenant groups, neighbourhood action groups, community groups or special activity groups such as those setting up a playscheme.

Educationalists will deal with adults who usually have an interest in discovering more about themselves, they will be self-referred, wanting to develop new facets of their personality, develop their own potential, and meet other like minded people and make new friends.

Therapists will meet groups classified as patients.

Obviously the dividing lines between them are not strict. A great deal of so-called therapy can and does take place in any of the groups mentioned but the concepts that the group convenor has about the group and the members have about themselves will be important factor in the group's development and pace.

There is always an initial contract, a primal contract which can be modified as the group progresses, but which may or may not be explicit at the start. I always like to have it explicit as far as possible. What are my expectations as the group member? What can I bring to the group, what can be asked of me? The contract may include arrangements as to the times of meetings, how often we meet, for how long, and what we want to achieve.

To me, steeped in the principles of adult education, all adults are equal in status and the main function of the group leader is to bring out the best from each, find out what resources, abilities, skills, each has, what he can offer and contribute. All this is fairly non-directive, allowing the group to develop its own ideas, agenda and pace. In old-fashioned adult education style we always have an agenda building session at the start and a de-briefing session at the end. I am mainly the convenor, facilitator, enabler. But to a social worker this is not enough. As we found out in our case studies and exercises which were video-taped and played back at Keele, groupwork in a social work setting asks for and gets a great deal more direction and control, and this may well be necessary. A community worker will mediate between local groups and authority or between different groups, and again different skills are necessary, an awareness of inter-group feelings and ability in managing relationships between groups: yet nowhere that I know of is this actually being taught in this country, except by me on a very small scale (Self and Society Vol.I No.6 and Vol.III No.1).

There are a good many skills we can learn from each other. I can learn to become more directive or mediative when this is called for in a community work setting. And I can probably teach how to elicit the best from each and some detailed exercises (e.g. Gestalt techniques) and skills which bring out buried feelings and what to do with them when they come to the surface, how not to panic when anger, joy, sorrow, care, resentment, rejection or appreciation are eventually shared. I was amused at Keele how these feelings were carefully kept at bay, how we analysed, interpreted, classified, verbalised and blocked each other off, and how much unfinished business was left at the end. One morning I felt depressed and uninvolved, irritable and almost on the point of crying. But no-one noticed, or at least no-one asked me to say what was going on with me, and so I said nothing. It wasn't that kind of group where this sort of sharing was encouraged. Far from looking at each other and taking much notice, I am not even sure how much we actually listened to each other, or wanted to know.

Frederick F. Sypher

Continued from last month

The Meaning of Wellness

In my paper last month I placed the emphasis mainly on the relationship of man to the social armor, to the institutions that make up his external circumstance. This part will place the emphasis on the intrinsic factors—his biologically acquired armor. However, the two parts flow into each other and any separation even temporarily for the purpose of classification would be artificial.

The outcome of the struggle of man to balance the 3 minds which are the focal points of his unwellness, will finally depend on whether or not his bio-social development can be considered researchable by means of the scientific method. The distortion caused by the substitution of performance for self and the consequent denial of genital organization is summarized in abnormal muscular tensions and therefore in the habits of motion used by man as he engages in the social labour process. The social organization in turn consolidates the distorted habits. The bio-social armor is thus unconsciously sustained to resist change in a world where change in both man and society is inevitable. The following diagram may be useful in considering the denial of change. (Fig. IV)