

GROUP LIVING AND THE INDIVIDUAL CHILD*

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THIS paper is based upon actual study of individual children in the group living situation at Pleasantville Cottage School, Jewish Child Care Association of New York, over a period of approximately one year. The actual study of a particular child frequently has covered the entire duration of the child's placement, in some cases as much as two and three years. The major focus will be upon ways in which the group living experience can be a positive force in the child's life with respect to emotional problems of development in evidence at the point of admission, as well as from the standpoint of meeting the normal needs that every child has in growing up. Group composition and group dynamics will be discussed only to a minimum extent.

General Principles

There are some general principles basic to an understanding of group living as it affects the individual child.

Although this paper deals with the group living experience itself, there are extremely important outside influences that have direct bearing upon the child's use of it. A child cannot derive much

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benefit from group living unless and until he has come to terms with separation from his family and he has come to accept his being in placement. The social worker plays the key role in helping the child work this through. The group living experience can be helpful to the child in this regard in a secondary way because as the child feels the potentialities of his getting satisfaction from being in this situation he becomes better able to accept the reality of his separation and placement. With the child who has difficulty in adjusting to group life even after having worked through any conflicts he may have had about separation and placement, the social worker can be an important source of help for the child with the difficulties he has in the cottage. Similarly, the emotionally disturbed child who is receiving psychiatric treatment and who is also having difficulty in adjusting to group life may in time become better able to derive benefit from this experience as he makes progress in treatment. Finally, the other aspects of the institution's program—the activities staff and their work with the children, the extent to which the children have opportunity for self-government, the permissiveness and freedom within a structure of realistic controls, the professional leadership on the administrative level, and so forth—also have an influence upon the child's adjustment in the cottage group.

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It has been our experience that the extent to which a child benefits from group living varies directly with the quality of the cottage parent's work. The cottage parent who succeeds in helping the group build a good life for itself in the cottage and who is able to develop meaningful individualized relationships with the children becomes the most important source of constructive influence for the individual child in the group. In this regard, it is important that the children come to feel that the cottage is their home for the time that they are in placement, that they learn to live together cooperatively and on the basis of respect for each other, that they develop a feeling of pride in their cottage and want to do things to make it a more satisfying place for them. It is the cottage parent who gives the leadership for all of this to take place. Unless this is achieved, the group is likely to be an unstable one and a difficult one for any child to live in. Moreover, it would be practically impossible for an individual child to derive benefit from the group living experience if the group itself is unstable and torn by internal strife. In the stable group, however, the cottage can be an important source of security for the individual child, it can give him an opportunity to find acceptance by the children and cottage parents and to make friends, and it can be a medium in which he can express himself freely both in terms of social relationships and in terms of taking part in the variety of activity that is possible within the cottage.

Case Illustration—Arnold

The group living experience constituted by far the most predominant and strongest influence in Arnold's life during his placement. The cottage group in which he lived consisted of some 18 boys

between the ages of 9 and 15 years. In working with this group over a long period of time, the cottage parents had succeeded in bringing about the condition of stability and inner harmony in this group. This does not mean that the every-day life in the cottage was always peaceful and smooth. Naturally there were difficulties, dissatisfactions, noise, bustle, conflicts, etc., but these were within normal and manageable limits.

Arnold, an out-of-wedlock child, came to us two years ago at the age of 11 after having lived unsuccessfully in a foster home for about a year and after he had spent eight months in Psychiatric Institute for purposes of observation and diagnosis. The mother deserted shortly after he came to us. He was not able to adjust to foster home living because the latter severely interfered with the placement plan. She did this mainly by having the boy steal money and other things from the foster parents for her own use. Arnold was quite withdrawn in his relationship with the foster parents as well as in all his relationships with people. In addition, he was enuretic every day during the daytime. Arnold's life experience had been a sordid and traumatic one. His mother used the home as a place of prostitution and Arnold saw a great deal of what went on. At Psychiatric Institute, Arnold did not respond to psychiatric treatment but seemed to adjust well to the group living there. They recommended further group living for this boy, believing that he was not able at that time to enter into the closer relationships that are required for foster home living.

It is significant that during the two years that Arnold has been with us he has not been able to enter into discussion even to the slightest extent with our case worker and psychiatrist on any sub-

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ject that relates to his family. He has not been able to discuss either anything about his experience with the foster family with which he had previously lived. Yet, despite his inability to come to grips with his deeper problems, Arnold seems to have gained a great deal from the group living experience.

During the first month, Arnold was very sad, silent and withdrawn. The boys took a liking to Arnold immediately because there was something very sweet and appealing about him. They helped him get settled in the cottage, tried to make him feel at home and tried to cheer him up. Arnold just seemed to be going through the motions mechanically and did not respond to the children. Because he was so uncommunicative with everybody, one can only guess at what his feelings were at the time. It is possible that he was reacting to separation from the foster family from which he had come even though there had ostensibly not been a strong relationship. It could well have been painful for him to realize that this family felt that it could no longer keep him. He might also have been reacting to the deeper and earlier separation from his mother, to her actual desertion at this point, and to all the pain surrounding his mother's long-standing rejection and neglect of him. In addition, he must have felt strange in such a different and large living situation, with so many new people to adjust to. The boys in the group continued to show interest and attention to Arnold even though he was not responding to them. The cottage parents and children did not put pressure on the boy when he did not respond. Even though the boy was painfully embarrassed about his daily enuresis, the cottage parents and children reacted to this nonjudgmentally. It was indicative of the interest the group had

in Arnold that one boy came running to the cottage mother at the end of the first month joyfully and with pride announcing the fact that Arnold had spoken eight words that day.

During a period of almost a year and a half, change in Arnold took place on a very gradual basis. It consisted of his becoming more lively and outgoing, of his taking advantage of the things that existed for him in the environment, of his smiling and laughing more and more, and of his entering into conversation with the cottage parents and children to a greater and greater extent, spontaneously and naturally.

The relationship which the cottage parents developed with the child was a major factor in this change. On noticing his sensitivity to matters that pertained to his family, they deliberately avoided this subject matter in their conversations with him. Nevertheless, little by little the boy was able to share with them spontaneously his thoughts and experiences as they pertained to the cottage and the rest of the institution environment. An example of how the cottage parents conveyed their interest in him as an individual occurred about two months after he had been with them during the Passover vacation period. Most of the children were visiting with their families and the cottage parents took Arnold and the two other boys who remained on a three-day trip to Gettysburg, Pennsylvania. That Arnold was enjoying every minute of this trip was clearly evident in his facial expression, but he was scarcely able to verbalize any of this either during or immediately after the trip. Arnold became interested in photography and the cottage father was able to spend time with the boy in an individualized way around this hobby.

Gradually, Arnold began to do things

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together with the rest of the group. He went with the children to the Stamp Club and for Hebrew lessons. He began to join the group when they went to the movies on Saturday in the neighboring town. He took delight in going on the outings with the group during the spring and summertime. He would not fight or enter into horseplay with the other boys. However, he would seem to get intense satisfaction out of watching the other boys engage in this. It was as though he himself were joining in vicariously. In about the fourth month, Arnold became close friends with one particular boy.

Arnold took the initiative in getting a job within the institution and this brought him into contact with many staff members. He carried out his duties very responsibly and well. The staff members also took a liking to the boy and this seemed to have considerable meaning for him.

In the last six months, the change that had heretofore been gradual now became accelerated and full blown. There did not seem to be any precipitating causes. It was rather the result of all the accumulated experience the boy had in the group living situation up to that point. Arnold is now with the children a great deal, taking part in all their activities. He has even begun to play baseball and football with them. It was interesting to see how Arnold finally responded to the group's encouragement that he play and how patient the boys were in teaching him the games. Arnold now engages in horseplay with the other children and has actually gotten into some fights with the boys. It was quite an unusual and thrilling sight to see Arnold mad at a boy and chasing after him through the cottage. Recently, Arnold joined in with some boys who

were getting boxing lessons from the relief cottage father. Arnold feels very secure in the group and is even being looked to for leadership by the other children. He freely participates in group discussion of cottage problems and plans. Feeling very much at ease with the other children, he smiles and jokes freely with them.

In this last period the cottage parents undertook an experiment to see if some help could be given to Arnold in a practical way with regard to his enuresis which had continued on a daily basis every since he had come. The plan was to make available to him as much underwear as he would need for a change every time he was enuretic and to give the boy encouragement to put forth greater effort to exercise control. The cottage mother had at first thought that she would have a frank discussion with the child about this, but intuitively felt that this was not necessary or advisable. Instead, she procured the amount of underwear required to start the plan and merely had Arnold take a look at his clothing bin to see this. When Arnold saw this abundance of underwear, his face glowed with happiness. Neither he nor the cottage mother spoke more about it. The cottage mother had the feeling that the boy understood her motivation. From that time on, for a period of four months, Arnold was enuretic only three times intermittently. One can only assume that Arnold's trying to solve his problem of enuresis was based upon his good relationship with the cottage parents.

The boys in the group have been aware of the changes that have taken place in Arnold and seem to feel that they have had a part in this. For example, one boy remarked to the cottage mother with a feeling of pride, "Do you remember how Arnold was when he first came?"

Even though it was not known whether or not Arnold could lend himself to psychiatric treatment, Arnold has been seen regularly by our psychiatrist for the last year. It was felt that if Arnold could bring himself to talk with the psychiatrist about his past experiences before coming here, particularly in regard to his family and foster family, this would be valuable from the standpoint of helping the boy with his deeper problems. However, as previously indicated, Arnold was not able to do this. At this point, the psychiatrist believes that Arnold has repressed a good deal of this painful and traumatic experience and has built strong defenses around this. Nevertheless, his evaluation is that the changes in the boy are significant ones and may well be sustained.

Not all children are so well received at the outset, and treated with such understanding, as Arnold was by his particular cottage group. There seem then to be three major variable determining factors: The child's own personal qualities; the state of group development; and the role of the cottage parent directly and indirectly with the group and the individual child.

Case Illustration—Sally

Upon admission six months ago, Sally, 13½ years old, entered a cottage group in which the girls were from 8 to 14 years of age. At that particular time, the group was temporarily unsettled because of the fact that the regular cottage mother was absent due to illness. Sally was an emotionally disturbed child who was suffering from asthma and eczema, which seemed to be largely psychosomatic in origin. She could not live at home with her parents because these afflictions would become severely aggravated then. Basically, the child was suffering from

severe rejection by the mother. The girls, particularly the adolescent ones, did not take to Sally because of her homely, ungainly appearance. They were very cruel toward her, deliberately provoking her into fights and making fun of her asthma. Reacting to her separation and to this unfriendly reception, Sally proceeded to have severe asthmatic attacks. As a result she had to live in the institution's hospital. Because of her strong drive to become accepted by the group, Sally nevertheless spent time with the girls in the cottage during the day, but there was no improvement in the way that she was being treated by them.

This situation changed upon the return of the regular cottage mother. When Sally came to the cottage for visits, the cottage mother received her warmly and in a natural way gave her the feeling that she was wanted. The cottage mother found opportunity to converse informally with Sally and talked comfortably and reassuringly with her, particularly about her asthma. Feeling the cottage mother's warmth and genuine care for her, Sally in turn began to develop a real liking for the cottage mother and was quite responsive to her in this informal contact.

Because the girls liked and respected the cottage mother, the latter's presence alone was enough to prevent them from picking on Sally and starting fights with her. More than this, however, the girls observed the warm feeling and understanding with which the cottage mother approached Sally and intuitively realized that this was good and right. The cottage mother purposely did not wish to ask her to remain in the cottage, but was waiting for the child herself to come forth with that decision. Sally finally did tell the cottage mother that she would want to remain in the cottage rather than go back to the hospital. The cot-

tage mother expressed happiness at Sally's decision and started to help the child get settled in the dormitory. The other girls spontaneously joined in with this. The cottage mother also gave Sally an extra pillow when the child requested this as a means of preventing an asthmatic attack during the night and gave the child one of her own blankets. The other girls did not become jealous and again seemed to understand the cottage mother's reasons for this special attention. From that time on, the group became genuinely friendly towards Sally and she was fully accepted. In addition, in a subtle way, they in a sense said that Sally is "our problem." They took pride in the fact that Sally went along for a fairly long period of time without getting an asthmatic attack. For example, one girl came running to the cottage mother jubilantly announcing that eight days had passed since Sally came to the cottage without her having an asthmatic attack. Sally actually craved group acceptance and friendships with individual girls. It meant a great deal to her when another girl became a close friend of hers. It is significant that the cottage mother believed that her own relationship with Sally would not be sufficient to help her and that her being whole-heartedly accepted by the group was an extremely important development.

Group living alone, important though it is, is not the solution for Sally's problems. The basic problems of separation and rejection, and the symptoms of emotional disturbance, namely the asthma and eczema, still remain to be worked through. In addition to the group living experience, Sally is being helped also by the case worker with whom she has related trustfully, is getting thorough medical attention for the asthma and eczema, and the case worker is work-

ing with her towards her accepting psychiatric treatment.

Case Illustration—Ronald

The child whose behavior is such as to provoke the hostility and antagonism of the group against him has the most difficult time of all to win group acceptance.

Ronald, 11 years old, was placed two years ago because of the mother's illness and the marital conflict between the parents which led to separation. The child guidance agency which referred the case for placement had found Ronald to be a rather disturbed child who was detached, preoccupied, unresponsive and negativistic. The cottage group into which he was admitted was at a very high level of group development and was quite prepared to accept him in their midst. However, his negativistic attitude and his deliberately provocative behavior made the boys quite antagonistic to him and at times they would hit him. He resisted and evaded even his small share of responsibility in the cottage; argued continually over minor matters; took possession without permission of games and other belongings of the children; and would go off by himself instead of joining in activities with the group. What basically bothered the group was that they were proud of their cottage and Ronald did not seem to care at all about it, or about the good life they had created for themselves. The cottage parents tried to build an individualized relationship with Ronald. They talked with him in a kindly and understanding way about his difficult behavior and put little pressure on him. The cottage father tried to take him "under his wing" by helping him take part in activities and teaching him how to play certain games. Ronald was not responsive immediately to the

cottage parents but over a long period of time it became evident that their interest and acceptance brought about some feeling in him towards them. For example, when the cottage mother was ill at one time he was sad and missed her. However, their efforts with the boy on an individualized basis did not bring about any improvement in his behavior.

At the same time, the cottage parents worked with the group continuously in an effort to bring about a better relationship between them and Ronald. For example, they would have open and frank discussion with the group, Ronald included. The outcome of this in the early period was a more accepting attitude on the part of the group towards Ronald. Moreover, there was a period of about three months in which there was a conscious effort on their part to help the boy become more integrated into the cottage life. During this three month period, there was some improvement in Ronald's behavior within the cottage. However, Ronald could not sustain this. For the next six or seven months, he reverted completely to his earlier behavior pattern and he was thoroughly disliked by the children. Several times they came to the cottage parents and asked to have him transferred to another cottage.

In the meantime, psychiatric treatment was attempted but the boy was not amenable to this. It seemed that this boy really could not be served in this institutional setting and the opinion of the psychiatrist was that perhaps he needed observation and treatment in a Psychiatric Institute. This plan could not be worked out but some other similar one might have been sought were it not for the fact that Ronald suddenly and for no apparent reason began to show some change.

He became somewhat more outgoing

and friendly and was less provocative against the other children. He began to take more of an interest in the things that were going on in the cottage and the rest of the institution. The change in Ronald, even though slight, was sufficient to bring about a change of the group attitude towards him. They now showed some liking for him and a greater degree of acceptance. This improvement seemed to be sustained for approximately six months. However, the boy again regressed towards his earlier level of behavior. Curiously, this time the group has not turned against Ronald and they still maintain a tolerant and somewhat accepting attitude toward him.

In view of the boy's inability to take psychiatric help and the possibility that he will not improve as a result of the environmental influence, it may be that Ronald is one of those children that cannot be helped by group living. Further efforts to reach this boy in the group living area, as well as in the case work and psychiatric area, will be made before such a conclusion is finally reached.

There are children whose behavior is even more difficult for the group and the cottage parents to bear than Ronald's. It is an extraordinary characteristic of group living that its capacity for absorbing this kind of behavior is great indeed. This of course varies with such factors as group stability and the quality of work that a given set of cottage parents are capable of rendering.

The Cottage Parent—Child Relationship

Living and working with a large group of children raises the question as to how deep and meaningful relationships between cottage parent and child can be. Unquestionably, the group living situation imposes limitations. It is hard for the cottage parent to find sufficient op-

portunities to be with the individual child so that the latter can feel that he has the cottage parent to himself. When a cottage parent shows special interest in a child, there is the danger of the group feeling that the child is being favored. Finally, the relationship is not based upon the child sharing with the cottage parents his deeper feelings and conflicts. Although children sometimes have a need to do this, the cottage parent will of course be sympathetic and understanding, but will help the child go to the social worker with these problems so that they can be gone into thoroughly. Yet, despite these limitations, very meaningful individualized relationships do develop between cottage parent and child.

The basic factor and primary force in the relationship seems to be the identification process. It seems that depending upon the needs of the child, the cottage parent can be a mother or father figure, a big brother or big sister figure, or a very good friend. The child finds security in the relationship, becomes sensitive to the good qualities of character and personality which the cottage parent represents and may strive to integrate this into his own life in such a way that it virtually becomes original with him. The depth and meaningfulness that can be achieved in the relationship is seen in several ways. First, children who are in such relationships visibly show change. For example, a child who for a long time was quite infantile began to mature precisely at the time he entered into a relationship with his new cottage father.

Secondly, the children themselves are aware of the relationship and talk about it happily with the social worker, the parent and others. Thirdly, separation from the cottage parent who leaves the agency is often quite painful for the child. The cottage parent has to work through such separations skillfully. Finally, some children maintain the relationship for years after they have left. It is not uncommon for cottage parents to be invited to the graduations, weddings, etc. of their former children.

Conclusion

Group living can be a powerful, constructive force in the life of the individual child in placement, the principle elements of which are: group acceptance; friendships with other children; individualized relationship with one or both cottage parents; participation and self-expression in the group life. Perhaps the key to the problem of realizing the fullest potentialities of group living is the cottage parent—her warmth and liking of all the children, her capacity to make each child feel this individually, her sensitivity to the individual child's needs and feelings, and the understanding and skill inherent in her work with the group and the individual in the multitude of situations that arise. For the individual child in placement, group living is not a self-sufficient entity but is one part of the total program of service—case work, psychiatric, activities, etc.—which has to be integrated with the other parts.