

Psychotherapy Guidebook

ACTIVITY GROUP THERAPY

Alvin I. Gerstein

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Activity Group Therapy

Alvin I. Gerstein

DEFINITION

Activity Group Therapy is a specific form of group therapy devised for latency age children. It is basically an experiential form of treatment in which the process of change and working out of problems derive primarily from the interaction among the various members, the therapist, the therapeutic environment, and the wide variety of materials (crafts, toys), in the context of age-appropriate activities. Intrapsychic exploration and interpretation are of minimal importance. This therapy helps the individual to deal with problems of self-esteem, authority, ego control, sibling rivalry, and the issues of overcoming fear in social situations, learning how to accept both success and defeat, taking turns, and having needs gratified. This approach relies most heavily on the desire of a human organism for acceptance by, and association with, others. The presence of an adult, the therapist, symbolically adds elements of family life.

The therapist is relatively permissive and responsive to the needs of the children, and thereby establishes an environment that, by its nonjudgmental nature, enhances the expression of aggression and repressed hostility. This

atmosphere offers a healing, corrective, maturing process that results eventually in intrapsychic change.

HISTORY

The term “activity group therapy” was first coined by Samuel Slavson in 1944 to describe a treatment technique that was based on psychoanalytic principles and developed at the Jewish Board of Guardians in New York City. Prior to Slavson, periodic articles cropped up in the 1930s on group play and group activities as related to psychotherapy. Slavson continued as the “father” and major proponent of Activity Group Therapy through the early 1950s. His pupils, S. Scheidlinger and M. Schiffer in particular, while still adhering to psychoanalytic theory, shifted their focus somewhat to deal with the use of activity groups with children in the public school system and with children experiencing pronounced cultural and emotional deprivation. Other authors expanded the use of group techniques to include preschool age children and psychotic youngsters. Until the 1960s, information regarding this form of therapy could be obtained only through research articles or occasional chapters in books on group therapy. The 1960s saw three major books devoted solely to group therapy with children. Other than H. Ginott, who relied on nondirective principles, the other two authors still relied heavily on psychoanalytic principles.

Since the late 1960s, a gradual dissatisfaction with permissiveness as well as with the psychoanalytic orientation has crept in, culminating in 1972 and 1973 in two books on behavior modification in small groups of children. However, such techniques are quite different from what would be classically considered Activity Group Therapy.

TECHNIQUE

Under ideal conditions the therapeutic environment is developed through the selective use of physical space, symbolic toys, craft materials, actual gratification of needs, and the promotion of mastery and skill acquisition through educationally oriented activities. Which of these elements will be emphasized depends on the areas of the child's ego functioning that are being treated, and these in turn are determined by an awareness of the child's underlying personality dynamics. It is apparent that many of the "abortive" groups reported in the literature failed to take these factors into consideration.

In light of the variables mentioned above, it is difficult to describe a specific set of techniques that would hold for all groups of children. The major technique is actually the interaction of children with each other in activities appropriate to their typical interests; for example, older boys setting up organized games, older girls involved in cooking projects, six- to eight-year-

olds involved in arts and crafts. Feedback from peers, in conjunction with acceptance by a benign authority, may often have a stronger impact on self-perception and perception of others than a relationship with an individual. Self-esteem can be enhanced as the result of playing games as well as by the therapist pointing out behavior that may or may not be conducive to the child having his needs met.

The typical group consists of five to seven children meeting one hour weekly with one therapist. The initial phase of caution dissipates rapidly and an active testing of the extent of the therapist's apparent passivity and acceptance takes place. The fact that the therapist does not appear to be an assertive leader may raise the child's anxiety level, but does provide the basis for his becoming more independent and responsible for his own actions. Within the boundary of safety, the codes and rules for behavior as well as the choice of activities come from the group. Such groups may be time limited to the clinic year, but many run for several years.

Of greater importance than the above techniques is the initial selection of the children for the group. More than two impulsive and aggressive members of a group could produce a chaotic rather than a therapeutic climate, while a group primarily of fearful, withdrawn youngsters would be oppressive. In essence, under ideal conditions, selection should be such as to bring out the more shy members and place some constraints on the more

impulsive, action-oriented participants.

APPLICATION

In its classical form, Activity Group Therapy is not the treatment of choice for children whose impulse controls break down under minimal stress, whose reality testing is significantly defective, who become panicked regarding social contact, who are retarded, or who are psychopathic. It is most suitable for children who are defiant, dependent, socially fearful, compulsive, withdrawn, and aggressive, but with adequate impulse controls. However, modification of the materials, the therapist's interventions, and size of the group can allow for the effective use of activity groups with many of the children with the limitations specified above.