

The Wave of Self-Help



By Roger M. Williams

Moving Fast Into the Mainstream, Mutual Support Groups Are a Lifesaver for the Growing Number of People Who Want Help—And Are Willing to Give It, Too

Remember I told you about my young friend and how I hoped he would get better?" The middle-aged woman, her graying hair in a long braid, glanced at the five other people seated around the table. "Well, he tried to kill himself on Sunday morning. Came to my house, climbed into my bed and tried to stab himself with a butcher knife. I wrestled the knife away. I know there's a question of whether that's wise, but it was the only thing to do."

The woman said this conversationally, and her listeners showed no surprise, only interest. They'd heard about, probably lived through, similar events. Indeed, that's what brings them together at these regular meetings of San Francisco parents with mentally ill children. On this particular evening, the tales of tribulation, all at the hands of adult offspring, ranged from threats of violence to wildly erratic behavior to emotionally punishing treatment.

Sounds like material for a psychiatric therapist—or a battery of them. Yet there were no professionals at the meeting, only a "facilitator," someone to oversee and help direct the discussion, in this case a mild-mannered, elderly man saddled with the same burden—the longterm care of a mentally ill son.

This group, which operates under the aegis of the San Francisco Alliance for the Mentally Ill, is practicing the kind of therapy known as self-help. On the other nights, in other places, confronting other problems, an estimated 14 million Americans are doing the same thing. Self-help ("self-support," "mutual support," "peer approaches") is an established and growing part of our culture. Organized in some 750,000 loosely knit groups, it is generally recognized by mental health profession-

als, encouraged by no less a figure than the U.S. Surgeon General and funded by at least two dozen foundations.

Partly because the movement thrives in California, self-help sounds to the uninitiated like "I'm all right/you're all right," touchy-feely stuff. That impression has been strengthened by the erroneous assumption that the movement is tied into California's Self-Esteem Task Force; the task force's earnest, sometimes-comical flights of fancy, nationally parodied in the *Doonesbury* cartoon strip, must be blamed on other phenomena.

Self-help received a large dose of legitimacy last September when the Office of the Surgeon General (SG) convened a national workshop of almost 200 health-care providers. "I believe self-help is an effective way of dealing with problems, stress, hardship and pain," the SG, C. Everett Koop, told the conferees. "Mending people, curing them, will no longer be enough. That is only part of the total health care that most people require."

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In cooperation with other federal agencies, the SG's office has taken its support of self-help several steps further. Public health administrators are being asked to integrate self-help principles and practices into their opera-

tions. A National Council on Self-Help and Public Health will hold its first meeting in early June. Federal officials are preparing a series of public-service TV spots, at least three of which Koop himself will narrate.

The movement has been centered in the Bay and New York City areas, but there is ample indication of increasing activity elsewhere. The large and ambitious National Woman's Health Project, which applies self-help methods through 96 groups in 22 states, is headquartered in Atlanta. Executive Director Bvlyve Avery acknowledges that the Southeast has been slow to adopt self-help but adds, "It's catching on now. You can pick up the 'weekend' section of the Atlanta papers and find meetings for 70 to 80 groups listed—all the way from gays and lesbians to parents of children with Downs' Syndrome."

Foundation support is about evenly split between service organizations, such as clearinghouses, and the grassroots groups where the helping gets done. The most active single foundation is the Zellerbach Family Fund, which underwrites the Oakland-based Support Group Training Project as well as several groups that (in Zellerbach's words) "empower culturally diverse populations." Those groups include mental health clients in four counties, black families in East Oakland and Latino parents in San Francisco. Numerous other Bay area foundations collaborate with Zellerbach, including San Francisco, Van Loben Sels, Marin Community and Peninsula Community.

The Charles Stewart Mott Foundation also funds the Support Group Training Project, which has reached across the nation to train self-help leaders; the project specializes in groups for low-income and "isolated" parents.

Mott's money goes for dissemination of project materials by means of regional workshops. The Clark Foundation aids a well-established nonprofit, the National Society to Prevent Blindness, which has started self-help groups for glaucoma patients.

The Ford Foundation stands as the largest single supporter of the National Black Women's Health Project, which takes a broad approach to the physical and psychological needs of its clients. "We bring black women together to break the conspiracy of silence that's kept them separated from each other as well as prone to physical illness," says Executive Director Avery. "We explore the kinds of changes of lifestyle that different black women need to make to promote good health. We not only help them identify those changes but provide reinforcement for them—through a process that's all self-directed."

From Liquor to Lotteries

Institutionalized self-help seems to have started with Alcoholics Anonymous in the 1930s. It gained momentum in the Forties when parents of children with unusual medical conditions banded to-

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gether to comfort one another and share information. The Sixties brought the women's movement and rebellious youth—both with self-help possibili-



ties—and, eventually, single parents, drug abusers, Gamblers' Anonymous, "victimized" mental patients.

Nowadays a vast variety of sufferers utilize the self-help process. In the Bay area alone, they include Latino and Chinese parents, single mothers on welfare, parents and friends of AIDS patients, and consumers of mental health services. Nationally, there are groups for the elderly, widows and widowers, mothers of twins, rape victims, long-term unemployed. There is Mended Hearts, for those who've had open-heart surgery, and MADD—Mothers Against Drunk Driving. Duke University sponsors the Alzheimer's Caregiver Project. At the less compelling end of the spectrum sit a group for millionaire winners of the New York State lottery (poor dears) and, on university campuses, at least two groups for graduate students traumatized over finishing their dissertations.

Although personal adjustment and happiness are the principal goals, some groups also engage in social activism. MADD tries to stiffen the laws against driving under the influence; the mental health patients frequently work to increase government expenditures in areas that concern them.

And although the assistance rendered is generally emotional or oth-

erwise intangible, "practical" support is not ignored. "The hardest thing about being a single mother," a Bay area group participant told the Support Group Training Project, "is feeling like I have to carry the weight of the world all by myself. Through my support group, I've found people who provided back-up child care when I needed it, who picked us up when my car broke down. This helps keep me going."

Self-help got its first major governmental recognition in the early 1980s in New Jer-

sey. Prompted by a community mental director named Ed Madera, state officials funded a clearinghouse in the town of Denville. Madera's effort has served as a model for most of what's followed. New Jersey remains a self-help leader, but its place at the very forefront of the movement has been taken by California and New York.

States of Mind

A decade ago, California's Department of Mental Health decided to look seriously at prevention as well as treatment and wound up including self-help in its funding priorities. When California "does" social services, it does 'em big. Exhibit A is the Self-Help Center at UCLA. Established several years ago, this super-clearinghouse has received almost \$2 million in state aid, including an appropriation of \$550,000 for the current fiscal year. Also this year, the state is establishing five regional centers, as well as funding two grassroots self-help organizations that work in mental health.

New York's first state budget appropriation for self-help—about \$800,000—is now being used to fund some 40 clearinghouses. Yet the New York prospect is not entirely rosy. As Diane Metzger of the New York City Self-Help Clearinghouse points out,

"The governor is not behind us—he vetoed the appropriation. We got it only because a Brooklyn assemblyman worked very hard to get it passed."

According to Charles Roppel, a California Department of Mental Health official and the driving force behind state aid, the California experience demonstrates the widespread utility of self-help: "It shows that where people have a support system and use it, the incidence of *all* forms of illness is reduced. That's the great value of the process. It helps heal people but also helps them stay well."

Roppel's comment makes an implication central to the self-help ethos: the "regular" support system—social services and voluntary agencies—does an inadequate job, which encourages the formation of spontaneous, nonprofessional groups. "Alcoholics Anonymous is probably the best example of this," says Dr. Alfred Katz, an emeritus professor of social work at UCLA who has charted the course of the self-help movement. "The established care providers did not come to grips with the problem, so the people afflicted got together to deal with it."

These days, adds Edward Nathan, executive director of the Zellerbach Family Fund, "The official system is under great stress and has not been terribly successful at helping people cope with social problems and maintain an independent life. Self-help gives us a means of adding a component to those that existed, a component that improves the system and also helps individuals."

The spread of self-help stems from other factors, too: the rootlessness of American life and corresponding loosening of family ties; a greater public willingness to challenge or disregard traditional authority; a growing self-assurance and assertiveness among minorities who used to suffer in silence rather than take up the American way of independent citizen action.

Although variations exist, the true

self-help group operates according to several basic principles. No one pays for the group's services. Professionals are not involved *as* professionals, but only as persons who share the problem that brings the group together; in fact as well as theory, these are the peers leading the peers. The focus is single-subject and highly pragmatic: dealing with each participant's particular difficulties according to the principle, "do it if it works." The group's duration is not open-ended like the relationship with a professional therapist; even when the period is not a specified number of weeks, participants seem to drift away when they feel their own needs—or capacity to absorb what's offered—have been met.

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Equality Breeds Equanimity

Most self-help groups follow a common set of procedures. No one participant, not even the facilitator, enjoys more credibility or rates more speaking time than others. Participants are offered the opportunity to "reserve" time before the session begins; they can later ask for more or voluntarily share theirs with somebody else. The frankest discussions, including arguments with fellow participants, are encouraged.

"You get truly intimate revelations," says Leonard Pearlin, a research sociologist in the University of California psychology department. "That's not surprising. People often talk to strangers with a greater sense of freedom than to people they know. Participants in

self-help groups realize they can focus on a specific subject with the utmost frankness, knowing that nothing they've revealed will carry over into their other relationships."

A former colleague of Pearlin, psychotherapy researcher Nancy Wilner, prized such frankness when she appraised the Bay area self-help groups for recently widowed women. "I found that the leader made the real difference in how open people were," Wilner says. "The leader has to not be afraid to let people show their feelings. These women would say things like, 'I'm mad at my husband for dying, for abandoning me.' Somebody would reply, 'No, that's God's way—be mad at God.' And the leader, if she was good, would say, 'Don't be mad at Him. Be mad at your husband—that's perfectly okay.'"

At a San Francisco session for parents recently, the meeting was found to be rigorously democratic, and its participants, describing painful, sometimes inconceivable events, were as casual and open as could be imagined. An elderly woman recounted how her manic-depressive son "called me last Monday from the convalescent home and asked, 'Haven't you ever wondered why I haven't committed suicide?' I admitted that I had. 'Well,' he said, 'I'm thinking about it now.' Then I hear the home is trying to get rid of him. I'm worried they'll start skipping his medication, he'll wind up on the street and the whole business with him will start all over."

A portly, goateed man, a retired merchant seaman, told of a son "who hasn't trusted me for 35 years. . . . He walks the streets at all hours, sometimes forgets where he is. He's 40-somethin' years old. You figure, why could he do this when he was young? . . . It's wierd, scary. You don't know when you're sayin' the wrong thing, bein' harmful or helpful."

For the rejected father, the group had gently probing questions and tactful suggestions. It had encouragement,

too: "You're really unusual. So many times the mother of the child comes to our meetings while the father won't have anything to do with us," "you're very supportive," "yeah, and you've got a good sense of humor." With the elderly woman, the group sounded concerned: "How'd he sound when he mentioned suicide—serious?" Treatment alternatives for the son were discussed: "Medication's easy—easy for the doctors, that is," "yes, but what have we got to take its place?"

Between the individual "cases," a kind of coda arose spontaneously. The themes varied—laws and budget cuts affecting the mentally ill were two fa-

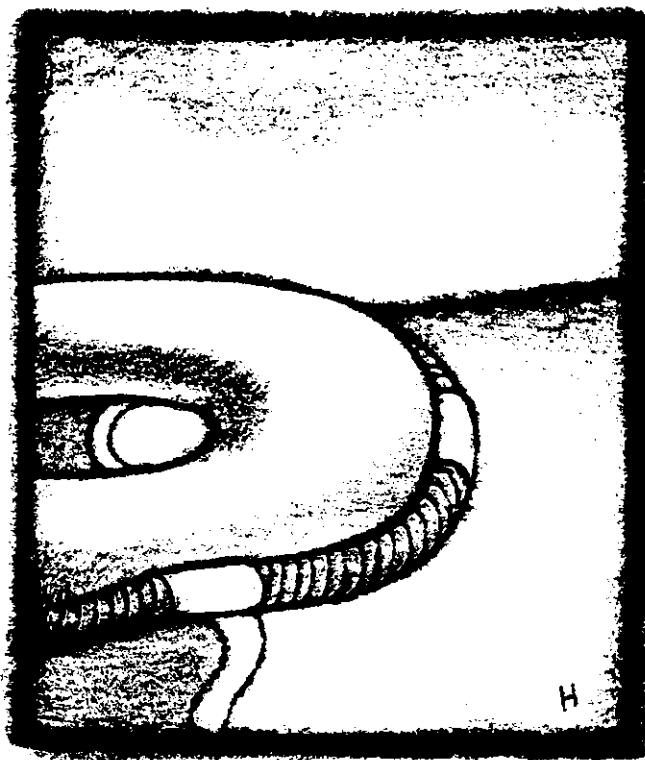
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Self-help meetings often end with a "wrapping up" in which each participant says frankly how he felt about the session and, in some cases, how he feels about himself in the wake of it. The parents' group followed no such structure. It concluded with the last storyteller saving simply, "This was such a relief. People here understand."

Lukewarm Prospects

Advocates of self-help acknowledge that



the process has not worked for everybody. University of California Psychiatrist Morton H. Lieberman, surveying 88 first-year mothers who'd attended self-help sessions, found a notable lack of interest. "Most did not perceive the SHGs as an arena for solving relationship issues or dealing with personal problems," Lieberman wrote. The elderly, researchers say, are not unsuitable for self-help yet are very underrepresented in it. And Asian-Americans, with their traditional emphases on privacy and hierarchy, are considered poor prospects.

The inner city in general has not been fertile ground for self-help. Lieberman ascribes that principally to the nature of the groups: "They need a certain level of organizational skill, and in the lower-class populations you don't find much of that."

Yet funders like Zellerbach persist in trying to bring self-help to precisely those people, and an ironic slogan in the movement runs. "The rich get professional treatment; the poor get community [read 'self-help'] organization." The Zellerbach-funded Latino Parent Empowerment Project (LaPEP) is widely considered a success. LaPEP strives to reduce the high Latino student dropout rate and to increase Latino parents' involvement in the public

schools. Like the Asian-Americans, these parents have traditionally been passive in the face of authority, and Zellerbach's Nathan finds self-help "a way to really reach them:

"It's not like the old PTA. These are *problem-solving* groups. Somebody needs after-school care; somebody else can't get in to see their kids' principal. After a session or two, they have enough guts to confront the school officials."

Judging the efficacy of self-help on a broader basis is dif-

ficult. Proponents claim that it keeps a considerable number of people out of the social-service systems, particularly mental health, but that would be hard to prove. About the best self-helpers can do—and it may be good enough—is to cite case after case of how such-and-such a group helped such-and-such an individual. "I remember a homeless, disturbed guy coming into our center," says Cathy King of California's Marin (County) Network of Mental Health Clients. "He said he never felt he belonged anyplace. He stayed a while and left. And when he came back, he had a place to live and a job."

Perhaps the best measure of success is the increasing number of referrals made to self-help groups by physicians and other professionals—and what seems to be a corresponding reduction in professional criticism. Part of the criticism, past and present, stems from pure economic self-interest; another part, from a justifiable concern that, as researcher Nancy Wilner puts it, "People who really need professional help may be winding up in support groups instead."

To that sentiment, in a moment of complete candor, the self-help movement might reply: The professionals' record hasn't been so great. Why not give *us* a chance? □

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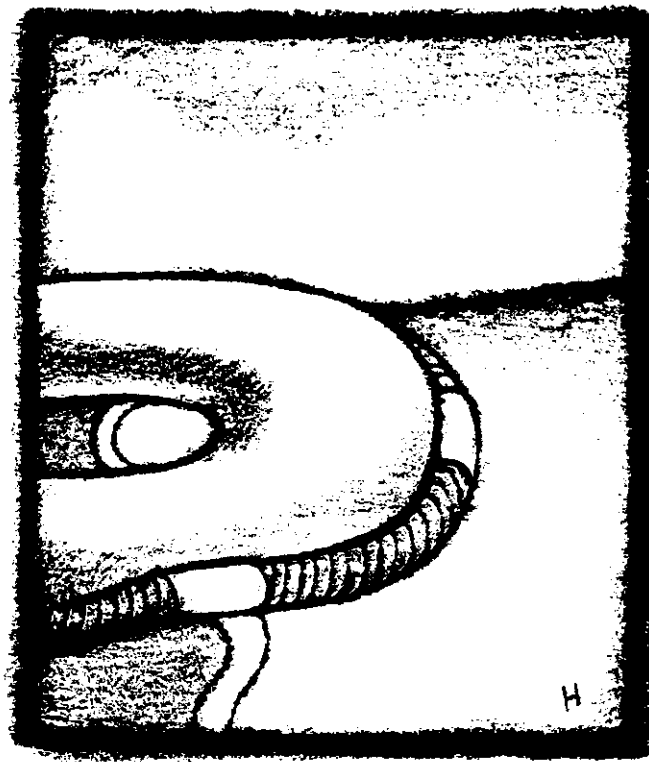
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