Facilitative Intervention With A

Self-Help Group

Report Of A Practicum

Presented To

The Faculty of Graduate Studies

University of Manitoba

In Partial Fulfillment

Of The Requirements For The Degree

Master of Social Work

By

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April, 1983

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Acknowledgements

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Chapter I

Objectives and Overview

1:1 Objectives

Self-help groups are becoming an increasingly sig-
nificant feature of the human service domain. This is
evidenced by increases in their incidence and size (Tracy
and Gussow, 1976), increased professional interest (Katz, 1981)
and calls for facilitative professional involvement with
them (Wollert, Knight and Levy, 1980). This latter pheno-
menon seems connected with recent interest in natural helpers
of non-professional status in mental health and social
services (MaGuire, 1981). In this vein attention has also
been drawn to the distinctions between self-help groups and
professionaly led therapy groups (Hurvitz, 1970), and to the
need for reorientation of professional intervention in the
light of this (Lang, 1972).

In this tradition, the writer's objectives involved
gaining skill and knowledge relevant to collaborative inter-
vention with self-help groups and assessing the pragmatic
applicability of interventive models, findings and theoretical
constructs from the relevant literature to this pursuit. He
planned to accomplish these objectives through a review of
the literature, and completion of a supervised practicum in
a self-help group setting.

1:2 Overview

The substance of this report is organized into
three chapters. The second contains a review of the relevant
literature, and the third describes the group which cons-

titued the practicum setting. The final chapter contains
a description and assessment of the intervention.

A Review Of Literature Pertinent to
The Practicum

2:1   The Rise Of Social Scientific and Clinical
      Professional Interest

        Self-help or mutual aid groups and organizations

have only received concerted attention from the social

sciences and clinical or helping professions within the past

ten to fifteen years (Katz, 1981: 132-135). This interest

has recently resulted in conceptualization and empirical

investigation by almost all of these disciplines.

> Self-help groups have been the subject
> of much interest of late, judging by the
> number of works that have been written
> on the subject. These works have resul-
> ted from research in various related dis-
> ciplines: social work, community psychiatry,
> social psychology, sociology, anthropology
> and psychotherapy (Romeder, 1981

One might also add nursing (Bumbalo and Young, 1973), various

branches of medicine (Lennenberg and Rowbothan, 1970), and

education (Petrillo, 1976) to this list. Sparse references

to self-help and mutual aid groups do occur in the social

science and clinical literature prior to this period; but

these efforts tend not to conceptualize these groups as

separable and unique social or psychological phenomena.

Generally, self-help groups did not form the central focus

of these early investigations; but were studied in relation

to another theme such as psychopathology, (Rubin and Eisen,

1958), voluntary association (Schlesinger, A. M., 1944)

and the like. Furthermore, as might be expected, most of

the rigorous empirical research in this area has occurred

since 1975 with the period before characterized by theoretical speculation, some clinical case studies and several limited surveys of the memberships of some self-help groups (Katz, 1981: 132-135; Killilea, 1976: 38-91). Figure one pictures the frequency distribution of the one hundred and seventy-three references to self-help groups located in a computerized search of the social science, social work, medical, nursing, rehabilitation and educational literature conducted in 1982.

It seems clear that this flowering of interest in the phenomenon of mutual aid groups has lagged far behind the vast increase in the incidence, prevalence and size of many of these groups which has been shown to have increased at a quickening rate over at least the past thirty-five years (Tracy and Gussow, 1976; Traunstein and Steinman, 1973.) Therefore, to some extent this trend has been described as a rediscovery of traditional self-help forms of organization by the social sciences and clinical professions (Katz and Bender, 1976: 265-266) in the same sense that Michael Harrington heralded the re-discovery of poverty in America in the 1960's (Harrington, 1970). Several factors beyond the increased size, scope and visibility of self-help organizations have been cited in explaining this rediscovery. These include such sociological factors as the influence of the social movements of the past several decades (Back and Taylor, 1976) on these disciplines. In this regard the growth of

Figure 1: Frequency Distribution of Self-Help Publications by Date (N=173)

| | 1944 | 1945-1949 | 1950-1954 | 1955-1959 | 1960-1964 | 1965-1969 | 1970-1974 | 1975-1979 | 1980-1982 |
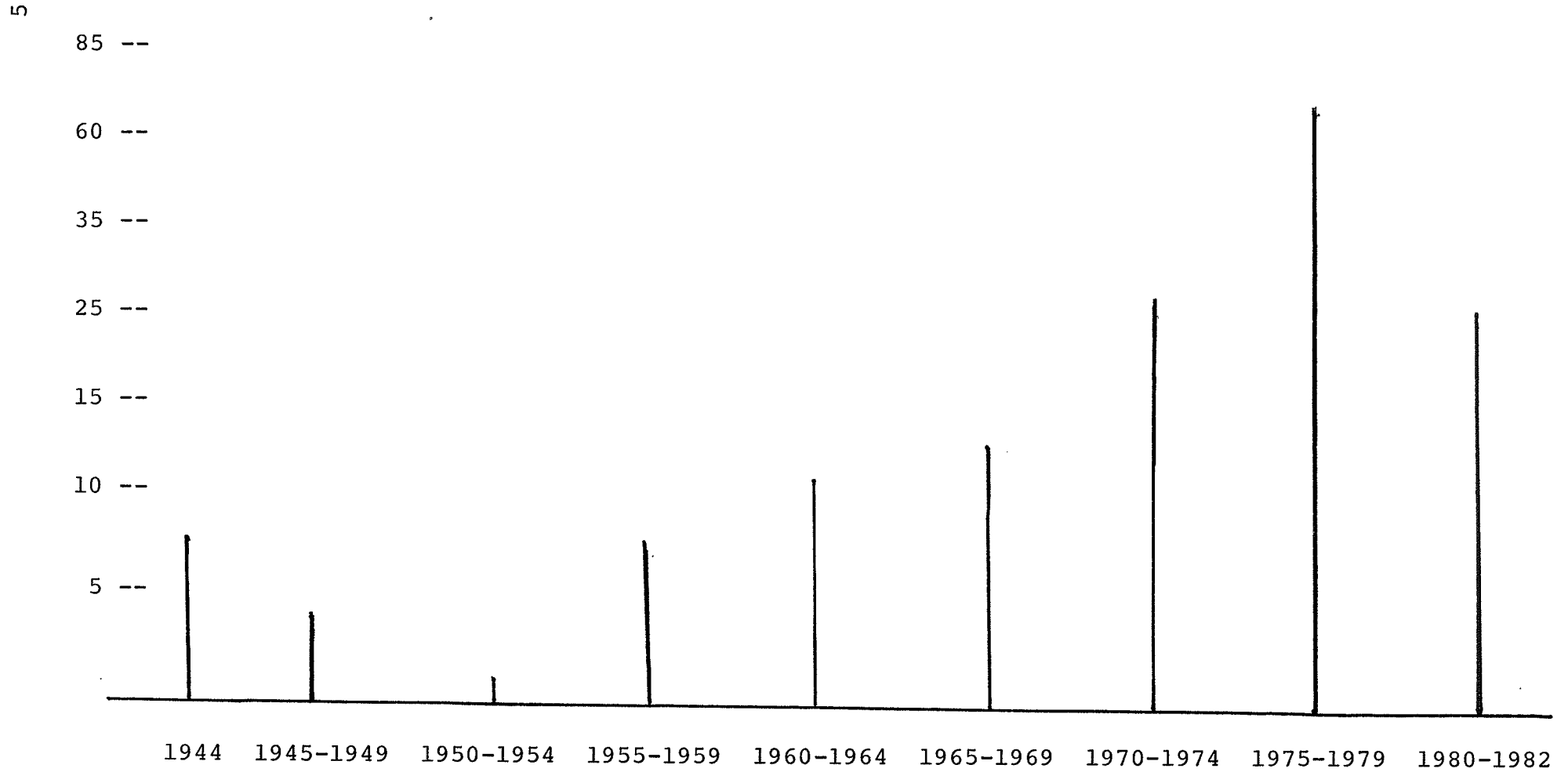
the consumer movement and its extension to the human service
sector is especially important (Gartner and Riessman, 1974).
Such scientific developments as the description of the
salience of peer influence and of the importance of social
support and natural helping networks in the development of
psychopathological and deviant behaviour also have been
seen as central in this re-discovery of self-help groups
(Dumont, 1974: 125, 127, 128). Similarly the growth in
understanding of the consumer intensivity of the human ser-
vices and the resultant value of involving clients in their
own therapy (Gartner and Riessman, 1977: 97-117) as well
as the emergence of the community mental health movement
(Dumont, 1974: 125-126) seem to have been important pro-
fessional factors facilitating their re-discovery. In this
regard, Lorion (1976: 94-95) has articulated the congruence
between the ideology of the community mental health movement
and the birth of interest in self-help groups. He describes
three areas of congruence including the potential of self-
help groups to join para-professionals in alleviating the
professional manpower shortage, the potential of self-help
groups as support systems for primary and secondary preven-
tion of disorders related to crisis and transitional states,
and what he perceives as the tendency of self-help groups
to focus upon behavioural and attitudinal change goals
related to health rather than on the diagnosis of pathology.
Yet, one must not overestimate the magnitude of this

re-discovery, as Lorion (1976: 94) himself has indicated:

> ... not unlike many of my colleagues in
> the mental health professions, I have
> had minimal direct or indirect acquain-
> tance with what I now recognize as a vast
> network of peer-oriented helping associa-
> tions. If asked to identify such
> organizations, I am certain that my list
> would have been brief; Alcoholics Anonymous
> and Synanon. The relevance of these two
> groups to mental health was apparent;
> the link between my goals and functioning
> as a community clinical psychologist and
> other such organizations would have been
> much less so.

2:2 Relationship Between the Professionally-Based Human Service System and Self-Help Groups

Although the literature contains many prescrip-

tive references as to the desirable form of the relationship

between self-help groups and professionalized human services

(Katz, 1981: 45-47; Spiegel, 1980: 16-18) and some

observations as to the attitudinal and philosophical bar-

riers (Lenrow and Burch, 1981) which tend to hamper the

development of positive relationships; empirical research

as to the actual nature of the interface between self-help

groups, autonomous professionals and professionalized

agencies is quite sparse. Opinion with regard to the

desirable nature of the relationship between self-help

groups and the professional helping system ranges along a

continuum between those who advocate complete separation

and the development of rigid boundaries by self-help groups

vis a vis professional services and those who advocate

high levels of mutual collaboration across permeable boun-

daries. A middle position is characterized by those who advocate limited collaborative efforts and emphasize the necessary autonomy and separateness of self-help groups.

In this regard, Levy (1978: 311-313) advocates high levels of collaboration in order to enhance the comprehensiveness and integration of the mental health delivery system. This is consistent with Sarason's (1974) conceptualization of the need for a "psychological sense of community" which would provide the philosophical base for the integration of all helping efforts into a rationalized network. Within such a collaborative context MaGuire (1981: 41-42) has suggested the following "ten practical resources that can be provided to mutual or self-help groups without undermining their natural strength: meeting places, funds, information, training, referrals in, referrals out, credibility in the community, credibility in the professional community, buffers, and social and emotional support". Similarly, Gartner and Riessman (1977) propose that mutual aid groups can act as "change agents" in "humanizing"the professional social services.

Those who argue for a complete separation of self-help groups from the professional service system focus upon the potential for erosion of autonomy and egalitarianism through interaction as collaboration becomes co-optation. For example, Kleinman, Mantell and Alexander (1976) present

the case of CanCervice which involves the attempted col-
laboration between a highly professionalized agency and a
self-help group composed of persons with a life-threatening
disease. The latter was dissolved after two years of
contention between agency professionals and group members
over issues of competence and control. Wollert, Knight
and Levy (1980) have questioned the generalizability of this
CanCervice experience in presenting the case of their
successful collaboration with a chapter of a similar self-
help group.

In articulating a middle position between these
two extremes, Baker (1977) conceptualizes professional and
self-help organizations as separate systems which may engage
in selective transactions at the points where their
boundaries interface. He further indicates that these
transactions may be composed of either collaborative or
competitive exchanges. This is consistent with Gottlieb's
(1976) stance as follows:

> ... each party must recognize the
> presence and legitimate functions of
> the other, without encroaching upon
> one another's sphere of activity or
> casting either party as a satellite.

Even amongst those who advocate collaboration
between self-help groups and the professionalized human
service system there is a recognition of the attitudinal
and philosophical barriers involved. For example, Barish
(1971) states that self-help groups seem to have a strong

bias against professional help and Back and Taylor (1976) have observed a fundamental mistrust of professionals amongst these organizations. Similarly, Antze (1976) highlights the profound differences between the therapeutic ideologies of mental health professionals and those of some major mutual aid organizations. In this vein Lenrow and Burch (1981) highlight the discontinuity between the mutuality of assistance in the context of self-help groups and the distribution of power and authority in professional helping settings. Katz (1961: 127-128) refers to professional skepticism and "lack of confidence and acceptance of the potential of lay groups for adequate service on the mutual aid pattern", and Lenrow and Burch (1981: 236-237) refer to dysfunctional stereotypic views which most professionals hold of self-help groups. These stereotypes seem alternately to be based upon themes of either incompetence or romanticized omniscient folk wisdom.

Nevertheless, in his review of the literature, Spiegel (1980: 17) found that both professional consultative and public support is not lacking for self-help groups. Similarly, Huey (1977) presents a conference report which cites a number of prominent professionals offering quite unequivocal support for the effectiveness and importance of the self-help approach. With regard to the attitudinal stance of self-help groups vis a vis the professional human service system Borman and Lieberman

(1979: 407) offer the following disclaimer based upon a range of historical, observational, and survey studies of various self-help groups:

> Self-help groups are often erroneously believed to be anti-professional. The findings reported in this volume indicate not only that seasoned professionals have been involved in the founding and support of most self-help groups but also that most participants utilize professional help to a greater extent than do non-members of self-help groups and, in a number of cases (C.R groups, Naim, and Mended Hearts) indicate fairly high satisfaction in their experience with professionals...The articulation between self-help forms and the usual professional forms may be complex and puzzling, but it would be inappropriate to characterize self-help groups as anti-professional.

However, Katz (1981: 147-148) argues that Borman and Lieberman are over-generalizing from limited and selective data, and points out the inconsistency of their assertion of professional roles in origination and support of self-help groups with a broad range of investigations. Nevertheless, in a survey of 80 members of eight self-help groups in three geographic locales Knight, Wollert, Levy, Frame, and Padgett (1980: 62-64) found that:

> many of the self-help groups studied involved professionals: as leaders of meetings, founders of groups, consul-tants, liaisons, guest speakers, and as members...

They also found that groups focused upon coping with a stressful situation involved professionals more than those focused upon controlling discrete behaviours of their members.

Katz (1981: 147-148) goes on to argue that
Lieberman and Borman have overgeneralized from selective
data regarding the magnitude of involvement and satisfac-
tion of self-help group members with professional help.
This critique seems to be supported by Traunstein and
Steinman's (1973, 1974, 1976) findings that little more
than one third of self-help organization members were
described as utilizing professional services. Support also
seems to flow from data from an investigation by Knight,
Wollert, Levy, Frame and Padgett (1980: 62) which
indicates that while many group members had seen professionals
in the past, only twelve percent of their sample of eighty
members from eight groups were involved with a professional
helper concurrent with their self-help group affiliation.
Similarly, Gottleib (1980) reported that while sixty-two
percent of his sample of eighty-seven respondents from
seventeen self-help groups had seen professionals in the
past only twenty-nine percent were currently under profes-
sional care.

Knight, Wollert, Levy, Frame, and Padgett (1980:
62, 64) and Gottleib (1980) have studied the attitudes of
self-help group members to professional involvement in their
groups. Gottleib sought group members ratings as to the
appropriateness of seven professional roles including con-
sultant, referral agent, initiator, trainer, evaluator,
group leader and researcher. Generally, while none of the

roles was characterized as inappropriate the more indirect forms of involvement such as consultant or referral agent were preferred over roles which entail direct involvement or observation of the groups' meetings. Knight, Wollert, Frame and Padgett also found that their sample favoured increased future professional involvement in their groups and that the following potential roles were identified in response to an open-ended question: consultant, sponsor, referral source, guest speaker, and member.

Levy(1951), Katz (1961), Wechsler (1960) and Levy (1978) have studied the attitudes and to a lesser extent, the behavior, of professionals with regard to involvement with self-help groups. In an early study of groups of parents of handicapped children in Chicago Levy (1951: 73) found that:

> One of the significant characteristics of the parent groups is that the movement is sufficiently young to be influenced readily. This is true of virtually all the Chicago groups. From this standpoint the role of the social agencies in Chicago has been decidedly positive. Few agencies in the field have had a stand-offish attitude toward the groups. Only one of the groups and this the oldest, has had a negative attitude towards the agencies, perhaps because of mistakes in the past. The social agencies of the city both public and private, have made available assistance of all kinds to the groups. Some of the groups owe their existence to the agencies and some remain affiliated officially with agencies.

In the course of a study of the history and func-

tioning of four national self-help groups composed of the
parents of handicapped children Katz (1961: 136-150) conduc-
ted an investigation of the attitudes of twenty-five
professionals in New York City towards these groups. He
found that 20% of them held highly positive attitudes
towards these groups, 36% held generally positive attitudes
combined with some criticisms, 36% held a mixture of
positive and negative attitudes with slight predominance of
the former, and 8% held generally negative attitudes.
Positive attitudes tended to be composed of a variety of
dimensions including support for the educational functions
of the groups (from 60% of the sample), support for the
lobbying functions of the groups in stimulating development
of new services (from 60% of the sample), support for the
activity of the groups in catalyzing and funding research
(from 72% of the sample), support for the role of the
groups in developing and catalyzing innovative service
efforts (from 20% of the sample), support for the therapeutic
functions of the groups vis a vis their members (from 52%
of the sample), support for the function of the groups in
involving consumers in decision making (from 12% of the
sample), and support for the role of the groups in focusing
health care upon chronic states (from 8% of the sample).
Negative attitudes towards the groups seemed to be focused
upon two broad philosophical reservations: the belief that
the single handicap focus of the groups tended to perpetuate

service fragmentation, and the belief that the groups focused

excessively large proportions of community resources upon

relatively minor problems through pressure tactics. In

addition to this the following dimensions also seemed to be

components of these negative attitudes: concern that the

groups were not sufficiently responsive to professional

advice nor sufficiently accepting of the limitations within

which conventional agencies operate (from 24% of the sample),

concern that the groups were not sufficiently responsive to

"objective" professional knowledge (from 40% of the sample),

concern that the groups' publicity magnifies their own

accomplishments and the limitations of the services of

conventional agencies, concern about fund-raising methods,

and concern that the groups have been reluctant to take part

in regularized coordination and planning activities (from

20% of the sample). Although the size of the sample was

too small to justify conclusions related to differential

agency sources of support, most negative attitudes seemed

to originate from professionals working in non-governmental

voluntary agencies, and most positive attitudes seemed to

originate from professionals working in coordinating rather

direct-service agencies. Finally, a survey of fourteen

coordinating agency officials outside of New York City

demonstrated a very similar pattern of response.

Wechsler (1960) surveyed members of the American

Psychiatric Association in Detroit and Chicago with regard

to their attitudes toward a post-psychiatric patient

organization, Recovery Incorporated. He found that:

> in general psychiatrists felt that
> Recovery is a helpful and valuable
> tool because of the group aspects...

However, they were critical of several features of the

organization including the lack of medical supervision,

screening, training of leaders, and some of its procedures.

Nevertheless, these data must be viewed in the context that
significantly
psychiatrists tend to have/more negative attitudes towards

post-psychiatric patients in comparison with other mental

health professionals (Calicchia, 1981).

Finally, Levy (1978) investigated the attitudes

of seven hundred and forty-eight professionals towards the

efficacy of self-help groups through a mail survey. All

of these professionals worked in administrative positions

in outpatient mental health facilities. Although all mental

health disciplines were represented amongst respondents,

social workers seemed to predominate. This may be important

in the light of findings that social workers tend to

perceive ex-psychiatric patients more positively than

psychiatrists; but more negatively than psychologists

(Calicchia, 1981) as several groups composed of ex-psychiatric

patients were included in the study. Although caution must

be exercised in interpretation of the findings because on

average less than half of the respondents completed any

single item, the author concludes that the results of the

survey suggest a relatively hospitable professional climate
towards self-help groups. Specifically 48% of the agencies
reported making frequent or occasional referrals to self-
help groups; but only 29% of them reported receiving
referrals from them. Levy feels that this lack of referral
reciprocity is indicative of the rising credibility of
self-help groups amongst professionals and the continuing
anti-professional bias amongst self-help groups. This is
consistent with his findings that almost 85% of respondents
evaluatedself-help groups' effectiveness as average or
above. Furthermore, 46.7% of respondents indicated that
self-help groups may have an important or very important
role to play in a comprehansive mental health delivery system,
while only 16.8% ascribed no or a very minor role to them.
However, only 30.7% of the respondents reported believing
that a high or very high probability existed that their
agencies would be interested in integrating their activities
with those of self-help groups. Levy feels that this final
finding may reflect unreadiness to commit effort or lack
of a specific model rather than resistance to the goal of
integration. The data regarding the frequency and magnitude
of referrals by agencies to self-help groups in this study
is somewhat inconsistent with Knight, Wollert, Levy, Frame
and Padgett's (1980: 60) finding that relatively few self-
help group members learnt of their groups through profes-
sionals, and with Gottleib's (1980) finding that only 15%

of self-help group members whom he surveyed attended their
first self-help group meeting due to a professional's
influence. This inconsistency may reflect geographic or
inter-group variations, failed referral processes, defini-
tional incongruities and sampling distortions.

2:3 Incidence, Prevalence and Total Membership Estimates Of Self-Help Groups

It is extremely difficult to determine the
incidence of new self-help groups or of new chapters of
existing groups, the prevalence of them in the national or
a given communal context at any given point in time, or the
resultant number of individuals who are involved or have
been involved in self-help groups. Firstly, since there
is no single federation or registry for self-help groups
(Katz, 1981: 1256), and since they often arise, grow,
decline, perhaps disapperar, and have frequent changes of
name and focus (Levy, 1978: 313) it is very difficult to
catalogue them. Secondly, the groups do not generally
keep records of either current or past membership (Knight,
Wollert, Levy, Frame and Padgett, 1980: 55), with the
possible exception of several of the established ones
including Recovery Incorporated (Saragin, 1969: 212).
Thus, statistics related to membership from self-help groups
themselves are generally estimates, and Sagarin (1969: 235-
236) has cited instances in which some such organizations
have put forward quite exaggerated claims of their member-

ships. Similarly, it is often quite difficult to define
membership and participation in a meaningful and precise
fashion (Lieberman and Bond, 1979: 336-338). Thus, the
criteria for membership may be difficult to isolate, espec-
ially in those vast majority of self-help groups which do
not require dues and do not keep membership lists. This
is often unclear even in those more established groups
which do keep such lists. For example, Sagarin (1969: 212)
observed that in Recovery Incorporated many members who do
not pay dues and are not recorded on the membership list
do attend meetings. Furthermore, attendance and partici-
pation patterns may be quite variable both with regard to
attendance at meetings and participation in projects. For
example, Videka (1979: 1382) found that 32% of dues paying
members of Mended Hearts had not attended a single meeting
in a year; and Bond and Daiter (1979: 165) found that
participation rates defined as meeting attendance varied
greatly between those members involved in the group's
hospital visitation program and those not involved. In a
similar vein, Borkman (1976: 85-86) has found that atten-
dance of members at meetings of a self-help stutterers'
group often involved periods of attendance of meetings at
various rates and almost never involved attendance at all
meetings in a given year. Members of groups such as A. A.
with several chapters in areas of dense population concen-

tration might also attend meetings of various chapters of the organization. Unfortunately there are also very few systematic surveys of the number of self-help groups in a given community (Gussow and Tracy, 1975; Steinman and Traustein, 1974, 1976, Traunstein and Steinman, 1973) and the current author was able to locate no community-wide surveys designed to determine the proportion of the population involved in such groups. Such a survey might be problematic given the strictly anonymous credo of many of the groups and the common disapproval of social science research (Robinson and Henry, 1977: 82) among group members. For all of these reasons the incidence, prevalence, and the level of involvement in self-help groups can generally only be estimated. Furthermore, the criteria upon which these estimates are based are often open to question.

In 1963 Jackson (1963) compiled a directory containing two hundred and sixty-five groups in the United States, and in 1973 Gussow and Tracy (1973) cited the following figures related to self-help groups in the health area alone:

Name	Number of Chapters/Clubs	Members
Emphysema Anonymous	7	unknown
International Association of Larengectomees	223	4,200
Myasthenia Gravis	42	8,000
National Foundation for Ileitis and Colitis	14	unknown
Overeaters Anonymous	474	7,500
Paralyzed Veterans	27	3,000
Stroke Club	80	2,000
Tops	12,000	300,000
United Ostomy Association	400	25,000
Weight Watchers	unknown	2,000,000

Katz, (1981: 129, 130) notes that this survey did not even include sugh major organizations as the National Association of Retarded Citizens with 1,300 local units and a membership of more than 130,000, the United Cerebral Palsy Association of America with some 300 local units and a membership in excess of 100,000, the Muscular Dystrophy Association with over 400 chapters, the National Hemophilia foundation with 52 state units and the National Cystic Fibrosis Foundation with 152 local affiliates. In 1976 Katz and Bender (1976: 278) had estimated that there were several hundred thousand self-help groups in the United States and some half-million in North America, embracing several million member-participants. This estimate was

based upon listings of over 500 national organizations, each including local units ranging in size from a mere handful to A. A.'s 27,000 Chapters. In 1977, Gartner and Riessman (1977: 24) reported on thirteen of the anonymous Associations based upon the A. A. prototype. They reported a total of more than 35,000 local units of these organizations in the United States and noted the existence of at least seven more national self-help groups of the "anonymous" type alone. Furthermore, they noted that in the United States there was a self-help group for every major disease category listed by the World Health Organization (Gartner and Riessman, 1977: 6, 72-74) and that A. A. together with its auxiliary groups reported a world-wide population of 750,000 individuals in 12,500 Chapters. In addition, they corroborate Katz and Bender's estimate of some half-million self-help groups in North America.

However in 1981 Katz (1981: 129-131) described his 1976 estimate as conservative at the time and probably outmoded. He posited that at that point in time every community in the United States of 25,000 or more probably had a few groups, and that Canada and the United States exhibited a growth rate of five to ten new groups daily. Similarly, in 1979 the Academy of Educational Development (1979) estimated that there were fourteen million members of self-help groups in the United States alone.

With regard to the local community level, surveys in two New York counties listed 180 groups of six self-help organizations in 1976 (Claflin and Thaler, 1977) and a Massachusetts survey (Blue Cross and Blue Shield, 1975) in 1975 provided data on 224 separate groups throughout the state. In 1973 Steinman and Traunstein (1976: 352-353) found one hundred and ten organizations that designated themselves as self-help groups, and ninety eight which met the investigator's criteria in a medium sized highly urbanized northeastern city of 135,000 in the United States.

With regard to Canadian data, Erickson and Farquharson (1978) listed twenty self-help groups which were organized around health and mental health problems in Victoria, British Columbia in 1978. However, they do not indicate the methodology through which the list was assembled, and do not claim that it is exhaustive. Similarly, Farquharson and Jennings (1980: 133-135) systematically surveyed an "instant" isolated resource town of 6,000 persons in 1980 and found twenty identifiable groups despite the recent arrival and continuing mobility of most residents. In 1977, Farquharson (1977) was able to identify thirty-six self-help groups primarily focusing on the physical and mental health of its members in Metropolitan Toronto, and in 1979 Todres (1980) was able

to identify fifty-nine such groups in that locale. However, it must be noted that most of these community studies do not utilize systematic strategies to locate self-help groups whether by community wide surveys or by assembling information from selected knowledgeable community informants. Thus, they are not likely to capture all data regarding groups with low profiles, newly formed groups, and groups with short life spans. Hence, they probably constitute underestimates.

Self-help groups are also found in other Western countries beyond Canada and the United States, in Eastern Europe (Katz, 1976) and in the third world (Katz, 1981: 131). For example Robinson and Henry (1977) report hundreds of self-help groups of both a national and local level of organization in the United Kingdom, and Van Harberden and LaFaille (1976) document a similar situation in Holland.

While the data reported and the estimates made from them seem to indicate that "self-help groups are proliferating at a rate that can no longer be counted" (Fuchs, undated), these must be interpretted very cautiously given the limited empirical base, the lack of clarity of criteria of group membership or participation, and the differences amongst and difficulty in application of various definitions of self-help or mutual aid groups which will be discussed later in this paper. There are some indications that this caution is well founded. This includes vast differences

between sources in estimating the sizes of the more estab-
lished self-help groups such that in 1976 Katz and Bender
(1976: 276) indicated that A. A. along with its auxiliary
groups has a worldwide membership of 350,000; while Gartner
and Riessman (1977: 6) estimated this worldwide membership
as 750,000 in 1977. This discrepancy can hardly be explained
as the result of one year of organizational growth.

2.4 Factors Associated With The Rise Of Self-Help Groups Since Second World War

The rise of self-help groups and organizations
since the second world war, and increasingly in the nineteen
sixties and seventies has been related to various socio-
economic structural factors as well as to various cultural
and intellectual traditions. While it is beyond the scope
of this report to examine each of these factors and the
interactions between them in great depth, they will be
briefly discussed.

Borman associates this rise of self-help groups
with the reality that neither primary groups nor large
social organizations and institutions are "all-sufficing"
with regard to satisfaction of their various participants
and constituents (Borman, 1979: 17-21). Each organization,
institution or primary group is subject to forces that cause
conflict, tension and strain. From this perspective it is
argued that self-help groups have arisen in response to the
decline of the natural and traditional familial, social and

communal networks and traditional supportive institutions, such as the church, in Western Society (Katz and Bender, 1976a: 2-7). In turn, this decline is perceived in relation to the continuing and increasing impact of industrialization, technological advance, and bureaucratization in what Toffler has called the collision of the three waves of societal change. (Toffler, 1981). Thus, self-help groups are seen as fulfilling the social function of provision of "expressive" satisfaction (Back and Taylor, 1976: 296-297) to their participants who otherwise would lack a psychological sense of community (Sarason, 1974) in the absence of adequate primary group, network or institutional supports.

Similarly, self-help groups are seen as arising out of some of the insufficiencies of health, education and welfare institutions and their various constituent organizations (Durman, 1976). Generally, four deficit areas in the nature, delivery, and organization of human services are cited in explaining the rise of self-help groups. These include the bureaucratic structure of service, the stance and distribution of power inherent in professionalism, the lack of relevance of service for those in the lower socioeconomic class and for other stigmatized groups, and the exclusion of certain problems from the service paradigm. The bureaucratic structure of service is seen as deficient in that "it does not primarily serve the client, but rather

serves the bureaucratic system itself in the process perhaps producing some internal consistency" (Gartner and Keenman, 1977: 140), and in that the client has very limited decision-making power because of his position at the lowest level of the structure (Blau and Scott, 1963: 40-58).

> The phenomena of low status and no
> authority are impressed on clients
> by several features of agency organiza-
> tion. There exists a distinct caste-
> like cleavage between staff and clients.
> The recipient of service may not aspire
> to the status of professional personnel
> ... Many agency decisions affecting
> clients are made at distant levels ...
> The rules and routines of an agency frequently
> occasion delay and denials for clients.
> (Vinter, 1969: 384)

Not surprisingly, it has been demonstrated that client satisfaction with the humaneness of service is inversely related to the degree to which a service agency is bureaucratically organized, and the degree to which bureaucratic rules govern interaction with the service providers (Greenley and Schoenher, 1981).

The operation of professionalism in the human services is seen as insufficient with regard to the hierarchical nature of relationships with clients and the manner in which reliance on professional knowledge, technique, and standards tends to limit the power of the client in influencing the treatment relationship and in making decisions about his own life and health (Gartner and Riessman, 1977: 12). The distant, objective stance of

professionalism and its reliance upon mystified technique
have also been seen as inhumane and dissatisfying (Back and
Taylor, 1976: 297-298). Furthermore, professionals, as
members of the middle class with vested interests related
to current social structural arrangements have often tended
to reflect general societal attributions of stigma in
dealing with certain deviant clients (Steinman and Traunstein,
1976: 349). Similarly, service has often been offered to
poor, ethnic and other devalued populations on the basis of
a"blaming the victim" stance which emphasizes social control
and portrays their divergent values as deviant. (Rappaport,
1977: 116-129; Ryan, 1971). The conceptual models under-
pinning such service have often been based on a negative
valuation of these clients (Rappaport, 1977: 214-267) and
the style of delivery of these services has often been out
of tune with the ecological realities of the communities
involved (Rappaport and Chinsky, 1974). Finally, it has
been argued (Robinson and Henry, 1977: 52-54) that difficul-
ties that do not adhere to the various professional problem-
solving paradigms, based upon current technology, are not
addressed by the traditional human services. These
"abnormal" problems tend to exhibit three common features.
Firstly, the problem is not definable in the context of the
paradigm. Secondly, the problem is not soluble given
current technology and the criteria of success specified
by the paradigm. Thirdly, although the problem cannot be

clearly specified, described, or solved it is dealt with in a manner that tends to exacerbate it. Thus, Tracy and Gussow (1976: 386-396) demonstrate that the rise of self-help groups to deal with chronic health problems is related to the inadequacy of the current medical paradigm in dealing with issues of rehabilitation and adaptation rather than with acute care. This has been compounded by a much greater prevalence of chronic disease sufferers in the population largely due to advanced medical technology (Gerson and Strauss, 1975). Therefore, from this perspective self-help groups are seen as arising in reaction to the uneven distribution of power in bureaucratically organized and professionally delivered services as well as in reaction to the unavailability of service for certain problems and for certain populations.

This growth in the incidence of self-help groups has also been related to several other socio-economic structural factors. These include development of the service-consumer society (Gartner and Riessman, 1974) and of the welfare state (Bender, 1980) as part of this consumer service society. From this perspective self-help groups are seen as arising in relation to the emerging economic interests of consumers after World War II much as unions arose in relation to the economic interests of labour at the production end of the process prior to the second world war (Katz and Bender, 1976: 19-22). Similarly, the

vast rise in governmental expenditures in most Western
nations since World War II has been seen as a factor in
activating the growth in self-help groups through
promoting rising service expectations (Greer, 1976).
Concommitantly, the "scarcity" of the nineteen seventies
with its rhetoric of cut-backs in human service expendi-
tures is seen as promoting social and governmental support
for the development of self-help groups as a strategy for
holding costs down, given the consumer intensivity of the
social services (Gartner and Kienman, 1977: 119-124).
Self-help groups are also seen as arising within the
context of the social movements (Back and Taylor, 1976),
and struggles for human rights of the nineteen sixties.
(Sagarin, 1969: 246-248). Similarly, they are understood
as a symptom of the "me" generation of the nineteen
seventies "characterized by a growing fascination and
interest in taking action and responsibility for oneself"
(Todres, 1980: 333). Sagarin (1969: 29) has argued that
the rise in self-help groups for stigmatized populations
has been facilitated by the increasing anonymity inherent
in increasing urbanization, and that normative change has
also provided for a more accepting environment for these
groups. He (Sagarin, 1969: 241-242) also cites Etzioni's
(1968: 7) designation of the post-war twentieth century as
the epoch of the "active society" as facilitating the rise
of self-help groups through the belief that "man has the

ability to master his internal being, and the main way to
self-mastery leads to his joining with others like himself
in social acts".

Various intellectual and cultural traditions are
seen as contributing to the rise of self-groups in the
United States. The intellectual traditions include
Kropotkin's (1914) designation of a mutual aid and protec-
tion role in evolution in opposition to the "survival of
the fittest" tradition of social Darwinism, as well as the
influence of psychoanalysis. The introduction of psycho-
analysis to the United States and its rise to popularity
between the world wars is seen as facilitating the rise of
self-help groups through placing deviant behaviour within
the realm of human control, and by extending the blameless
prescriptions of the sick role to these newly-defined
sufferers of psychic disorders (Sagarin, 1969: 30).

Cultural factors cited include the religious
tradition of the primary group experience of confession to
one's peers, repentence, restitution and mutual help
amongst the congregation. This tradition is seen as
having pre-historic roots, and historic precedence in all
Western religions. It is also seen as having been imported
to A. A. through the Oxford Group, a Lutheran movement in
the first half of this century. A. A. in turn has been
the prototype for many other groups. (Hurvitz, 1976,

Dumont, 1974: 123-125). The competing concepts of humanitarianism and individualism within American democracy and the related philosophical traditions of pragmatism and instrumentalism are also seen as contributing to the development of current self-help groups. The humanitarian element of this democratic tradition is perceived as encouraging the mutual aid dimension of self-help groups within their context of voluntary association, and the individualistic element is seen to be reflected in the emphasis of such self-help groups as Recovery Incorporated, Synanon, and their offshoots upon self-reliance, will-training and self discipline (Dumont, 1974: 123-125; Hurvitz, 1976). Sagarin (1969: 27-28, 239-240) also argues that self-help groups can best be seen within the American tradition of forming and joining voluntary associations. In turn, he relates the development of this "nation of joiners" to such social trends as industrialization, geographic and social mobility, urbanization, immigration, pluralism, pragmatism and religious, political and labour traditions. Similarly, he argues that a tradition of American temperance, rooted in the seventeenth century and flowering in the late nineteenth and early twentieth century was important in the development of A. A., which, of course, became a prototype for many other self-help groups. (Sagarin, 1969: 32-35).

2:5 Historical Links of Self-Help Groups To Voluntary Associations

Until the third decade of the twentieth century it was quite rare for voluntary organizations to form with the express focus of the physical or mental health of their members and their families (Barish, 1971: 1164). However, both history and prehistory are replete with examples of voluntary associations which were organized according to mutual aid principles in order to deal with some problems or risks experienced commonly by the organizational participants (Katz and Bender, 1976; Katz, 1977: 1255-1257). The specific focus of concern and action of these organizations tends to relate to the nature and level of socio-economic structural development of a given society in interaction with the hierarchy of human needs of the participants. (Banton, 1968: 358). Thus, the proliferation of self-help groups focusing upon health, mental health and education in the latter half of the twentieth century should not be seen as a spontaneous development, but as the importation of an historical social form to a new niche in the social structure in reaction to some of the socioeconomic structural factors described above (Borman, 1979: 17-20).

Anderson (1971) has shown that voluntary associations with mutual aid functions developed minimally in the Mesolithic hunting and gathering period, and became more

widespread and elaborate in the Neolithic period, which was characterized by the development of agricultural villages. Lowie (1947) has indicated that many of these associations were based upon age and matrimonial status; while Banton (1968: 358) suggests that among such relatively small and technologically primitive societies, voluntary associations tended to be organized for purposes of recreation and expression of differences in rank. In the Middle Ages and Renaissance,mutual aid activities were widespread (Katz, 1977: 1255). These activities expressed themselves in such organizational forms as early guilds and secret societies, often serving the function of providing economic protection for those of similar interests against the privations of the theocratic or autocratic state or from the threat of strangers. As might be expected the organizational forms of mutual aid which were prevalent in the Middle Ages and Renaissance were disrupted with the breakdown of feudalism, and the development and rise of early capitalism along with all of the concomittant demo-graphic and structural changes.

The new mutual risks and interests created as a result of the continuing development of capitalistic modes of production and the inadequacy of economic provision for the poor contributed to the development of two forms of voluntary association by the eighteenth century (Katz and Bender, 1976: 268-273). These organizations including the

Friendly Societies of England and the producer and consumer cooperatives of Western Europe, came to full fruition in the nineteenth century. The Friendly Societies developed out of the prototypes of the guild system and functioned as mutual help associations focused upon assisting wage labourers to cope with the stresses of industrialism. They developed mutual benefit funds which were utilized to provide loans for the needy, insurance for the sick, and burial costs. They were centred upon the ideology and rhetoric of Christian charity; and also provided expressive quasi-primary group social climates through the organization of various social events (Robinson and Henry, 1977: 105). These Societies were autonomous and were organized at the local level. Ideological and behavioural conformity were highly esteemed in these organizations (Thompson, 1960: 418); and they generally developed complex codes of rules related to the management of funds, the conduct of meetings, and the governance of the society. In this regard these associations have been compared with modern self-help groups on the A. A. model (Katz and Bender, 1976: 2701). These Societies also seemed to serve a kind of consciousness raising function, in much the same way that many ideologues of the feminist movement hoped that modern consciousness raising groups would politicize women as to their common plight (Bond and Reibstein, 1974). In this fashion they served as prototypical labour unions (Thompson, 1963:

419-421); and were seen as schools for politics and class warfare by employers (Morton and Tate, 1952: 18-19). This eventually led to the passage of the Combinations Acts by the British parliament in 1799 and 1800. (Katz and Bender, 1976: 269-270). This legislation considered all Friendly Societies engaged in organizing working class protest as associations in restraint of trade, and declared them as illegal on this basis. However, this did not seem to seriously damage the vitality of these mutual aid associations. Their total membership is estimated as 648,000 in 1793, 704,000 in 1803 and 925,000 in 1815 excluding those which failed to register with the authorities due to the latter's hostility. These societies continued into this century with 27,000 remaining in 1900 and 18,000 existant in 1945 (Beveridge, 1948: 24, 30-31, 87-88, 97-106, 352).

Although there is some indication of the development of producer cooperatives in Western Europe prior to the spread of industrialization, consumer and craftsman cooperatives rose to prominence at the time of the Industrial Revolution. Perhaps the Rochdale Society represents the highest development of these mutual aid voluntary associations. This organization which operated cooperative stores in which craftsmen purchased work materials and consumer goods jointly developed in England, had far-reaching influence in Europe, and was eventually imported to Canada and the United States (Roy, 1964). However, these associa-

tions had important limitations with regard to the breadth
of their mutual aid activity. Because of their narrow
economic focus they were generally unable to offer their
participants a reference group for support and mutual prob-
lem solving (Katz and Bender, 1976: 272).

The development of organized voluntary associa-
tions with mutual aid foci was retarded in the United
States by the American frontier ethos of individualism and
ownership fashioned in a resource rich environment with
absence of oppressive institutional or governmental
controls (Katz and Bender, 1976b: 18-19). However, by
1800 dairyman and Mormon consumer cooperatives had developed
in reaction to common economic threats (Wieting, 1952: 7),
and by the mid-nineteenth century both utopian cooperative
villages and labor unions had arisen in response to the
impact of industrialization. These labor unions embodied
many of the mutual aid activities which occurred in the
British Friendly Societies described above, including
burial and loan arrangements, social insurance schemes,
health and pension plans, and the operation of facilities
for the disabled and retired (Katz, 1977: 1256). They
also constituted a setting for the provision of social
support and informal help that need not relate specifically
to union functions (Katz, 1976: 273-274), and provided for
the needs of participants through organizing adult education
institutions, cooperative housing projects, and mutual bene-

fit financial institutions (Beard, 1939). Voluntary associations focused upon aid in adjustment and relocation as well as the provision of material support also arose in the various ethnic communities in the late nineteenth and early twentieth century, and declined in the mid-twentieth century with the dramatically slower pace of immigration. (Handlin, 1955: 84-88). These organizations generally arose in the ghettoes of large cities, and some had national levels of organization. An interesting re-emergence of this phenomenon occurred with the formation of Self-Help, a mutual aid organization focused upon assistance with employment, provision of advice, and provision of emotional support formed by immigrants from Nazi-occupied Europe in 1946 (Barish, 1971: 1164).

The early proto-types of A. A. can be found in the Washingtonian Movement of the 1840's (Maxwell, 1949), which is also the first recorded instance of a self-help group focused upon the mental health of its members. This was a group founded by six self-professed alcoholics who pledged to abstain and to persuade others to abstain. The practices of this group, its ideology, and the format of its meetings are strongly similar to those of A. A. Within a few years, several such groups were formed, with a total membership of somewhere between 150,000 and 250,000. However, the group gradually declined largely due to the cooling of the original crusading fervor and attacks from the tradi-

tional religious and temperance organizations (Sagarin,
1969: 33-35). The Catch-my-Pal movement (Killilea, 1974:
79-80) began in 1909 in Ireland and was quite similar to
the Washingtonian movement in ideological orientation and
supporting practices. These organizations provided the
prototype for Alcoholics Anonymous which arose in the
1930's.

The 1930's marked the beginning of many self-
help groups related to the economic privations of the
depression (Kerr and Taylor, 1935) and to the common
mental health problems of their members. Among the latter
were the formation of Recovery Incorporated in 1937 and
such groups -- on the anonymous model as Narcotics
Anonymous, Schizophrenics Anonymous and Gamblers Anonymous
(Barish, 1971: 11664-11665). In the 1940's organizations
of parents and relatives of children with chronic illnesses
and handicaps were formed (Katz, 1961) on the prototype of
educational parents' associations dating back to 1896
(Lighty and Bowman, 1939).

Katz and Bender (1976b: 22) have characterized
the history of voluntary associations with mutual aid func-
tions as follows:

> ... the essence of mutual aid has
> been the need for and creation of
> group coping mechanisms ... in
> the face of environmental threats
> and deprivations

As Borman (1979: 20) notes; "it should not be surprising that similar forms of organization should develop around self-help groups in the health and medical arena" given the etiological elements in the social, technical and intellectual spheres described above.

2.6   Definitional Issues

A definitional distinction is generally made amongst self-help groups, informal helping networks, and professional helping systems (Lieberman, 1979: 118) with the former generally being defined in terms of their group characteristics (Robinson and Henry, 1977: 105). Lavoie (1981: 13) has opposed this trend arguing that "although seen at first sight as formal groupings, self-help groups share a sufficient number of characteristics essential to the informal network to be integrated with them". Beyond this, the various definitions of self-help groups contained in the literature seem to offer more similarity than differences although unfortunately they reflect little standardization. This is because some definitions present dimensions not included in others and various definitions discuss differential aspects of the same dimension. Various definitions will be presented and their interrelationships will be discussed on several key dimensions.

Levy (1976: 311-312, 1979: 239-240) presents the following definition of a /self-help group, based upon

five conditions:

1. <u>Purpose</u>. Its express, primary
   purpose is to provide help and
   support for its members in dealing
   with their problem and in improving
   their psychological functioning and
   effectiveness.

2. <u>Origin and sanction</u>. Its origin and
   sanction for existence rest with
   the members of the group themselves
   rather than with any external agency
   or authority. (This would not
   exclude however, groups that were
   initiated by professionals -- such
   as some chapters of Make Today
   Count -- but which are then taken
   over by members themselves as the
   groups become functional).

3. <u>Sources of Help</u>. It relies upon
   its own members efforts, skills,
   knowledge and concern as the primary
   source of help, with the structure
   of the relationship between members
   being one of peers, so far as help
   giving and support are concerned.
   Helpers and recipients of help may
   change roles at any time. Where
   professionals do participate in the
   group meetings, as for example, in
   the case of Parents Anonymous, they
   do so at the pleasure of the group
   and are cast in an ancillary role.

4. <u>Composition</u>. It is generally com-
   posed of members who share a common
   core of life experiences and problems.
   A possible exception to this are
   personal growth groups, such as
   Mowrer's Integrity Groups, formed by
   individuals who hope that collectively
   they can improve the quality of their
   lives. But even in these groups,
   there is a shared discontent with
   member's present circumstances, and
   a common goal of improvement through
   mutual support.

> 5. <u>Control</u>. Its structure and mode of
> operation are under the control of
> members, although they may, in turn,
> draw upon professional guidance and
> various theoretical and philosophical
> frameworks.

Borman (1975: pvi; 1979: 14-15) offers the following

definitional statement:

> their membership consists of those who
> share a common condition, situation,
> heritage, symptom or experience. They
> are largely self-governing and self-
> regulating, emphasising peer solidarity
> rather than hierarchical governance. As
> such they prefer controls built upon con-
> sensus rather than coercion. They tend to
> disregard in their own organization the
> usual institutional distinctions between
> consumers, professionals, and Boards of
> Directors, combining and exchanging such
> functions amongst each other. They
> advocate self-reliance and require equally
> intense commitment to other members,
> actual or potential. They often provide
> an identifiable code of precepts, beliefs
> and practices that include rules for con-
> ducting group meetings, entrance require-
> ments for new members, and techniques for
> dealing with "back-sliders". They minimize
> referrals to professionals or agencies,
> since in most cases, no appropriate help
> exists. Where it does, they tend to
> cooperate with professionals. They generally
> offer a face to face or phone to phone
> fellowship network usually available and
> accessible without charge. Groups tend to
> be self-supporting, occur mostly outside
> the aegis of institutions or agencies, and
> thrive largely on donations from members and
> friends rather than government or founda-
> tion grants or fees from the public.

Katz and Bender (1976: 278; 1976 (a): 8-9; Katz, 1981:

136; Katz, 1975: 145) characterize self-help groups in the

following way:

> Self-help groups are voluntary, small
> group structures for mutual aid and the
> accomplishment of a specific purpose.
> They are usually formed by peers who
> have come together for mutual
> assistance in satisfying a common need,
> overcoming a common handicap or life
> disrupting problem, and bringing about
> desired social and/or personal change.
> The initiators and members of such groupings
> perceive that their needs are not or
> cannot be met by or through existing social
> institutions. Self-help groups emphasize
> face-to-face social interactions and
> assumption of personal responsibility by
> members. They often provide material
> assistance, as well as emotional support,
> they are frequently "cause" oriented, and
> promulgate an ideology or values through
> which members may attain an enhanced sense
> of personal identity.

Lavoie (1981: 13) proposes the following definition:

> Self-help groups are made up of indi-
> viduals sharing the same situation or
> behaviour, identified by them as a
> problem with psychological repercussions,
> who choose to meet together in small
> volunteer groups. They find themselves
> ill-served by the existing services.
> Their major aim is either to change
> themselves (attitudes and behaviour) or
> to adapt to the problem situation; some
> groups are also concerned with changing
> society's reaction to their members.
> These groups are controlled by their
> members who decide on the standards and
> modes of intervention; there may be
> participation by specialists, but
> control must be in the hands of the
> members. These groups count on the
> efforts, abilities, sustained presence,
> and commitment of their members as a
> source of aid and on the peer relationship
> structure. Recreation may be added to
> the activities of these groups, but this
> is not essential to the change process.

Silverman (1974: 241) sees self-help groups as follows:

The self-help group has several important
characteristics. Primary among them are:
that the caregiver has the same disability
as the care receiver, that a recipient of
service can change roles to become a
caregiver; and all policy and program
is decided by a membership whose chief
qualification is that they at one time
qualified and were recipients of the ser-
vice of the organization. The prototype
for self-help groups has been Alcoholics
Anonymous run by alcolholics for alcoholics.
This program has assiduously remained
independent of the formal health and
welfare system, using professionals only
as occasional consultants, never to make
policy or direct a program.

It seems quite clear that all of these defini-

tions converge either through direct statement or impli-

cation with the five conditions articulated by Levy.

However, some difference in emphasis seems to arise

between Levy and Katz and Bender with regard to the

articulation of purposes that defines self-help groups.

Levy perceives the purpose of self-help groups as neces-

sarily psychological in nature with regard to "improving

psychological functioning and effectiveness". He (Levy,

1979: 241) specifically states that his observations have

yielded no examples of groups engaged solely in social

advocacy, as described by Katz and Bender, who see some

groups as exclusively "cause oriented" and advocacy-focused.

(Katz and Bender, 1976: 37-38). Furthermore, Borman, Katz

and Bender, and Lavoie each articulate several additional

dimensions which would certainly narrow the range of self-

help groups from that derived through the Levy definition.

For example, Borman defines self-help groups as exhibiting

a preference for controls based upon concensus rather than

coercion, advocating self-reliance, requiring intense

personal commitment to other members, codifying beliefs and

practices, minimizing referrals to professionals when no

appropriate help exists, cooperating with professionals when

appropriate help does exist, offering face to face or phone

to phone contact with a network without charge, and thriving

on donations from members and friends. Katz and Bender

also specify the emphasis on face to face interaction, the

assumption of personal responsibility and the articulation

of a constellation of ideological values as key definitional

characteristics. However, unlike Borman they do not perceive

codification of values and practices as a necessary condi-

tion for self-help groups; but do define such groups as

voluntary, small in structure, arising out of the percep-

tions of initiators and participants that their needs are

not or cannot be met by existing social institutions, pro-

viding material assistance and possessing a cause orienta-

tion. Lavoie agrees with Katz and Bender that self-help

groups are definable by their small size, voluntary nature,

and the perception of participants that they are ill-served

by existing services.

There would also seem to be some slippage , at

times, with regard to application of the criteria of a given

definition in deliniating specific self-help groups. For example, groups such as Reach for Recovery which was originated, sponsored, and continues to be supervised by the American Cancer Society (Bond, Borman, Bankoff, Daiter, Lieberman and Videka, 1979: 65) are mistakedly considered as self-help groups by Gartner and Riessman (1977: 78, 83) utilizing the Katz and Bender definition described above. This is especially striking since Reach for Recovery participants rarely meet in a face to face group, and cannot launch their own activities independent of the directives of the American Cancer Society. Similarly, many of the foundations composed of the families of sufferers of chronic diseases are referred to as self-help groups (Tracy and Gussow, 1976: 381, 382, Gartner and Riessman, 1977: 77-96), despite the fact that they are professionally staffed bureaucratic organizations focused upon fundraising rather than providing help and support for their participants (Katz, 1961). Interestingly, Robinson and Henry (1977: 39-44) provide some data from a British study that groups of a foundation type and those focused upon social advocacy functions often do not see themselves as self-help groups, and that the dimension of organizational autonomy is seen by most groups who perceive themselves as self-help groups as the key definitional factor.

2.7 Classification Schemes

Various typological and classificatory systems

have been developed with regard to self-help groups. These
are generally heuristic in nature, and very few of them
have been shown to have demonstrable value in discriminating
between groups on the basis of significant criteria. Most
of these classificatory schemes are uni-dimensional in
nature; and thus are most useful in investigations or
discussions related to the specified dimension.

For example, many of the schema discriminate
between self-help groups on the basis of the kinds of problem
which define their membership. Thus, Bean (1975: 38) has
constructed a tricotomy discriminating amongst groups focused
upon crises, those dealing with a "permanent, fixed,
stigmatized condition" and those "dealing with members who
are trapped in a habit, addiction or self-destructive way
of life". Similarly, Romeder (1981: 10) has developed a
five category system deliniating the following types:
"groups for drug addicts or people with compulsive behaviour,
groups oriented toward family problems, groups for persons
suffering from emotional or psychological problems, groups
concerned with those suffering from a particular physical
handicap or chronic disease, gay groups." Todres (1980:
341) has specified a similar tricotomy discriminating
amongst groups which focus on conditions which are long-term,
indirect groups composed of the friends and relatives of
those who are having a particular difficulty or problem, and

groups formed to deal with transitional life crises.
However, his study indicated that no differences could be
discerned amongst these groups related to their degree of
formalization.

Other theorists have discriminated amongst
groups on the basis of other singular dimensions. For
example, Hansell (1976: 154-163) has developed a tricotomy
discriminating between groups on the basis of the kind of
bond which draws members together. He distinguishes
amongst "predicament groups" comprised of people who
experience a similar problem, "bridging groups" of indi-
viduals who need a temporary group until they are no
longer in distress" and 'professionally-assisted' groups
which are isolated but brought together by professionals.

A number of theorists discriminate amongst self-
help groups on the basis of their function with regard to
the phenomenon of deviant status. Thus, Sagarin (1969:
21-22) discriminates between groups in which deviants
renounce their behaviour and endeavour to conform to
societal norms, and those in which deviants attempt to
provoke change in the normative order with regard to
acceptance of their behaviour. In a somewhat related
fashion, Steinman and Traunstein (1976: 358) differentiate
between "redefiners", as those who reject the prevailing
societal definition of their members' inherent condition
as something which needs to be reversed, modified, or

excised, and instead seek to persuade or coerce the public
to redefine that condition" and ameliorators or those "who
while rejecting the prevailing societal definition,
nevertheless acknowledge that there is something about
their members' condition which is problematic and which
the members themselves need to modify".

Another group of theorists discriminate amongst
groups utilizing organization-level variables. In this
vein, a number of classificatory schemes have utilized
variables related to the groups' ideological stance or
belief system. Thus, Gartner and Riessman (1977: 42-43)
suggest a continuum between groups which define their
participants as chronic sufferers who have hit "rock
bottom", are incapable of helping themselves, and for whom
the "way of the group" is seen as the only solution and
those who do not view their participants as chronic
sufferers which have hit rock bottom, or as helpless.
This latter polar type tend not to have formal philosophies
which must be religiously followed, tend not to become
the central loci of their participants' lives, often
involve professionals on an on-going basis, and do not
tend to glorify a charismatic leader or founder. Katz
(1977: 1258) posits a dichotomy between those groups which
accept "prevailing cultural and social values", and those
which ostensibly and publicly reject all or some of these
dominant values", and Bender (1971) discriminates between
groups which are "secular in ideology and those which are
sacred", utilizing Durkheimian and Weberian concepts to

relate the development of sacred structural arrangements and group symbols to the degree of the sociopsychological nature of the problem addressed. Jennings (1947) discriminates between "psychegroups" and "sociogroups" on the basis of their internal social climates. Psychegroup climates are personally meaningful and affective, and they are characterized by intensive personal interaction. Socio-groups are cool, formal and impersonal.

Several theorists utilize dimensions related to the focus and nature of the groups' activities to differentiate amongst groups. Thus, Tracy and Gussow (1973: 25; 1976: 381-383) discriminate between Type I groups which provide direct service to participants, and Type II groups which place more emphasis on foundation-like activities such as promoting research, fundraising, legislative and lobbying activities, and public and professional education. They characterize Type II groups as more formalized and more likely to focus on conditions for which no viable lifestyle is possible. Gartner and Riessman (1977: 69-96) have proposed the division of Type I groups into four categories, as follows: those engaged in rehabilitative work, those focused upon behaviour change of participants, those engaged in primary care, and those engaged in prevention and case-finding. As noted above, Type II groups do not clearly fulfill several definitional elements of self-help groups regarding the provision of

mutual aid as deliniated by Levy and others. Somewhat

similarly, Katz and Bender (1976: 279; Katz, 1977: 1258)

distinguish between groups which are directed beyond their

immediate participants to mass goals, and those which are

predominantly inward turning and member centred. In

addition, Katz (1961: 1970: 52) has developed a tricotomy

of self-help groups related to their intended relationship

to community agencies. He discriminates amongst separative

assimilative and mixed types. Steinman and Traustein

(1976: 354-355) have developed a classificatory system for

self-help groups based upon their degree of formalization

and the nature of their funding bases. They differentiate

between "anonymous" model groups characterized by a highly

energetic focus on group encounters which can be well

sustained with very limited funding, "underground" model

groups which abjure government funding because of the

potential for co-optation which it embodies, and "Big

timers" which are sophisticated, highly developed, and

structured similarly to conventional agencies.

Several typologies have utilized the dimension

of programmatic focus in differentiating amonst groups.

Katz and Bender (1976: 279-280; 1976 C; Katz, 1981: 40)

propose the following schema: groups that focus primarily

on individual self-fulfillment or personal growth, groups

that focus primarily on social advocacy, groups that focus

upon the creation of alternate patterns of living, "outcast

haven" or "rock bottom" groups that focus on the provision

of refuges for desparate people seeking protection from life

and social pressures. They found that it was necessary to

add a mixed category with no single programmatic focus to

describe certain groups. Levy (1976: 312-313; 1979:

241-242) has criticized Katz and Bender's schema on several

counts; and has developed what he sees as an improved

version on the basis of this critique and his own empirical

observations. He has argued that Katz and Bender's

category which focuses upon self-fulfillment and personal

growth is too broad a classification, and that groups which

focus on social advocacy also seem to focus on the creation

of alternate patterns of living. Levy, himself thus

developed the following schema: Behavioural control or

conduct re-organization groups composed of members who are

in agreement in their desire to eliminate or control some

problematic behavior, stress coping and support groups

composed of members who attempt to ameliorate a common

stressful status or predicament which is seen as fixed,

survival oriented groups which attempt to enhance the

self-esteem and improve the social status of members from

stigmatized populations labelled as deviant or subjected

to discrimination, and personal growth and self-actualization

groups composed of members who share the common goal of

enhanced effectiveness in all aspects of life; and especially

those relating to relationship capacity, sexuality and

emotionality.

There has been some limited empirical demonstration of the usefulness of this typology for differenting amongst groups on the basis of the participants' reports of the frequency of occurrences of various help-giving activities, their reasons for joining the group, their initial reactions to the group, their tenure in the group, how they would characterize the group to outsiders, and their relationships to professional helpers. Briefly, Levy (1979: 269-270) found that behavior control groups reported greater use of personal goal setting and positive reinforcement than stress-coping groups (p= .04). This finding seems to make sense as both of these activities seem best suited to the modification of specific troublesome behaviour. However, it must be interpreted with great caution, given the small sample size (behavior control groups, N=48, stress-coping groups N=24) and the fact that at least one significant difference could be expected from chance alone in the twenty-eight comparisons made. Similarly, Knight, Wellert, Levy, Frame and Padgett (1980) found that nearly all behavior control group members reported joining in order to cope with the particular problem upon which the group focused, while stress-coping group members were split between joining for fellowship and help with less well-defined health problems and joining for the group's major problem focus

$(X^2(1) = 15.1, p < .01)$; and that the great majority of stress-coping group members reported a nervous or ambivilant initial reaction to the group while behavior control members reported less nervousness and higher proportions of both positive and negative reactions $(X^2 (3) = 8.2, p < .05)$. Furthermore, behavior control group members were more likely to consider their membership permanent than temporary $(X^2 (1) = 10.3, p < .01)$ and reported longer actual tenure (45 months average compared to eleven months $(t (24) = 4.85, p .01)$. Behavior control group members would mention the specific purpose of the group in describing it to outsiders, while stress-coping group members would mention fellowship, group supportiveness and discussion $(X^2 (1) = 8.79, p < .01)$. A majority of stress-coping group members had seen professional helpers in the past; while a majority of behavior control group members had not $(X^2 (1) = 3.85, p < .05)$; and stress-coping group members considered sources of help other than professionals more effective than did behavior control group members $(t (13) = 2.74, p < .05)$. Stress-coping group members also reported significantly more involvement of professionals in their groups $(+ (21) = 2.40, p < .05)$ and were more positive about the future potential involvement of professionals $(t (22) = 2.69, p < .05)$. Although the study was exploratory, and the sample size was quite limited (Behavior control groups, N = 55, stress-coping groups, N = 25)

the findings related to reasons for group entry, charac-
terization of the group to outsiders and tenure are in
the direction one might expec t in differentiating
between groups focused upon temporary life transitional
states which often involve relationship losses and those
focused upon specific behavioral difficulties, often of a
chronic nature. This typology clearly should be studied
further to establish its discriminative validity.

Finally, Erickson and Farquharson (1978: 30)
have proposed a typology based upon two dimensions: the
type of concern addressed by the group on a continuum
from social to personal; and the objectives of the group
on a continuum from long-term support to short-term change.
This schema yields nine cells, with self-help groups focused
upon health and mental health concerns potentially occupying
the bottom six:

Group Objectives

Type of Concern	Long Term Support	Mixed	Short Term Change
Social (Environ-mental)	Food co-operatives Communes	Welfare Rights Tenant Groups	Save the Farmland
	I	II	III
Mixed	Senior citizen Groups	Associates of Physically Handicapped	Parents of Thalidomide Children
	IV	V	VI
Personal Physical and/ or Emotional	Neurotics Anonymous, A. A., Recovery, Inc.	Solo Parents T. O. P. S.	Widows' Groups Crib Death Parents
	VIII	VIII	IX

2.8 Organizational Factors

There has been very little attention paid to the analysis of either structural or functional organizational level aspects of self-help groups despite Killilea's (1974: 80-81) plea (Katz, 1981: 141). Furthermore, much of the empirical investigation which has been completed tends to be exploratory rather than rigorous in nature, and comparability between studies is quite limited because of the utilization of differing variables amongst the various investigations. In his early survey of self-help groups, Wechsler (1960) suggested that the organizational structure of Recovery Incorporated was consistent with the group's aim of maintaining chronic mental patients out of the hos-

pital in that its definitive quality was congruent with the participants' limited ability to interact with others according to community norms after discharge.

Katz (1961, 1970) has identified several functional and structural features which distinguish self-help organizations from other voluntary organizations on the basis of his study of self-help groups composed of the parents of handicapped children. Among the structural features articulated were: small group properties which satisfy the needs of members in a fashion not readily available in other settings, as identified by Cartwright and Zander (1960: 75), a focus on common problems or predicaments of participants, exclusivity of membership on the basis of possession of these common problems or predicaments, goal setting at the group level, coordinated group action in pursuit of these common goals, the expressed norm of helping others, horizontal elaboration of power and authority and leadership as an achieved function rather than as an ascribed status. He also notes that the exclusivity of membership is limited in such groups as Synanon which has a charismatic leader who has never been addicted, and in groups which accept supportive professionals as quasi-peers. The following functional attributes were seen by Katz to flow from the structural features described above: horizontal communication characterized by equal status contacts, personal involvement in pursuit

of group goals, a high degree of responsibility for quality
of personal actions in the group setting, and an orientation
to active experiential rather than didactic learning. Katz
and Bender (1976: 115-166) acknowledge that many self-help
groups are structured in a hierarchical fashion, but argue
that the norm of equal status contacts amongst participants
at different organizational levels inhibits the bureaucratic
functioning of these organizations. Caplan (1976) and
Dumont (1973) also argue that the formal hierarchies in
self-help groups are generally reflections of the informal
hierarchies, and that these hierarchies are open-ended and
governed by a norm of upward mobility. Dumont (1976) argues
that normative behavior in many self-help groups is main-
tained to a greater extent by the participants' devotion
to a common ideology than by the power of superiors, and
Katz and Bender (1976 d: 115-116) understand the division
of labour and resultant proliferation of functions at the
lower-end of the hierarchy as fulfilling a socialization
function of newcomers into this ideology. In summary,
Dumont (1976) argues that self-help groups are familistic
rather than bureaucratic in structure. Foote and Cottrell
(1965) support this notion; and refer to such groups as
quasi-families.

Steinman and Traunstein (1976) in an examination
of forty-eight self-help groups found evidence to support

their hypothesis that the organizational structures of
self-help groups would replace the bureaucratization and
professionalization characteristic of traditional human
service organizations with autonomy and cohesion of
participants. Briefly, they cite the following findings
in support of their conclusions regarding the aprofessional
nature of these groups; all groups reported that board
members were also service beneficiaries, 56.2% (N=27) of
the groups cited agency service deficiencies in explaining
their origins, 37.5% (N=18) cited a complete lack of
appropriate services in explaining their origins, only
37.5% (N=18) of the groups reported that their participants
utilize the services of trained professionals willingly,
and 58.3% (N=28) indicate that their use of such service
is related to some form of coercion, 56.3% (N=27) of the
groups indicated that they made less than thirty referrals
to trained professionals annually while only 27.1% (N=13)
of the groups report making more such referrals per year.
Similarly, they cite the following evidence to demonstrate
the lack of bureaucratization of self-help groups: 72.9%
(N=35) had annual budgets of less than $5,000 while only
25% (N=12) have annual budgets which match or exceed this
figure, 56.3% (N=27) raised their funds through such
amateur means as bake sales and through dues while only
35.4% (N=17) were recipients of foundation, charitable or
governmental grants, 85.5% (N=41) were governed by elected

boards, only 68.8% (N=33) were legally incorporated, only 41.7% (N=20) had tax exampt status and only 39.6% (N=19) prepared annual financial reports. The finding that only a small part of the sample met all three criteria of incorporation, tax-exempt status and filing of an annual financial report was taken as evidence of the non-bureaucratic trend of these groups. Steinman and Traunstein cite the following evidence for their contention of the cohesion of the stigmatized participants in self-help groups in redefinition of their status. (This data contains information from an additional nineteen rural self-help groups): 56.2% (N=27) of the urban groups and 73.6% (N=14) of the rural groups stated that changing the definition of the status of members from "deviant" to "different" in the perceptions of both the organizational participants and the general public was the most important goal of the organization while only 37.5% (N=18) of the urban groups and 26.4% (N=5) of the rural groups stated that other organizational goals were pre-eminent, 60.4% (N=29) of the urban groups and 73.7% (N=14) of the rural groups felt that personal experience with their focal condition was necessary to understand it, the reported primary initiators of 69.7% (N=33) of the urban groups and 73.7% (N=14) of the rural groups were stigmatized individuals themselves with the remaining groups reporting initiation by professionals and friends; and 72.9% (N=14)

of the urban groups and 73.7% (N=14) of the rural groups
reported that the majority of their membership was
stigmatized persons themselves with professionals and
friends comprising the majority of the other groups. The
definitional status of these latter groups as self-help
groups would seem to be open to some question. Interestingly enough, they found that the services offered by
self-help groups did not appear substantially different
than those being offered by traditional agencies with the
exception of a decided emphasis upon peer counselling.

Todres (1980) attempted to replicate and expand
upon Traunstein and Steinman's work in the Canadian
cultural context and in a larger urban centre, Metropolitan
Toronto. The Traunstein and Steinman study described
above was completed in a medium sized highly urbanized,
north-eastern American city of 135,000. Todres interviewed
representatives of fifty-nine self-help groups between
April and June of 1979, and presented findings with regard
to the background and goals of the groups, their meeting
formats, their decision-making processes and funding
sources, their characteristic helping processes and their
preferred methods of disseminating information about
themselves. Briefly, his findings with regard to the
background and goals of the groups were consistent with
those of Traunstein and Steinman in that a majority of
them were initiated by a person directly afflicted with

the focal difficulty or by an immediate family member. He also found that the primary programmatic focus of the groups was related to mutual support and information sharing in the context of the participants' psychological needs. Furthermore, he found that 73% of the groups which he studied had come into existance since 1969; and that many of these groups had split off from larger organizations. Meetings were held regularly, and even in groups in which a specified ritualistic format predominated, there was a climate of informality. For most groups the procedural trappings of bureaucratic organization, such as minutes and statistics were lacking. The researcher also found an equal frequency of open and closed meetings, indicating the openness of many groups to research interest in their activities. Self-help groups were generally found to be autonomous in decision-making; to be characterized by democratic decision-making processes; and to be governed by a quite formally organized executive board with several defined offices and a set meeting format. However, a small minority of self-help groups were extremely informal with regard to decision-making, having no executive body, governing body, constitution or set meeting format. The groups tended to be self-supporting through members' contributions, and rarely hired paid staff. When the latter was hired, they generally performed such administrative support functions as bookkeeping or secretarial duties.

The mutual aid process in the groups seemed to be divided into two patterns on the basis of focusing upon group discussion on the one hand and upon helping individuals on the other hand. In either case, members very frequently called upon each other for support between meetings. Social and recreational activities complemented the mutual aid process in many groups, and also seemed to serve group maintenance functions. Professionals were sometimes involved in the groups as resource persons, and group members referred fellow participants to professional help when they defined the need as arising. Word of mouth was generally utilized for dissemination of information necessary for recruitment of new participants or for education of the public. The media was also utilized to a lesser extent for these purposes; with an ex-member often serving a liaison function. Finally no organizational differences were found on the basis of Todres' typology discussed above.

Pilisuk and Parks (1980) have studied twenty-eight groups organized for the provision of mutual social support, utilizing dimensions separately generated from social network analysis and the small group dynamic approach specified by Katz and discussed above. Most of these groups would seem to qualify as self-help groups with the exception of several state institutions and one proprietary organization. However, information is too limited with regard to the organizational affiliation of

some of the studied groups to determine if they meet this

definitional criterion for self-help groups, and several

groups seemed to have a religious or educational focus

rather than one related to mental or physical health. The

study was exploratory in nature and focused upon the iso-

lation of criteria which might be useful for the study of

social support groups. The authors found that all of the

groups could be categorized according to the set of nine-

teen attributes utilized in the study despite great varia-

tion of membership, focus, style of operation, and

institutionality. The groups in the study with the excep-

tion of several residential units, were characterized by

open and changing membership populations, with only eleven

of the twenty-eight groups studied maintaining a clear list

of who was a member at any given time. The membership

populations of these groups were also characterized by social

class, racial and age homogeneity in the case of groups

organized around transitional life crises. This finding

is consistent with Katz's specification of the structural

necessity of commonality amongst group members as discussed

above. On a related note, eighteen of the twenty-eight

groups studied limited their membership to persons experien-

cing a specifically defined problem or situation; but such

special purpose groups often evolved to serve more diffuse

supportive functions. Thus, affiliation with Alanon con-

tinued to serve general supportive functions for some mem-
bers for a period as long as fifteen years beyond the period
of dealing with an alcoholic family member; and a support
group for newly bereaved widows retained much of its
membership for a long period, evolving to provide more
general supportive functions. Steinberg and Miles (1979)
have documented the same phenomenon with regard to another
widows group. Ten of the twenty-eight groups studied
were formed with no association to any agencies, with two
developing into part of a communal human service network
and one becoming legally incorporated. Where agencies did
take the initiative in forming groups, the latter generally
attained autonomy after a short time. However, the agency
often performed the key function of locating participants,
organizing them into groups and providing brief initial
leadership. In the few cases in which groups maintained
an agency affiliation, the latter tended to provide consis-
tency in periods of low member involvement. Some groups
were intentionally generated and some spontaneously formed.
A shared history of participants prior to initiation of
the group tended to enhance commitment and consistency of
mutual expectations. Groups representing some larger
system tended to import the practices and ideology of
that system to their settings; and therefore one of a kind
groups must expend more initial energy in developing pro-
cedures. Group leadership was generally indigenous; but

external professional consultants were common and could be helpful when the consultant defined his role appropriately, group cohesion had been sufficiently established, the group demonstrated willingness to discuss unresolved difficulties with an outsider, and the group could clarify and adhere to its own agenda. The groups tended to have simple, informal by-laws, and all of them had manifest purposes beyond the provision of support. The nature of these additional purposes varied amongst the groups with some being activity focused and others articulating a focus on personal growth. The groups that had evolved over a longer period of time tended to share this latter orientation. Most groups were focused upon internal helping purposes with this being an important dimension even in those groups focused externally. In one case, the prescriptions of the national body limited the breadth of support to be offered by the local group. This is inconsistent with Katz and Bender's (1976d: 113) observation of the autonomy of local groups in national self-help organizations. Most of the groups studied did not specify tenure for membership or existence of the group; with even some groups with transitional foci continuing for long periods of time. Most groups also did not play a central role in the economic well-being of participants; although some exchange of services often developed. Most groups required small fees of members; and some required none. This minimal fee

often served to more sharply define membership status.
Normative restraints were generally informal in nature, and
this sometimes led to confusion regarding expectations.
The findings also indicate that even groups with very
specific foci were characterized by functionally diffuse
relationships and modes of exchange. Leadership styles
varied vastly amongst groups as a function of the charac-
teristics of the particular leader and his followers.
Most groups tended to facilitate the connection of their
members with external support; while a small minority
placed informal constraints on their members in this regard.
Finally, most groups studied drew their membership from
only a small geographic area.

Borman and Lieberman (1969: 411-415) have also
argued that self-help groups can only maintain themselves
if they are open systems and have effective recruitment
strategies, such as the visitors program of Mended Hearts
(Bond, Borman, Bankoff, Daiter, Lieberman and Videka,
1979: 49-59), the proselytizing stance of consciousness-
raising group members (Bond and Reibstein, 1979: 101-109)
or the focal institutional connections of Naim (Steinberg
and Miles, 1979). Otherwise, they may tend to evolve into
diffuse, genralized supportive networks, and no longer per-
form their original functions. They (Borman and Lieberman,
1979: 411-420) also argue that self-help groups require

sources of legitimization in order to maintain themselves.
According to their analysis, such legitimization may flow
from a number of sources including: alliances with
socially sanctioned institutions, alliances with profes-
sionals, alliances with other voluntary organizations,
sanction by certain figures in the mass media, funding by
charitable foundations, and connection with the national
body for local chapters of established self-help groups.
Katz and Bender (1976d: 118-119) also see lack of
legitimization due to incongruence with society's norms,
especially for assertive groups composed of stigmatized
members as generative of much external stress for these
organizations. Borman and Lieberman argue that one source
of such stress involves the cost of entrance to the group
for new members and the discouragement from society at
large and their immediate networks. Much of the legitimacy
for successful assertive groups composed of stigmatized
members may flow from the solidarity of members who have
successfully redefined their deviance as difference in the
context of the group (Traunstein and Steinman, 1976).

2;9 Factors Related To Group Failure

There are several reports in the literature of
the factors related to the failure of groups. Thus,
Hamilton (1980) found that the chief reason for the decline
of three Parents Anonymous Chapters formed by low-income

minority parents in Los Angeles was the autocratic

leadership style of their founders. This tended to

severely limit membership participation and commitment.

Somewhat similarly, Sussman (1956) related the decline of

a dieters' club partially to the authoritarian style of a

leader who was primarily oriented to utilizing her position

in the group as an external power base; and its resurrection

to her replacement by a more democratically-focused leader.

Another factor in the decline was a split in the group with

regard to primary orientation to the central purpose of the

group; and the reconstruction was related to the clear

dominance of one faction largely through new recruitment

to the group. Sagarin (1969: 69, 70) also reports the

failure of Illegitimates Anonymous, which was formed in

1967 and lasted only a year. He attributes this failure

to the lack of salience of illegitimacy in the lives of

many born out of wedlock:

> Thus, the failure of I. A. derived
> precisely from its inability to
> convince illegitimates that
> illegitimacy was a serious problem.
> In this case the odd man didn't
> think he was odd and stayed out.

He also reports on organizational difficulties being

experienced by an organization of transsexuals focused upon

the goal of changing public attitudes and making sex

conversion surgery available, in the mid 1960's. (Sagarin,

1969: 118-139). He relates the difficulties of this

organization to internal factionalism and the lack of pro-
gress toward its goal for several years. Landy and Singer
(1960) have also related the chronic difficulties of a
club for former mental patients partly to a group norm which
discouraged differentiation in status, and therefore
abrogated the development of leadership.

2:10 Growth and Developmental Stages

The developmental patterns of self-help groups
over time also constitute another neglected area of
empirical investigation. Although several models have been
proposed too few studies have been completed to test the
applicability of the models or to document commonalities
and variations in developmental trends.

Katz and Bender (1976: 281) have suggested a
potential model based upon an amalgam of classical Weberian
theory (Weber, 1947) and the goal displacement sequence
observed in the work of Robert Michels (1959) with European
Socialist parties and labour unions prior to World War I.
They specify the following stages of development: 1) the
original charasmatic leader is replaced; 2) a bureaucratic
structure emerges; 3) a general accomodation to the society
occurs; 4) participants develop an interest in group main-
tenance regardless of its ability to attain its goals. The
range of applicability of this model would seem to be res-
tricted to those groups which have goals which are somewhat

antagonistic to the normative order, and which were begun

by charasmatic leaders. A group such as Synanon would

seem to meet these criteria; although there are some

indications of the development of a bureaucratic infrastruc-

ture within the reign of the current charismatic leader

(Katz and Bender, 1976d: 118; Yablonsky, 1965: 82-87).

Perlman (1976: 11-12) has also documented the replacement

of charismatic leaders and the genesis of a bureaucratic

structure in grass roots poor peoples' self-help groups

as their functions change from protest to program delivery.

Back and Taylor (1976) have argued for the app-

lication of Blumer's (1969) model of the development of

social movements to self-help groups. This schema posits

five developmental stages as follows: 1) general unrest

or agitation amongst a group of people who feel that society

is not meeting their particular needs, 2) formation of a

group that tries to exploit this unrest and find some way

of curing it in order to develop its own "espirit de corps",

3) development of morale and identification of the members

with the movement per se, 4) development of an ideology,

5) development of particular tactics to accomplish the

movement's goal. Toch (1965) and Sagarin (1969) amongst

others have loosely applied this developmental sequence in

analyzing the growth of self-help groups; but Katz and

Bender (1976e) question whether individual self-help groups

meet social movement criteria.

On the basis of his study of the evolution of
self-help groups of parents of handicapped children, Katz
(1961) has proposed a five phase model of development as
follows: 1) origin, 2) informal organizational stage,
3) emergence of leadership, 4) beginnings of formal
organization, 5) beginnings of professionalization. He did
not conceive of these stages as mechanistic in that he felt
that they could overlap in time, would evolve differently
in different groups, and might occupy various time frames.
Essentially, this model parallels the process of bureauc-
ratization of organizations discussed above (Etzioni,
1964: 50-57) as well as the process of formalization of
religious groups in the sect to church or denomination
sequence documented by Troeltsch (1931) and Niebuhr (1929).
It was articulated to explain the developmental sequence
of a particular kind of self-help group which had evolved
into Type I (Tracy and Gussow, 1976) foundation style
organizations. As has been described above, the mutual aid
goals of these organizations were often displaced by
activities related to fundraising, support of research, and
public education. However, in 1976 (Katz and Bender, 1976:
281) it was reported that some of these organizations which
had professionalized were seeking to foster the re-emergence
of higher levels of member participation. Amongst these
were organizations of national scope with large professional
staffs such as the United Cerebral Palsy Association and the

National Association for Retarded Citizens. Similarly,
Lusky and Ingman (1979) found that professionalization and
bureaucratization constituted a serious threat to the
growth of a residentially based self-help group for alcoholics
in that leadership conflict, member dissafection, resource
problems, and program problems seemed to stem from the
group's having been legally incorporated, having received
public funding, and from the core staff coming to view them-
selves as professionals rather than peers of the partici-
pants.

Just as some religious sects seem to maintain
their stability as sects without moving in the direction
of formalization, self-help groups of a Type II (Gussow
and Tracy, 1976) nature have appeared to achieve stability
at various points along the gradient specified by Katz.
Thus, as described above both Todres (1980) and Pilisuk
and Parks (1980) have reported on some groups which had
developed an apparent operational equilibrium in the
informal organizational stage; and womens' consciousness-
raising groups (Bond and Reibstein, 1979) and some communes
(Katz and Bender, 1976d: 122-123) have avoided the emer-
gence of leadership through rotation and dispersion of
decision-making functions. Similarly, as described by
Pilisuk and Parks (1980) and Todres (1980) many groups,
especially of a local nature, maintain very informal organi-
zational structures. Finally Davidson (1979) has found

that although Compassionate Friends, a bereaved parents'
group has developed a formal organization of international
scope, the group "shows no signs of moving toward the
phase of paid staff workers or professionals". (Davidson,
1979: 94).

While it is clear that self-help groups stabilize
at various points on Katz's continuum, this model seems to
be useful in describing the developmental process of many
groups. He (Katz, 1970: 56) perceives the origin of
such groups as occurring when two or more persons are
motivated to perform a remedial action regarding a common
problem. Robinson and Henry (1977: 12-24) have demonstrated
through groups' own accounts of their origin that this
motivation often represents either a chronic or acute dis-
satisfaction with the nature and/or lack of available
services combined with a perception of the "added value"
(Back and Taylor, 1976: 295-296) of organization to provide
mutual aid. Traunstein and Steinman (1973, 1974, 1976) and
Tracy and Gussow (1976) also have documented the key role
of dissatisfaction with current services in the origin of
self-help groups. Publicity through the mass media is often
important in assembling potential participants to an initial
organizing meeting (Robinson and Henry, 1977: 21-27,
Borman and Lieberman, 1979: 414-415, 417). There is some
difference regarding the role of professionals in origina-

ting self-help groups. As described above Borman (1979: 29-31) studied ten such groups and found that professionals played a key active role in initiating six of them and a key supportive role in initiating four of them. Furthermore, he proposes that professionals who initiate self-help groups tend to share the following list of perceptual characteristics: a pragmatic critique of the limitations of conventional theory, a definition of the affliction and the etiology which is broader than that prescribed by the professional paradigm, a recognition of a broader repetoire of strategies than those conventionally utilized, a focus on neglected, generally non-acute states of chronic conditions, a concern for neglected populations, a high valuation on collaborative professional roles, a willingness to utilize non-institutional behavioral settings, development of more active recruitment strategies than those prescribed by the usual waiting mode (Rappaport and Chinsky, 1974) and minimization of compensation through fees. But Tracy and Gussow (1976: 889) found that "without exception the prime movers in the establishment of self-help groups have been patients", and Steinman and Traunstein (1976: 356) found that roughly seven-tenths of sixty-seven groups studied in two locales were initiated by the problem-sufferers themselves. Similarly, Romeder (1980) in a Canadian study of one hundred self-help groups found that 92% of the groups in addictions, 83% in the family field and 87% in physical

health had been initiated by lay problem-bearers while the remainder had been begun by a lay problem-bearer and a professional jointly. Early studies (Bales, 1944; Katz, 1961; Volkman and Cressey, 1963) of self-help groups also reveal a pattern of only slight professional influence in a field dominated by indigenous self-organization. The differences in these perspectives may be partially related to the lack of specificity of referrents specifying roles in initiation, the study of different groups generally without drawing any kind of systematic sample from a population whose parameters have not been accurately described, the biases of selective memory and interpretation in retrospective studies (Robinson and Henry, 1977: 7, 17, 25) and perhaps differences in the activities of professionals over time (Borman and Lieberman, 1979: 407-409). In the case of Compassionate Friends (Davidson, 1979) the case history of a bereaved family published by a young Anglican Chaplain in 1972 provided the initial impetus for the organization. However, Reverend Simon Stephens did not play a central role in the organizational activities of the group which grew from a meeting of six on January 28, 1969 to a national organization in England one year later.

The informal organizational stage involves varied, pragmatic, and non-specific responses by the participants in reaction to emerging situations. Enlarging participation through publicity and personal contact, the development of

rudimentary program ideas, and the development of external
organizational supports are key but diffuse organizational
foci. In the case of the development of Compassionate
Friends (Davidson, 1979) this involved the importation of
the idea from England to the United States via the mass
madia, development of loosely coordinated local efforts,
development of a small informal national organization and
attainment of legitimacy through endorsement by the mass
media.

The emergence of leadership stage is charac-
terized by a small group of individuals assuming respon-
sibility and further developing the organization in innova-
tive ways. They gradually tend to involve the participants
in more routinized and specialized tasks as a formal divi-
sion of labor is beccnming elaborated. In the case of
Compassionate Friends (Davidson, 1979) this leadership
emerged when a chapter led by several members with suffi-
cient organizational skill took responsibility for
administering the national organization at its first national
convention.

The stage of formal organization involves develop-
ment of a more definitive organizational structure,
codification of operating procedures, more elaboration of
the division of labour with a concommitant designation of
separable administrative roles, increase in program acti-

vities along with development of standardized program formats, expansion of the groups' contacts with outside agencies, and development of administrative mechanisms. In the case of Compassionate Friends this involved development of a national office for purposes of recruitment and coordination, as well as the codification of various administrative procedures and guidelines for local chapter development.

The final stage involves the hiring of professionally-qualified staff to assume programmatic functions, with the indigenous leadership retaining its policy-making function. As has been indicated above, there are no indications of this occurring in Compassionate Friends.

Out of their study of the growth of Mended Hearts Bond, Borman, Bankoff, Daiter, Lieberman and Videka (1979) have isolated several factors which they feel may enhance the growth of similar self-help groups. They indicate that there must be a sufficient number of individuals meeting membership criteria in a given geographic locale to provide the critical mass necessary for development of a group. This is sometimes a problem with groups focused upon conditions with a low prevalence, and may necessitate broadening membership criteria. They also feel that the development of self-help groups can be facilitated through the interaction of participants in a common informal behavioral setting, and the use of mass media publicity to

recruit members and gain public acceptance. A national corporate structure is seen as an important coordination mechanism as well as a key element in the support of new chapters. Legitimacy in the professional community is also of major importance, especially for medical groups which operate directly within hospital settings and thus require medical cooperation. The maintenance and development of the organization is also seen as related to an effective recruitment process and the coordinated involvement of members around a focal activity. In the case of Mended Hearts their visitation program constitutes both a focal activity and an effective recruitment mechanism.

The phenomenon of succession of goals has also been observed in self-help groups (Etzioni, 1964: 13-14). This sometimes has related to changes in membership population (Steinberg and Miles, 1979); and sometimes to changes in organizational affiliation (Bond and Reibstein, 1979).

Finally, Gussow and Tracy (1976) have studied the growth rates in the number of chapters of seven Type I organizations and nine Type II organizations over three decades between 1942 and 1972. They found a general growth rate of 3%; but discerned some differences in the rate of chapter growth between the two classes of self-help organizations. Type I organizations exhibited a steady accelerating rate of growth since they achieved 3% in the mid-1950's; while Type II organizations seem to have reached their peak

and to currently be descending. Type II organizations did
tend to previously grow at a higher rate than Type I
organizations; and there was more variability of growth
rate within the Type II class. This reflects more addition
and attrition in functioning chapters. The authors
hypothesize that Type II organizations predominate in those
medical conditions in which no viable lifestyle is possible
given current rehabilitative technology, and that the
current retardation of the rate of growth in these organiza-
tions is related to the fact that few appropriately "hopeless"
diseases remain available. In 1979 Borman (1979: 31-33)
argued that this growth rate of 3% had increased for self-
help groups in general; but he offers no estimate of the
current growth rate.

2:11 Internal Processes And Helping Mechanisms

Several dimensions have been articulated and
studied in describing the means by which self-help groups
assist, influence, and provoke change in their members.
However, few of these dimensions have been empirically
investigated; and fewer still in a rigorous fashion. The
dimensions usually cited include the provision of social
support, the operation of the helper-therapy process in an
aprofessional environment characterized by maximal consumer
intensivity, the dynamics of primary groups, the ideology
or teachings of the groups as a cognitive antidote for the

socially standardized situation which provides the context
for relapse, the presence of particular psychological pro-
cesses and change mechanisms, and the empowering quality
of participation. These dimensions are not mutually
exclusive or antagonistic and may represent different
features of the change-producing processes of self-help
groups, or differing perspectives on similar features.
Their operation may also vary from group to group.

Social support refers to "a range of inter-
personal exchanges that provide an individual with informa-
tion, emotional reassurance, physical or material assistance
and a sense of self as an object of concern" (Pilisuk and
Parks, 1980). The presence of such support has been shown
to be important for physical and mental health and well-
being; and recent reviews of the literature have related
its lack to the occurrence of various physical and behavioral
disturbances. (Berkman and Syne, 1979; Cassel, 1976; Cobb,
1976; Pilisuk and Froland, 1978).

The provision of such social support is generally
seen as a central factor in the operation of self-help
groups, and Katz (1970: 56) and Gartner and Riessman (1977:
107-115) argue that the limitation of social distance
inherent in the peer status of participants provides an
enhanced setting for this to occur. This is especially

true for stigmatized populations which by definition have few external sources of social support. Weiss (1973) feels that Parents Without Partners replaces various deficits in the natural supportive networks of members. He sees the disruptive network effects of the loss of a spouse as going far beyond the bounds of the nuclear family. Similarly Steinberg and Miles (1979) have found that the provision of social support was a key function of a widows' group, and Bankoff (1979) also found that this group may have functioned as an alternative to the natural support system for widows who received less assistance from family, friends, and neighbors than they expected or desired when facing major crises or difficulties. Similarly, Silverman and Murrow (1976) found that Le Leche League functioned to provide social support to expectant mothers, especially in the forms of information about breastfeeding which was not commonly available and emotional assurance related to the behavior of their children and interactions with relatives. Barish (1971: 1167) and Robinson and Henry (1977: 81-90) have focused upon the operation of self-help groups in providing such services as childcare and information about the day to day management of the focal conditions to participants. The experience of long-time participants is central with regard to this latter supportive function. It has also often been pointed out that activities related to the provision of social support occur both within and

outside of group meetings and activities (Todres, 1980;

Robinson and Henry, 1977: 104-111).

Utilizing the Moos social climate method Savoie

(1981) studied two groups; and found a high value assigned

to the interpersonal relations dimension, which roughly

indicates the degree of social support characterizing the

group's climate. She also found, somewhat surprisingly,

that support from the leader was an important factor in

this dimension; and that low importance was assigned to

expression of anger and aggression. However, these results

must be interpreted cautiously given the low number of

subjects (n=7). In another study (Lavoie, 1981a) she used

a process analysis system and found that, although there

were important differences amongst groups, the categories

which they most frequently used were "approbation" and

"self-revelation" which are consistent with the provision

of social support. Similarly, Knight, Wollert, Levy, Frame

and Padgett (1980: 61) found that from a member's pers-

pective "social support is the most salient dimension of

helping" in their survey of the opinions of 80 members

representing nine self-help groups. When asked how they

had been helped by their groups, 41% indicated that the

group had provided social involvement and fellowship; and

when asked why their group was effective 83% attributed

effectiveness to the supporting, accepting environment of

the group. Similarly, on the basis of the reports of 72

members representing eight groups as to the most frequently
occurring help-giving activities in their groups Levy (1979)
concluded that self-help groups focus their major efforts
upon the provision of support and the related function of
enhancing communication. Activities related to empathy,
mutual affirmation, explanation, sharing, morale building,
self disclosure and positive reinforcement were amongst the
most frequently occurring.

The helper-therapy principle as articulated by
Riessman (1965; 1976; Gartner and Riessman, 1977: 97-117)
refers to the benefits which accrue to a helper through the
experience of providing help. It was originally derived
from the social role theory precept that " a person playing
a role tends to carry out the expectations and requirements
of that role " (Gartner and Riessman, 1977: 103). Thus,
Gartner and Riessman posit that a helper who has the same
condition as the helpee will meet the prescriptions of the
helper role through displaying mastery over the condition
and thereby will acquire the skills, attitudes, behaviors,
and mental set necessary to take on the new role as his own.
This aquisition may be enhanced by the implicit thesis that
"I must be well if I can help others". The helper therapy
principle has also been explained within the theoretical
context of cognitive restructuring through self-persuasion

by persuading others. King and Janis' (1956) finding that
subjects who had to improvise a speech supporting a
specific point of view tended to change their opinions in
the direction of this view more than did subjects who
merely read the speech for an equivalent period of time is
often cited to support the notion that becoming committed
to a position through advocating it is an important dimen-
sion of the helper role. Pearl (1964: 4) similarly argues
that helpers often become "committed to a task in a way
that brings about especially meaningful development of
their own abilities" through the stake or concern in a
system which is involved in occupying the holper role.
Skovholt (1974) casts the helper-therapy principle within
the tenets of social exchange theory, and postulates that
its operation may increase satisfaction by re-establishing
the reciprocity norm amongst populations which habitually
violate it. He summarizes the benefits received from
helping as follows: 1) the effective helper often feels
an increased level of inter-personal competence as a result
of making an impact on another's life; 2) the effective
helper often feels a sense of equality in giving and
taking between himself and others; 3) the effective helper
is often the recipient of valuable personalized learning
while working with a helpee; 4) the effective helper often
receives social approval from the helpee. Cressey (1965)
has explained the helper-therapy principle in terms of dif-

ferential association with those supporting the group's normative order, and Frederickson (1968) has explained its operation in social-learning terms in the context of a smoking withdrawal program. Gartner and Riessman also feel that fulfillment of a helping role may distract helpers from their own problems, and enhance self-esteem through countering the dependence of the helpee role with a feeling of social usefulness. They further argue that the helper can observe his problem at a distance through struggling with a helpee's problem; and thus can develop some perspective. Somewhat similarly, Antze (1979: 287) argues that in their efforts to help drinking alcoholics, A. A. members receive constant object lessons in the seriousness of alcoholism and the need for personal vigilence.

There have been empirical demonstrations of the operation of the helper therapy principle in a number of settings. Thus, for example, Kelly (1973) found that first year university students who helped retarded children on a face to face basis underwent greater positive changes in self-concept than those who completed general service projects, who in turn underwent greater positive change than those who did not participate as helpers at all. Considerable evidence has documented the learning benefits for students who tutor other students (Allen, 1976; Gartner, Kohler and Riessman, 1971; Newmark, 1976; Lippett, Eiseman and Lippett, 1969; Cloward, 1967).

Similarly, Tefft and Kloba (1981) have found that under-
achieving high school helpers who worked with maladapted
primary grade helpees improved more than either under-
achieving or average achieving controls along such dimen-
sions as acting-out, learning, and total problem experienced.
However, Videka (1979) studied psychosocial adaption in
a medical self-help group in which some members were
involved in a visitation program and some were not; and
found no evidence that visitors benefited in terms of their
own psychosocial functioning when compared with non-
visiting members or similarly afflicted non-members. This
is especially striking since visitors tend to demonstrate
the greatest overall involvement in the group. But when
only retired persons were considered, visitors reported
themselves as more active and perceived their health as
less limiting in day to day activities than did retired
non-visitors or retired afflicted non-members. The
author speculates that the helping role is especially impor-
tant for retirees due to the loss of work roles. Neverthe-
less, the cross-sectional design of the study clearly limits
conclusions which can be drawn in relation to the effects
of the helper-therapy principle. Finally, Gartner and
Riessman also argue that the benefits to the helper are
intensified in an aprofessional group of problem-bearers
because of the interchangability of the helper role.

The construction of self-help groups as small
face to face primary groups of individuals who are often
in psychologically critical states is often seen as a
central element in their operation. Such groups often
develop high levels of cohesion because of the often
urgent needs of the individuals joining them, the norm of
sharing otherwise private experience, and the perceived
commonality of the members (Lieberman, 1979: 220-222).
This high level of cohesion is often enhanced by the
definition of the members as deviant according to the
gerneral normative order. This cohesion allows the group
to function as a powerful reference group (Katz, 1970:
46-57) and this is often seen as enhancing a member's
redefinition of himself in accordance with the group's
culture (Clinard, 1963). The internal cultural environments
and normative constellations of such groups can often
significantly influence behavior; either through adherence
to the ideology or through the operation of sanctions. Such
groups also often enhance the release of emotions through
the operation of emotional contagion; and this in turn can
further solidify the cohesion of the group (Gartner and
Riessman, 1977: 113-115). Finally, these groups often
provide role models of those who have achieved mastery, and
a context in which to make social comparisons.

Antze (1976, 1979) has presented a framework which
describes the potency of the teachings or ideologies of some

self-help groups in providing a cognitive antidote to those
standard situational elements which constitute the key
features of a process of continual relapse. From this
perspective the ideology of Alcoholics Anonymous, including
the paradoxical view of alcoholism as a disease and a
character defect, the necessity of hitting bottom, the
acceptance of a higher power, completion of a moral inven-
tory, and the commitment to helping other alcoholics is
seen as counteracting the alcoholics exaggerated sense of
personal authorship. What Antze sees as this extreme
internal locus of control is disrupted by taking alcohol
use out of the voluntary sphere and out of the realm of
personal accountability through designation of alcoholism
as a disease. The seemingly contradictory designation of
alcoholism as a character defect is seen as an attempt to
reinforce humility and acceptance in the alcoholic. The
act of hitting bottom is seen as counteracting the alcoholic's
self-defeating battle to maintain a very wide sphere of
personal control, and the acceptance of a higher power
constitutes acceptance of the legitimacy of an external
locus of control. The moral inventory functions as a
release of personal guilt, and indicates the acceptance of
the legitimacy of forgiveness of others. The commitment
to helping other alcoholics to obtain sobriety is seen as
a lesson in "non-agency" in that the result of such efforts
is seen to rest in the hands of the Higher Power. Antze

also applies this form of analysis to such groups as Recovery Incorporated and Synanon, both of which have highly developed systems of ideological teachings, and Sherman (1979) analyzes a group with a less developed ideology in this fashion.

Lieberman (1979) surveyed the members of five self-help groups with regard to their perceptions of the importance of various change mechanisms in their respective groups. The limitations of this method are obvious in that members' reports may reflect ideological or normative expectations of what should occur, rather than their perceptions of what actually occurs. Furthermore, members' perceptions may not validly reflect what does occur. The change mechanisms studied were derived from group psycho-therapy research (Yalom, 1975, Lieberman, Yalom and Miles, 1973), and included the following: altruism, group cohesiveness, universality, interpersonal learning, guidance, catharsis, identification, family reenactment, self understanding, instillation of hope, existential factors, cognitive learning. He found that members of different groups presented response patterns with a great deal of commonality and some variation. Briefly, respondents from consciousness-raising groups rated items related to universality, group cohesiveness and cognitive learning most highly; while respondents from a group for bereaved parents rated universality, instillation of hope and existential

factors most highly despite the stated purpose of the group which relates to cognitive learning. Again, respondents from mothers' groups rated universality and group cohesiveness highly; and respondents from a widows' network rated only items related to universality as important. Thus, universality was seen as important by members of all groups, although some group's respondents also perceived additional mechanisms as important.

Similarly, on the basis of observation of many groups, Levy (1976, 1979) has developed the following statement of processes which occur in many self-help groups. The first four are behaviourally-oriented, and Levy points out that although they are common elements in the repetoire of behavior therapists, the peer quality of self-help groups will lead to uniqueness in application. They include: direct and vicarious social reinforcement for the development of desirable behaviors and the elimination or control of problematic behaviors, training, indoctrination, and support in the use of various kinds of self-control behaviors, modelling of methods of coping with stresses and changing behavior, and providing members with an agenda of actions they can engage in to change their social environments. He also articulates the following cognitively-oriented processes: removal of members' mystification over their experiences and increase of their expectancy for change and help by providing them with a rationale for their prob-

lems or distress and for the group's way of dealing with them, provision of normative and instrumental information and advice, expansion of the range of alternative perceptions of members' problems and circumstances and of actions they might take to cope with their problems, enhancement of members' discriminative abilities regarding the stimulus and event contingencies in their lives, support for changes in attitudes toward oneself, one's own behavior and society, social comparison and consensual validation leading to a reduction or elimination of members' uncertainty and sense of isolation or uniqueness regarding their problems and experiences, the emergence of an alternate or substitute culture and social structure within which members can develop new definitions of their personal identities and new norms upon which they can base their self-esteem.

Although the rhetoric of self-help groups is often couched in terms of empowerment, this aspect of them has received only limited academic attention. However, Gartner and Riessman (1977: 1-22) see participation in self-help groups as a means for those who have internalized a sense of powerlessness through interaction with various bureaucratically organized institutions to again develop a psychological sense of potency. Berger and Neuhaus (1977) argue that the horizontally dispersed power structures of

these groups in combination with the characteristic democ-
ratic processes of many of them enhance this aspect of
self-help groups. Related to this, Levens (1966, 1968)
has found a negative relationship between feelings of
powerlessness and membership in a welfare self-help group
independent of effects of age, education, number of chil-
dren and other organizational affiliations.

2:12 Interventive Models

Although the literature contains many exhortations
for collaborative professional intervention with self-help
groups as described above, there are very few available
models as to the form which such efforts should take. The
most commonly proposed interventive model relates to mental
health consultation (Baker, 1977: 144; Levy, 1978: 312-
313; Wollert, Knight and Levy, 1980) usually as specified
in Caplan's (1970) formulation. Fuchs (undated: 19-21)
has also demonstrated the appropriateness of the third
stage of Lang's (1972) broad range model of social group
work practice for working with self-help groups.

Lang (1972: 78) has developed a "compound,
dynamic, three stage model" of social group work practice.
The model specifies the differential practice strategies
required for intervention with groups at various points
along a continuum defined by the level of autonomy which
they have attained in their functioning. The third stage
of the model deals with autonomous groups, and would seem

to provide a relevant framework for professional action in

self-help groups. According to this formulation the group

as an entity constitutes the target of intervention which

is focused upon the achievement of group-defined collective

goals. The group is conceptualized as a functioning

entity which is capable of continuance without professional

intervention. Thus, the task of the professional is to

help shape the group into a more efficient and effective

tool for collective goal attainment. The professional is

located in the group structure with influence equivalent to

that of other members. The prime professional role is one

of facilitation of autonomous functioning and of selection,

processing and attainment of group goals. Occasionally,

the professional may become temporarily centrally involved

in group process in order to facilitate the development

of a more functional, independent manner of operating.

Lang conceptualizes this as occurring through a process of

surrogation whereby the professional acts to supply missing

pieces in the group process in order to activate needed

transactions and to support members to begin to perform

them independently. The techniques available to the

professional in facilitating autonomous group functioning

and maximal goal attainment include: Occasional role

modelling, temporary problem-focused assistance with group

process, enlarging members' views of goals and means of

proceeding, providing procedural assistance in the manage-

ment of group process, making contributions that assist the group in making its own adjustments and adaptations, and serving as a resource in areas where the group requires additional assistance.

Wollert, Knight and Levy (1980) have presented a case study of a consultation with a self-help group based upon an application of Caplan's (1970) approach to mental health consultation. Caplan's (1970) original conceptualization involved individual consultation in a professional service context. This has been broadened by Altrocchi (1972: 478-479) to permit group consultation to non-professionals:

> Thus consultation is here defined as
> an interaction between two or more
> people -- the consultant or
> consultants, who are specialists and
> the consultee or consultees, who invoke
> the consultant's help, within the con-
> sultees' usual work or professional
> functioning in regard to a current
> work problem with which he or they are
> having some difficulty and which he or
> they have decided is within the con-
> sultant's area of specialized competence.
> The work problem involves the management
> of, treatment of, or relationship with
> one or more clients or associates of
> the consultee or consultees or the
> planning of a program for the benefit of
> such clients or associates.

This definition obviously requires further alteration for direct application to a self-help group context in which the roles of helper and helpee are differently distributed and far less personally fixed. Nevertheless, Rappaport (1977: 306) has pointed out that if consultation is a generic social influence process, the same techniques and

phases may apply across settings.

In this regard, Altrocchi (1972: 485) has characterized the roles of the mental health consultant as containing teaching and training elements, elements related to the facilitation of communication, and elements related to the promotion of ideas and programs. The teaching function highlights the consultant's role in facilitating problem solution by the client rather than in "doing" on his own. This is consistent with the necessary autonomy of self-help groups. Similarly the emphasis upon communication is consistent with the face to face small group properties of self-help groups as well as with the wide distribution of decision-making power in the structures of many such groups. In Wollert, Knight and Levy"s (1980) successful consultation with a self-help group they performed teaching roles through presentation of an overview of the purposes, techniques, and strengths of self-help groups; as well as information about how other groups had dealt with problems similar to that of the consultee group. This was then utilized to facilitate a discussion which resulted in a clarification of the goals and membership criteria of the consultee group. They also intervened to facilitate communication in the group through preparation and presentation of a meeting format and discussion guideline which the group subsequently adopted.

Altrocchi (1972: 487-495) has also specified a

range of consultation techniques which have been summarized

by Rappaport (1977: 306) as follows:

1. Establishing and maintaining a consultation relationship

   a. Preparing the ground for consultation. This involves getting to know the consultees, their motives for working with you, and formulating a mutually agreed upon contract.

   b. Confidentiality is necessarily an important element, to be agreed upon early, especially when the consultant is working within an organization and runs the risk of being viewed as a "company spy."

   c. Establishing the relationship involves in this view, a mutual learning atmosphere, respect for the consultees' competence, sensitivity to consultees' anxieties, acceptance of them as people, and warmth and openness. In short, the consultant needs to have excellent social as well as technical skills.

   d. Offering support for the problems of the consultees.

2. Defining the problem

   a. Gathering information. Here the use of questions that enable the consultant to better understand the situation is crucial.

   b. Listening carefully.

   c. Asking the consultees to define or re-define the problem.

3. Searching for alternative actions

   a. Reviewing previous actions.

   b. Formulating alternative actions.

   c. Facilitating communication between consultees.

      d. Reducing and sharing anxiety.

      e. Focusing on group process. For many
         consultants, understanding group
         process and dynamics is the key to
         improving communication and problem
         solving of the members.

4. Dealing with affect in the consultees.

These techniques are sequenced into the following four phases:
the entry or preparatory phase, the beginning or warming-up
phase, the alternative actions phase, and the termination
phase.

In the consultation described above Wollert, Knight
and Levy (1980) prepared the ground for consultation through
observing several group meetings and interviewing key group
members. They structured the consultation relationship
through offering assistance only when it was desired by the
membership, expressing a willingness to work collaboratively,
and through conveying respect by not taking notes or offering
gratuitous or evaluative opinions. Beyond this, they
indicated their conviction that self-help groups offer a
great deal to their members and that as professionals they
had much to learn from them. They attempted to maintain
open and informal contacts with members in order to deemp-
hasize professional-member status differentials. Finally,
the consultants clearly framed their role as involving
facilitation of discussion and presentation of alternatives;
with the group maintaining control of adoption and implemen-
tation   decision-making.

In defining the problems the consultants gathered information about the group's difficulties and its strengths through careful observation and solicitation of members' views through interviews. They reviewed with the group its conceptualization of its difficulties and past attempts at solution in a focused group discussion. They presented a discussion guideline to facilitate more functional communication processes and provided information about the various ways in which self-help groups had solved problems similar to those of the consultee group. The consultants consistently focused upon facilitating a process which would allow the group to define its goal, membership criteria, and to offer mutual support. Finally, they offered the group feedback as to their observations.

Out of this experience, Wollert, Knight and Levy (1980: 135-136) have extracted three conditions for effective consultation with self-help groups. The first is adequate knowledge about the nature and functioning of self-help groups. Minimally, the manner in which they differ from the treatment model of traditional professionally-led therapy groups must be appreciated by a potential consultant. The second condition involves effective rapport-building techniques which convey to the consultee group respect, acceptance and openess. Status differentials should also be de-emphasized. The third condition involves maintenance of the consultative stance in supporting the autonomy of

the group in meeting its goals rather than attempting to influence its adoption of professional modes of operation. The differentiation between consultative and therapeutic roles must be clearly maintained, and the latter are seen as inappropriate to the consultative context.

Finally, Borman, (1979, 1982) has utilized a model of consultation and support to self-help groups based upon action anthropology concepts. One such application involved the provision of advice and feedback to epilepsy self-help groups in their formative stages through convening of a continuing workshop attended by self-help group members and professionals.

The Practicum Setting

3:1 Description of Group Membership

The writer's practicum was conducted with a self-help group composed of individuals who had had some level of engagement with the formal mental health service system. The membership of the group is somewhat difficult to define. For twelve of the thirteen months throughout which the practicum occurred the group had no formal admission criteria and seemed to operate according to the unspoken rule that anyone who attended a meeting automatically and immediately achieved membership status. Attendance at weekly meetings and the temporal attendance patterns of various participants were highly variable. Attendance at the fifty-three meetings at which the writer was present ranged from a minumum of four to a maximum of twenty-nine. The mean attendance over this time frame was eleven with a standard deviation of approximately six. However, the mean monthly attendances ranged from a minimum of approximately five to a maximum of approximately twenty-two. These variations seemed to reflect several trends. Firstly, the writer joined the group at a time when it was experiencing an extremely low ebb of participation. Therefore, meeting attendance in the first few months of the practicum accounted for the lowest monthly means. Secondly, attendance at the lower end of the range tended to characterize periods in which there was more or less open conflict within the group. Thirdly, attendance at

the higher end of the range tended to follow successful recruitment efforts. These generally involved referral of a number of persons to the group by a mental health practitioner with whom the group or writer had had contact. However, in one instance it involved media attention directed toward the group in connection with its sponsorship of a conference. However, these periods of unusually high attendance were generally short-lived as few of the neophyte members continued to regularly attend group meetings.

The attendance patterns of the various group participants tended to fall into four main categories. Firstly, a core group of nine members attended over eighty-five percent of meetings throughout the thirteen months or from the time of their first meeting attendance within the thirteen months. Secondly, a more peripheral group of seven members attended more than fifty percent but less than eighty-five percent of meetings. Six members who had apparently been involved with the group from its first month attended only social events or the informal portion of weekly meetings. Finally, between forty and fifty members attended only a few times and did not re-appear. The writer cannot be more specific about the size of this latter category because the group did not consistently keep systematic records of meeting attendance. The writer did not record the names of new attenders during group meetings as this would likely have communicated disrespect

for the group's focal concern with confidentiality of membership and would have highlighted the differential status of the writer in a manner which may have harmed his rapport with group members (Wollert, Knight and Levy, 1980: 135). Therefore, accounting of this latter category depended upon incomplete group records and the writer's flawed memory in developing lists of first time attenders after meetings. This latter category tended to contain many individuals whose personal appearance seemed more normative and who seemed more assertive and socially skilled than many of the individuals who became regularly involved in the group. This observation must be viewed within the context of the writer's rather brief experience with these participants who attended very few times.

Although participants characteristically described the group as a "post-psychiatric patients' group", most of those who attended more than several times continued to have some level of engagement with the formal mental health service system. This usually involved status as an outpatient of the psychiatric service of a general hospital or as a "community case" of the provincially administered community mental health program. Very few were involved with private psychiatric or other therapists. Chemotherapy interventions seemed to constitute part of the treatment regimen of most participants. Most of that group of individuals who attended only one or two times and did not become

regular participants also seemed to have current involvement of a similar kind with the mental health system as they reported referral to the group by professionals within that system.

All of the core, peripheral and social event attending membership groups as described above had had experience with psychiatric hospitalization as a component of their patient careers (Goffman, 1961). Many described several and some reported frequent hospitalizations of various lengths. At least seven of these more or less regularly attending participants experienced psychiatric hospitalizations during the thirteen months in which the practicum occurred.

Although the student was not in a position to systematically collect specific data for reasons explained above, most of the regularly attending participants seemed to be in their twenties or early to mid-thirties. Only a few seemed to be in their late thirties, forties or fifties. Those who attended only once or twice seemed to generally fall at the younger end of this age range. Almost two-thirds of the regular attenders were male; and most of the group participants seemed to live alone, generally in apartments in the core area of the city. However, several of the regularly attending female participants did seem to permanently reside with their parents, and several others temporarily returned to their parental homes at times of

crisis or after hospitalization. A few of these regular
attenders also resided in group board and care homes or
group treatment settings. Because of the brevity of their
involvement, the writer has no information about the resi-
dential patterns of the one or two time attenders.

Most of the group of regular attenders seemed to
experience aspects of the ecological pattern characteristic
of "chronic" mental patients in the community (Strayer and
Keith, 1979). They were generally unemployed and recipients
of social assistance for the disabled. Several were
financially maintained by family members or through trusts
established by deceased family members. Several also invol-
ved themselves in volunteer work and several attended
vocational rehabilitation or on-the-job training programs.
As far as the writer is aware only one of these regular
attenders was employed for most of the thirteen month
length of the practicum, as part of a continuous employment
pattern and one was episodically employed. Many of the one
or two time attenders seemed to be different in this regard,
as they reported employment at the time of group attendance.

Most of the regular group attenders seemed to have
very limited social networks beyond the group. Many
described isolation from their families of origin and most
were unmarried with several being separated or divorced.
Two of these participants lived together in a common-law
union. Most group members described very infrequent inter-

action with peers outside of treatment settings before
attending the group. Many indicated that they spent much of
their time sleeping and watching television. For example,
one group member indicated to the writer that the latter had
been the only visitor to his apartment in over three years.
Similarly, few peers attended the funeral of another
member beyond the contacts he had made in the group.

Slightly less than one half of the regular atten-
ders seemed generally to exhibit the visible hallmarks of
chronic patient status. This included clothing which marked
them as deviant and public behavior which varied significantly
from conventional presentations of self (Goffman, 1959).
These individuals generally took a passive and minimally
participative stance in group meetings, with the exception
of several who were actively intrusive in a manner which
generally hampered the process. While the group of one
and two time attenders contained many individuals who did
display these visible hallmarks of chronicity, it also
seemed to contain a high proportion of individuals who dis-
played more or less normative manners of dress and presen-
tation of self.

3:2 Description of Group Activities

The group convened on a weekly basis for purposes
of conducting its business. This involved a meeting of app-
roximately one and three quarter hours with one and one
quarter hour of informal time for socialization. Although

most meetings were composed of discussion of business some
involved programs with an educational focus. These
included speakers related to topics such as budgetting and
community recreational or vocational rehabilitation resources.
On only one occasion did the group utilize this meeting
time for a purely recreational event.

The group also met for strictly socialization and
recreational purposes once weekly. However, these activities
were usually attended by quite few members, and simply did
not occur on some weeks. The issue of this low attendance
was discussed by the group, and factors such as the absence
of recreational equipment and family commitments were
identified. However, attendance did not improve when equip-
ment was purchased, and many group members indicated to the
writer that they did not spend Sundays with their families.
Thus, this low attendance might also be indicative of low
levels of mutual involvement of group members outside of
the context of the more formal components of the group
process.

The group also convened several special events
throughtout the tenure of the writer's practicum. These
were generally of a social and recreational nature including
a number of parties, an anniversary social, and a barbecue.
These were moderately well attended; but while a number of
participants only attended such social events some regular
participants never did. This seemed to reflect varying

orientations to the purposes of group membership. While
the former attendance pattern implies a highly recreational
orientation, the latter would seem indicative of an emphasis
upon the more instrumental aspects of group membership.
The group also sponsored the portion of a conference which
involved an American mental health patients' self-help
group organizer and patient rights activist. Several group
members also attended several conferences related to
psychiatric patients'self-help groups.

The group's activities generally took place in
the physical setting of a local human service agency from
which it rented space. The group was generally autonomous
from the agency and had previously met in another setting.
However, in addition to the space the group also purchased
accounting and organizational consultation services from
the agency on a retainer basis. While the accounting
services were regularly utilized the organizational con-
sultation services were utilized on only two occasions. One
was at the agency's initiative and involved a member needs
assessment and program planning session. The second involved
a mediation effort related to conflict amongst several
executive members. It resulted from the agency's reaction
to the principal antagonists'approaches to its staff for
support.

The group funded its activities primarily through

government and private agency grants. Small fund-raising

projects also produced some revenue. This represented one

area in which the independence of the group may have been

unclear. The terms of their government grant required that

the consulting agency monitor the expenditure of the grant.

However, the functional autonomy of the group was largely

maintained as the agency limited its monitoring to ensuring

that expenditures had the support of the group membership.

The former did not attempt to influence the content or rate

of expenditure as far as the writer is aware.

3:3 Nature of the Group

The group would seem generally to meet the criteria

specified by Levy (1976: 311-312; 1979: 239-240) for

classification as a self help group. Thus, although it was

only formally codified near the end of the practicum period,

group participants had universally verbalized that the

provision of mutual social support and opportunities for

socialization to combat isolation and loneliness were prime

purposes for the group's existence. The group was popularly

characterized by participants as a safe medium in which they

could utilize their strengths to overcome their weaknesses.

Although the initiation of the group was stimulated and

facilitated by students operating under the auspices of the

community intervention program of a university mental health

training clinic, it seemed clear that the group's sanction

for existence flowed from its participants. Although the

writer conducted a practicum with the group, he did so at
the pleasure of the membership. His entry to the group was
contingent upon the majority vote of the group participants,
and he occupied the usual position of a member rather than a
formal organizational leadership role. The university had
no other connection with the group. The group relied
primarily upon its members resources, and involved profes-
sionals only for information-gathering and consultative
purposes. However, as will be discussed in the next chapter,
the development of a broad matrix of mutual helping within
the group was somewhat retarded by its hierarchically con-
centrated power structure and the limited development of
democratic processes. As described above, the group was
clearly composed of members who shared a common core of life
experience. Finally, the structure and mode of operation of
the group were controlled from within rather than by external
professionals or agencies.

The group would also seem to meet the criteria of
face-to-face social interaction articulated by Borman
(1975: pvi; 1979: 14-15) and by Katz and Bender (1976: 278;
1976(a): 8-9; Katz, 1975: 145; Katz, 1981: 136). Similarly,
it seemed to exhibit the cause orientation described by the
latter and by Lavoie (1981: 31) in that the constellation of
group goals included components related to public education
to end discrimination and advocacy in the areas of housing,

employment and vocational training. However, there was some question as to the universality of commitment to these goals throughout the membership. Similarly the membership seemed to be divided as to the adequacy of the existing mental health system in meeting their needs (Katz and Bender, 1976: 278; 1976(a): 8-9; Katz, 1981: 136; Katz, 1975: 145). Nevertheless, the failure of vocational rehabilitation, employment related and residential services in meeting the needs of participants was widely acknowledged.

This group would also seem to meet Lang's (1972) criteria for an autonomous group in Stage III of her model. These criteria relate to the self-directedness of the group, its independence from external governance, and the location of the professional in the group structure as a participant equal in status to other participants. She contrasts this with the allonomous group which is "formed and structured around the worker" (professional) who is "the central locus ... in a position equivalent to that of indigenous leader." (Lang, 1972: 83).

3:4 Classification of The Group

In Katz and Bender's (1976: 279-280; 1976c Katz, 1981: 40) typological scheme this group would seem to best qualify as a mixed type with foci on social advocacy and personal growth. However, the group is difficult to classify according to Levy's (1976: 312-313; 1979: 241-242) scheme. It seems to exhibit the focus of "bettering their lot through

educational and political activities...aimed at eliminating the grounds on which they have been stigmatized and discriminated against" of survival oriented groups as well as the "amelioration of stress through mutual support" dimension of stress coping and support groups (Levy, 1979: 242).

3.5 History and Development

As has been described in the previous chapter Katz (1961; 1970) has proposed a five stage model of the developmental pattern of self-help groups. This model seems useful in describing the developmental history of the group with which the writer completed his practicum, as well as in defining its status at the time when the writer made his initial contact with it. This developmental assessment was also utilized as a framework for conceptualization of the group's difficulties which constituted the targets of the writer's interventive efforts. Finally, it will be utilized in assessing these interventions.

1. Origin

As has been the case with at least some self-help groups the initial impetus for organization of the group under discussion here originated with several mental health professionals (Borman, 1979: 29-31). In this case, these professionals were university faculty members concerned with providing students with exposure to and training in collaborative intervention with non-professional mutual aid groups. Their motivation for providing such opportunities

seemed to relate to perceptions of the limitations of the professional mental health service system, at least as it is locally currently organized. They also seemed to share the constellation of perceptual characteristics identified by Borman (1979: 29-31) as commonly held by professionals involved in the development of self-help groups. These have been described in the previous chapter.

The faculty members and students involved in organizing the group recruited members primarily through contact with mental health professionals. They were interested in recruiting members with attitudes, skills and behaviors consistent with development of an autonomous self-help group with mutual support as well as external program foci. Several reported to the author that although they clearly specified these criteria to the potential referral sources, the latter tended to refer a high proportion of individuals in the chronic stages of patient careers. Many of these original group members did not seem to actively display the concern with the inadequacy of the service system which Katz found was the galvanizing force in catalyzing the formation and growth of self-help groups. Such chronic stage participants seemed to have a passive recreational orientation to group membership. They displayed little interest in purposive instrumental group action. They also were not oriented to involvement in participative decision-making and were comfortable with centralized authorative executive decision-

making in the group. The high proportion of such participants

constituted a serious handicap in the development of group

goals, functional problem-solving processes, mutual aid

interactional patterns, participative decision-making, and

membership recruitment strategies.

II. Informal Organizational Phase

According to Katz's formulation this stage is

characterized by informality of structure, the emergence of

a group sense of commonality, intense face to face inter-

action, and the rudimentary development of program foci and

community contacts. At the time the writer first engaged

with the group it appeared that some of these developmental

processes were still at a very formative level.

Thus, the structure of the group was observed to be

highly informal. Although an elected executive was in place

there was no specification of their functions, duties,

responsibilities, or even terms of office. Executive meetings

had rarely been convened. Furthermore, there appeared to be

no regularized format for group meetings, and no criteria

for the establishment and maintenance of membership status.

Similarly, there did not seem to be an accepted process for

decision-making. Some proposals were decided through voting

while most decisions were made by the president who simply

informed the group of her activities. This seemed to occur

at the president's perogative. Most decisions brought to

the group for decision seemed to be of lesser consequence.

The group did not seem to be pervaded by an emotional tone of commonality. Members did not seem to know each other well and generally reported that they did not interact very frequently between meetings. Several long time members had recently been in hospital, and indicated that they had not received visits from other group members. A student conducting a practicum with the group seemed to be the social locus of the group. He reported frequent between meeting social and helping interactions with many group members. There seemed to be little enthusiasm, detailed knowledge, or general interest in group projects discussed by/president. These included a recent conference which she had attended as a delegate of the group, a grant application which had been recently funded, and development of a rental and consultative agreement with a social agency. These matters were announced and described by the president. No members raised questions and there was no discussion. In summary, mutual helping and group decision-making processes were at a very rudimentary level.

Although the group did meet weekly, attendance was low and the writer observed interaction to be cool, distant and infrequent. Most of the business time of the meeting was utilized by the president in uninterrupted announcements. Members also seemed to scatter quickly after the business portion of the meeting with a few having coffee

together. One of the founding students also seemed to be
central to this activity.

The group did not seem to have developed even
rudimentary program foci, except for occasional social
events. The founding students seemed to have a high level
of participation in the organization of such events. Although
the group had recently received funding for public education,
membership recruitment, organizational development and
advocacy activities not even general operational plans or
activities had been discussed. Beyond this, most group
members were not aware of the details, timelines or purposes
of the grant. There was no apparent active group concensus
related to focusing energy upon activities related to these
areas.

Finally, all of the group's contacts with external
social entities seemed to be transacted through the president,
and new participants were not being recruited through the
personal networks of current participants.

III Emergence of Leadership

According to Katz, this stage is characterized by
the emergence of authoritative leadership, usually in the
person of an individual with charismatic value (Henderson and
Parsons, 1947: 328). This generally also involves the
delegation of tasks to a group of loyal followers as the
beginnings of a division of labour occur.

At the time when this writer made contact with the

group, executive and decision-making power seemed to be highly centralized in the person of the president. She seemed to make most important decisions independent of the group, and when she did present a proposal for ratification to the group this seemed to occur automatically and without examination. For example, the president had independently decided upon the expenditure of funds for various purposes and informed the group only after this had occurred. She did not request approval, and no group members raised any questions. Similarly, the president dismissed the treasurer without reference to the group for what she claimed to be incompetence. She again merely informed the group of this. No questions were raised. The one area in which the president did not exercise centralized decision-making authority related to social events which did not require group expenditure. She did not attend these and demonstrated little interest in such activities.

The particular president's authority had a decidedly charismatic character. This was based upon the perceived status differential between her and other group members. This status differential related to the fact that she was permanently employed, had attended university, cared for a child, and had not been hospitalized for many years. Many of the group participants assigned her the same status as they assigned to their mental health care-takers.

However, this president did not delegate authority

as had leaders in the groups studied by Katz. She would

occassionally delegate tasks, but rarely the sanction to make

decisions. This seemed to have the effect of maintaining

her at the strategic locus of the group structure; and of

ensuring her control of formal group decision-making pro-

cesses.

IV Beginnings of Formal Organization

According to Katz, this stage is characterized by

the elaboration and formalization of the group structure,

codification of this in a constitution and by-laws, develop-

ment of projects related to the community at large, and the

broadening of the spectrum of contacts between various

group members and external bodies. This stage had clearly

not been entered at the time the writer first made contact

with the group. As described above, the group structure

remained informal and highly centralized, and a constitution

and by-laws had not been drafted. Transaction of external

contacts was concentrated upon the group president, and no

projects related to an external program focus were being

developed.

In summary, the group did not seem to have yet

achieved the sense of commonality and intense face to face

interaction characteristic of the informal organization

stage. Similarly, there did not seem to be progress toward

development of and commitment to widely supported program

foci. However, the structure of the group was informal
and leadership was centralized, authoritative, unitary, and
charismatically-based.

Chapter IV

Description And Assessment
of Intervention

The writer's practicum involved a thirteen month
intervention with the self-help group described in the pre-
vious chapter. At the time of his initial contact the group
had been in existence for approximately nine months. The
description and assessment of the intervention will be
organized according to the framework of a modified version
of the phases of consultation as specified by Altrocchi (1972)
and as described in the second chapter of this report.

4:1 Nature of Intervention

The activity described here can be adequately con-
ceptualized through the model developed by Lang (1972) for
facilitative intervention with autonomous groups as outlined
previously in this report. The writer was located in the
group structure as a participant and the sanction for his
interventions flowed from his role as a contributing cons-
tituent. The interventive stance involved was facilitative
in attempting to help the group to elaborate a structure and
processes to enhance its functioning in goal setting, goal
attainment, planning and mutual aid operations. In accordance
with Lang's formulation the writer attempted to help the
group to realize its goals and the contributions of each
member through enhancing opportunities for participation.
Although the range of strategies included occasional direct

intervention in group processes through temporary surrogation, the prime character of the intervention was similar to the consultative role in providing resources for autonomous functioning. The writer attempted to stimulate, help, and support group members to do rather than "doing" himself (Rappaport, 1977: 306)

Although Lang's model and the intervention described here can be differentiated from consultation on the basis of the membership of the interventive agent in the client group, there are also many parallels (Rapoport, 1977: 194). These include the emphasis upon the group's autonomy and the stance of facilitating rather than of usurping responsibility (Wollert, Knight and Levy 1980: 135-136). The roles of education, communicative facilitation, and promotion of programs are also common to both models. The same is true of the de-emphasis of status differentials and the development of co-ordinate status of the interventive agent and the client group; as well as the concern with participative group process.

The intervention described here also shares certain situational characteristics with consultative activity. Firstly, it was voluntary and contracturally time-limited. Secondly, the emphasis was on the writer's learning as well as his contributions to the group (Altrocchi, 1972: 488). Thirdly, although the writer was not formally recognized as an expert resource to the group it was generally felt by

intervention in group processes through temporary surrogation, the prime character of the intervention was similar to the consultative role in providing resources for autonomous functioning. The writer attempted to stimulate, help, and support group members to do rather than "doing" himself (Rappaport, 1977: 306).

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group participants that his contributions primarily
related to his professional knowledge and experience
rather than to his personal experience as was the case
with other group members.

4:2 Entry or Preparatory Phase

Description

The writer's entry into the group involved trans-
fer of status from a previous practicum student as the latter
terminated his participation. At a point approaching the
end of his contract with the group he informed the partici-
pants that another student wished to join them. The group
president then proposed a procedure whereby the writer
would attend several meetings, and then the group would
decide by majority vote as to the acceptability of his part-
icipation. As was usual, the group accepted this procedure
without question or discussion.

Wollert Knight and Levy (1980: 135) have empha-
sized the importance of effective rapport-building in this
entry phase. The writer attempted to build rapport through
demonstrating his respect for the group's traditions,
practices and territory. Generally, he adopted the stance
of a guest, being careful neither to abrogate group norms
nor to participate without invitation. In this vein, he
did not sign the attendance book until explicitly invited to
do so, and made sure to contribute to the coffee fund.
Similarly, the competence of the group was acknowledged

(Altrocchi, 1972: 489) through assertions of the learning

potential for the writer of involvement with it. In addi-

tion, he attempted to present himself to group members in a

warm, competent, and human fashion in order to enhance his

potential affiliation with the group. Possible status dif-

ferentials were de-emphasized and group members were

approached as peers. Finally, the writer attempted to have

a relatively high degree of interaction with all participants

during his two week probationary period.

Altrocchi (1972: 497-498) has discussed the oc-

currence of the testing of the interventive agent's attitudes,

ideologies, and goals as part of the process of integration

of a stranger into an existing social system. In this

regard, the writer was highly sensitized to the necessity of

demonstrating no qualities which would engender the opposi-

tion of the president during this probationary period.

Given the highly centralized and unitary power structure of

the group such opposition would very likely result in a

vote to deny the writer entry. Furthermore, the writer did

not wish to demonstrate active support for this distribution

of power or the president's leadership style as this might

structure his relationship with the group in a manner which

would hamper future interventions in these areas. Therefore,

the writer took a purposively neutral approach and avoided

"tipping his hand" with regard to areas of concern related

to the president's activities and interests.

Assessment

Generally, the writer's rapport-building strategy seemed to have been successfully implemented as he was accepted into the group. No participants voted against this entry.

4:3 Beginning Or Warming Up Phase

Description

The key features of this phase involve establishing an appropriate working relationship with the group and defining the problems which will constitute the focus of interventive energy (Altrocchi, 1972: 499). In this case structuring of the working relationship involved two facets: a continuation of the rapport-building strategies described above, and a response to the president's attempt to draw the writer into an alliance with her in maintaining domination of the group. This involved attempts at cooptation of the writer through attempting to elicit his approval for various actions; as well as attempts to influence him to act as her agent in carrying out certain actions. Thus, the president requested the writer's support for the expenditure of funds which had been made without group sanction, and also attempted to influence him to request the treasurer's resignation. In all cases the writer refused to comply with her requests. For example, in the instances described above he indicated

that these were matters for group decision. He could afford
to do this as the president could no longer bar his entry in
this phase.

With regard to problem definition the writer
gathered information through direct observation of group
interaction and informal interviews with almost all group
members (Wollert, Knight, and Levy, 1980: 132).

This allowed him to develop a formulation of the
group's potentials and difficulties based upon both his own
assessment and the stated evaluations and desires of the
participants. This formulation included three related
central areas of difficulty: the hierarchically concentrated
unitary power structure and the attendant attenuation of
participative group processes, the small size, static nature
and composition of group membership, and the lack of develop-
ment of program initiatives.

As described above, the structure of the group
involved the concentration of power and authority in the
hands of a president with charismatic appeal. This was
exemplified by the fact that she set meeting agendas without
consultation, decided which issues would be brought to the
group for decision, seemed to decide many important questions
independently and only sometimes informed the other partici-
pants. She was unencumbered in her activities as neither
codified formal or informal group norms bounded her power.
Her leadership style was rather autocratic (Hamilton, 1980)

in that she generally did not share or even delegate her power. She tended to punish those who participated in the group process in a manner which was not supportive of her or who took independent initiative through verbal attacks often characterized by a powerful emotional tone. This was especially devastating given the apparently low level of tolerance of many group members for such open expression of negative affect as evidenced by low attendance rates after such episodes.

This kind of group structure and pattern of power distribution tended to result in a group process which seemed non-participative, undemocratic, and ineffectual. Member participation in planning, decision-making and goal setting was all but precluded by this skewed distribution of power and authority. Thus, participants tended not to become committed to the group. This was probably related to difficulties in member recruitment, integration and retention. The unitary hierarchical pattern of group organization with most transactions flowing through the president at its central locus and the resulting non-participative group process also doubtlessly retarded the development of a matrix of mutual helping with its requirements of intense interaction amongst peers with a common organizational stake. The logic of this assessment is consistent with Hamilton's (1980) findings which implicated a similar pattern of centralized autocratic leadership and limited participant

involvement in the demise and decline of three self-help groups. Similarly, Sussman (1956) found that a parallel set of circumstances contributed to the collapse of a self-help dieters' club, and the emergence of a more participative group process contributed to its reconstruction. Katz (1961: 62-69) also found that two self-help organizations with a more horizontal distribution of power exhibited higher rates of growth and member involvement than did two similar organizations which were more hierarchically structured. Finally, Bond, Borman, Bankoff, Daiter, Lieberman and Videka (1979) found that high rates of member involvement were crucial to the growth of a medical self-help group.

This hierarchical unitary concentration of power also tended to inhibit the development of a programatic focus and attendant activities. On the one hand this seems consistent with the autocratic leader's need to limit the scope of group activities to those which could be assumed within her span of control in order to inhibit the development of alternate loci of power. From another perspective, this rudimentary programmatic development seemed related to the over-representation of the president's interests in group decision-making and goal-setting processes. In a similar situation, as described above, Sussman (1956: 354) indicated that:

> Leadership as it existed in Callorie
> Collectors was one of attainment of
> personal influence and power by
> Mrs. Lott (the president) rather than
> achievement of group goals ... this
> resulted in ...disorganization...

Finally, the group process which was dominated by the president at its transactional locus was ineffective in involving participants in planning programs to which they would be committed. In this regard it is interesting to note Katz's (1961: 69) finding that lack of a participative group process seemed to lead to the difficulty of one self-help organization in developing a meaningful program to which the members were committed.

The small size of the group membership as described in the previous chapter seemed problematic in that it did not seem to constitute a sufficiently large critical mass necessary for group survival, role differentiation and growth (Bond, Borman, Bankoff, Daiter, Lieberman and Videka, 1979: 59-61; Katz, 1961: 110-121). This was very salient in group survival terms since the absence of even a few regularly attending members drastically diminished the size of the group. Similarly the static nature of group membership was problematic in that membership growth was likely necessary for group survival and development and in that new membership was also likely necessary for the introduction of novel ideas and human resources required to challenge the existing structure and stimulate program development. Finally,

the composition of group membership was problematic in that
high
the /proportion of members with a largely recreational

orientation to the group seemed to hamper the development of

a participative process and instrumental goals. Sussman

(1956) reported a similar pattern as contributory to a group's

collapse.

At the time of the writer's initial contact with

the group there seemed to be little programmatic initiative

apart from the unitary action of the president. Even purely

recreational programming was highly irregular. This was

very problematic in that the group clearly was not serving

its function or meeting members' needs. Programmatic efforts

are also useful in developing membership commitment and a

common group **identity, as well as in recruiting** new

participants and establishing legitimacy (Katz, 1961: 110-

119; Bond, Borman, Bankoff, Daiter, Lieberman and Videka,

1979: 52-63). All of these areas were problematic for the

group under discussion.

These three problematic areas seemed to be highly

inter-related. The autocratic centralization of power and

resulting non-participative group process did not provide

either an effective medium for program development or for

building membership commitment and size. In turn, the

paucity of program effort left the group in a weak position

regarding membership recruitment and retention, and provided

little challenge to the unitary hierarchical locus of power.
Finally, the lack of recruitment of new members was consistent with maintenance of the structural and programmatic
status quo of the group.

In Katz's (1961: 110-125) developmental terms
the level of the group was uneven. It seem to exhibit the
leadership pattern of the third stage coupled with the
informal group structure of the second stage. Given the
autocratic nature of the leadership this combination seemed
to be very important in restraining the depth and breadth of
membership participation, interaction, commitment, activities and growth to a very rudimentary level characteristic
of the very beginnings of group formation.

Assessment

By the conclusion of this beginning or warming up
phase the writer seemed to have structured his relationship
with the group in a manner which could facilitate implementation of his interventions in the next stage. He had
developed sufficient rapport with most group members to begin
to coalesce support for his initiatives regarding the group
process as described above and to offer support to them as
part of his interventive strategy. He had avoided supporting
the president in her domination of the group, and had also
avoided open conflict with her.

The writer also feels that he had gathered information relevant for accessment and interventive planning. He
was aware of the participants' concerns and desires through

his discussions with them; and could identify the group

structural and process features which were likely contributing

to their dissatisfaction through his own observation and

participation.

Finally, the writer feels that he had organized

this data into problem definitions which were consistent

with available information, pragmatically useful in the

development of interventive strategies and supported by

theory and research findings related to similar groups.

4:4 Interventions Related To The Redistribution of
     Group Power And Development of a Participative
     Process

Description

Four strategies were utilized in the service of

this interventive goal. These included direct facilitation

of participative efforts in the group's process, support of

executive officers beyond the original president in carrying

out their duties, stimulation and involvement in the develop-

ment of a codified constitution, by-laws, and set of meeting

procedures, and initiation of sub-groups.

The writer's tactics in directly facilitating

participative efforts were two-fold. Firstly, he vigorously

supported any activist or assertive initiatives made by

members to participate in decision-making. Many of these

were of a minimal and tentative nature. Secondly he utilized

a surrogative (Lang, 1972: 83, 85-86) approach in role-

modelling for group members appropriate involvement in the

group process through such behaviors as raising issues,
making proposals, requesting information and making concerns
explicitly known. However, he was careful not to involve
himself in direct conflict with the president as this might
have inhibited the efforts of group members.

Support of executive officers beyond the original
president in carrying out of their duties involved providing
consultation and training in skills related to such areas as
keeping a rudimentary ledger, maintaining attendance records,
presenting reports to funders, leading discussion, taking
minutes, preparing correspondence, etc. It also involved
providing reassurance and feedback, often in the face of the
original president's criticism.

The interventive strategy related to the development
of a codified constitution, by-laws, and meeting procedures
was based upon the logic that such formalized practices
could facilitate the limitation of the president's power. The
tactics related to its implementation involved a long process
of lobbying group members as to the benefits and necessities
of these entities in helping the group to organize itself.
However, the writer could not gather sufficient interest and
support to justify raising such a proposal, especially as
the president would likely have actively opposed it out of an
appreciation of its potential implications for her exercise
of power. Fortunately, an opportunity arose to implement
this strategy when a grant application included criteria

requiring a codified group constitution and by-laws. The
former president attempted to structure the process such that
a brief general document would be framed and ratified in
one hastily called committee meeting. The writer assessed
both the final product and the related decision-making opera-
tions as potential opportunities to influence both the
group structure and ongoing process in the desired direction.
Therefore, he encouraged a large number of the group parti-
cipants with a more instrumental orientation to the group's
goals to attend the relevant committee and group meetings.
He himself attended the meetings and took a facilitative
educational stance in presenting a description of the various
domains generally included in organizations' by-laws and
constitutions in juxtaposition to the original president's
brief list. He supported group members in taking an active
role; and vigorously supported their suggestions when they
seemed to be in the desired direction. He directly parti-
cipated as a group member in advocating for particular
inclusions and in raising serious questions about others,
given the central importance of the result. Finally, he
volunteered to act as minute-taker as this placed him in a
strategic position to influence the process.

The result was a series of nine well attended
committee meetings with relatively high levels of participa-
tion which resulted in documents which would tend to struc-
ture the group's functioning in the desired direction. They

were ratified with minor alterations by the group as a whole. Although attendance at the relevant group meetings varied, the levels of involvement and participation by those present were of the highest observed by the writer throughout the practicum period.

The strategy related to the initiation of sub-groups was based upon the logic of broadening the horizontal distribution of power through creating alternative centres of decision-making within the group structure which were insulated from the original president's authoritarian control. One such effort involved the creation of a committee to prepare a grant proposal on behalf of the group, and to carry out the project when it was funded. The committee was accountable directly to the group, and the grant proposal involved an area which had been highlighted in a recent member need identification exercise. It was thus hoped that this sub-group would receive necessary levels of member support.

Assessment

The first strategy was implemented within the first month of the commencement of the practicum and was continually applied throughout its duration. It seemed to be somewhat effective in encouraging somewhat higher levels of member participation. But the more powerful result seemed to be a direct challenge to the unitary control of the president by the writer's actions. For example, as part of this strategy the writer made a direct proposal to the group for

a range of expenditures. These were approved despite the
president's opposition. She responded by indicating to the
writer's practicum supervisor that group members had asked
that he be admonished for "bullying" and intimidating them.
The writer responded by raising this at the next group meeting
for discussion. Group members indicated that they had had no
such concerns and unanimously responded to the writer's re-
quest for a vote of confidence. After a series of similar
episodes the president absented herself for a month and
then resigned in the sixth month of the practicum. However,
she was elected to another executive position and continued
to control many key decisions and the group process almost at
will from this position. Nevertheless, meetings were generally
somewhat more participative after her resignation, and some
program initiatives were developed and implemented. But, the
new president and other members were consistently unwilling to
challenge the former president when she took a stance. Frus-
tration with this situation eventually contributed to the
former's resignation.

The second strategy was also implemented early in
the practicum and continued throughout. As a result the vice
president, secretary, new president, and treasurer seemed to
develop more skill, assume more responsibility and experience
more gratification in performing their functions. For
example, the new president and vice president could structure
and conduct a group meeting well, the secretary could keep

accurate and complete minutes in an appropriate form, and the treasurer was able to keep an accurate ledger of the group's financial transactions. However, the original president continued to dominate the executive decision-making realm of the group and other executive members seemed unwilling to insist on access to this domain.

The third strategy only came to fruition near the end of the practicum. It would seem that the constitution, by-laws and procedural rules did structure opportunities both for a participative group process and for limiting the original president's power. However, these opportunities must be implemented through initiatives of the members. The traditional norms of the group and the related passive stance of the members vis a vis the former president may limit the impact of this entry into the fourth stage of self-help group development as described by Katz (1961: 116-119).

The fourth strategy also had limited success. Such sub-groups were often characterized by quite high levels of member participation and were generally unencumbered by the autocratic general group structure in their operations. However the number of participants was limited, usually to approximately five, and the development of these sub-groups did not seem to significantly effect the participation of those involved in the context of the group as a whole. The very separation of these sub-groups which facilitated their participative process probably also limited their impact on the main group process.

4:5 Interventions Related to Recruiting And Maintaining Appropriate Membership

Description

The recruitment of participants is a difficult task for many self-help groups (Wollert, Knight, and Levy, 1980: 132). Wechsler (1960: 52-53) suggests that this may be an area of particular difficulty for groups of persons involved in the mental health system because of the implications of group membership for acceptance of a stigmatized role. As indicated above, successful recruitment seemed of crucial importance for the group under discussion here.

The writer's strategy in this regard involved various tactics. He initiated discussion with individual members and in group meetings in order to identify and assess previous actions and sources of support and resistance for membership recruitment (Altrocchi, 1972: 491). He found that the group's previous recruitment efforts had been limited to posters and contacts made by the founding students. They were not even sure where the posters had been placed. Most members seemed neutral toward recruitment, while some were mildly resistant related to what they saw as the possibility of recruiting undesireable members. The writer then initiated a group discussion related to the benefits likely to accrue from recruitment, and methods which other self-help groups had utilized (Altrocchi, 1972: 485-487; Wollert, Knight and Levy, 1980: 132-133; Bond, Borman,

Bankoff, Daiter, Lieberman and Videka, 1979: 60-63). Out of
this discussion it was decided to place newspaper advertise-
ments and install a telephone answering machine. Posters
and brochures were also printed and placed in treatment
settings. The writer continued to contact various profes-
sionals to encourage appropriate referrals; and existing
members were encouraged to personally recruit through their
contacts. Eventually, as indicated in the previous chapter,
many apparently appropriate new recruits began to appear,
but were not retained by the group. In order to deal with
this problem the writer convened several group discussions.
Out of these it was decided to introduce everyone present
at the beginning of each meeting, explain what was going on,
and to form a small welcoming committee. All of these were
implemented with the writer's support. The result seemed
to be slightly more retention of new members.

Assessment

This strategy seemed to be only mildly successful.
Five members with an instrumental orientation to the group
and apparently much to contribute were recruited. Similar
numbers of members with a more recreational orientation and
deviant presentation of self were also recruited. The
writer discussed their lack of interest in the group with
many of the one and two time attenders and determined that
this was largely due to the limited scope for participation,
lack of programming, and high proportion of members with

visibly deviant characteristics.

4:6 Interventions Related To Catalyzing Programmatic Efforts

Description

The writer's action in this regard involved polling members as to interests and ideas, identifying commonalities, facilitating group discussions and decision-making, and encouraging and supporting members in taking responsibility for making program arrangements. The writer actively promoted ideas which he knew converged with the stated interests of many members or would be useful for recruitment.

Assessment

This strategy resulted in the planning of many short programs often related to arranging for a speaker on a topic of interest. Such programs were quite well attended within the limitations of the size of the group's body of regular participants. Some members who arranged programs seemed to gain confidence in interacting with external agencies. Many members also expressed satisfaction with these programs. However, members with a strictly recreational orientation often seemed bored and were disruptive.

Nevertheless more sustained program efforts requiring higher levels of member involvement did not result from this strategy. Again, the non-participative group process and highly centralized power structure did not seem to allow for this.

4:7 Termination

The writer's termination involved transfer of

status and responsibility to another student. The writer
participated in orienting that student and the transfer
seemed to go smoothly. Prior to departure the writer
initiated a group discussion in which he outlined all he had
learned, expressed appreciation to the group, and detailed
his perceptions of its accomplishments. The latter involved
instances related to membership recruitment, high partici-
pation in group process or the planning and implementation
of programs. Finally, the writer was offerred lifetime
membership status.

4:8 Concluding Comments

Generally, the writer felt that he had gained skill
and knowledge relevant to intervention with self-help groups
through completion of this practicum. He was able to uti-
lize interventive models, theoretical formulations and
research findings from the literature in assessing, setting
goals, and implementing strategies to influence the group.
He was also able to hone many of his interventive skills for
use in this medium.

In many ways, the writer's attempts at influence
were based upon high valuation of the broad sharing of
power in a participative democratic group context. This
was seen as central in orienting the group towards its
members' interests and in helping them to develop a psycho-
logical sense of power (Rappaport, 1977: 123-124); as well
as in facilitating their involvement in action oriented to

improve various facets of the life space of themselves and those in a similar niche.

Throughout the practicum, the group seemed stabilized in the pattern of a highly centralized concentration of power and extremely attenuated member participation. This seemed to severely inhibit member recruitment and program development. The strategies utilized to impact this situation had very limited success. They provoked some first order change (Watzlawick, Weakland and Fisch, 1974) but the basic structural arrangements of the group remained largely static. This lack of impact may relate to a combination of circumstances including the traditional norms of the group developed in its early stages, the passive stance and recreational orientation of many members, the perceived status differential and skill of the original president, and the unwillingness of many group members to take the risks inherent in changing the situation. Entry into the stage of formal organization through codification of rules of operation may present the opportunity for second order change in the structure of the group. If a sufficiently broad base of membership does not utilize this avenue, the writer doubts that the group can become participative without a major succession of membership. This succession seems unlikely given the lack of attractiveness of the group to new members with the necessary orientation and the more or less routinized attendance of a small number of existing

members.   The interventive goal of second order change
may be inaccessible to a professional working from within
the context of this particular group.

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