

To: SCRA Policy Committee (Action Subcommittee)
From: Self-Help and Mutual Support Interest Group
Working Group Members: Greg Townley, Suzanne Phillips, Ruth Hollman, Alicia Lucksted,
Thomasina Borkman, Louis Brown
Re: “Resolution of Self-help Support Groups” Policy Proposal
Date: March 18, 2013

At the Biennial Meeting of SCRA in Chicago in June of 2011, the Self-Help and Mutual Support Interest Group decided to promote broader access to self-help/mutual support groups. After some follow-up discussion on the interest group listserv and some conversations with SCRA leadership, we decided to write a resolution, for which we would ultimately ask the endorsement and support of the American Psychological Association. Through this process, the current working group came together, as the six individuals listed above – all either practitioners or researchers of self-help. During 2012, we developed a draft resolution through monthly conference calls. We checked in periodically with Judah Viola, Chair of the Policy Committee, and we determined to follow the “Rapid Procedures” as outlined by the Policy Committee. By November 2012, our resolution was sufficiently developed to distribute to the SCRA listserv for feedback. We have incorporated that feedback and are now ready to present the attached resolution to SCRA via the Policy Committee.

This cover letter provides details on the five points outlined in the Rapid Procedures document:

Description of the policy issue

As further described in the attached resolution, self-help groups are an effective, inexpensive approach to addressing a wide variety of personal and individual concerns, life events, disorders, and illnesses. They provide a setting where participants can develop coping strategies and resilience alongside others dealing with the same challenges. Self-help groups also play an important role in prevention, and they can complement more traditional approaches to addressing difficulties, such as medical care and psychotherapy. Unfortunately, self-help groups are also underutilized: many individuals who would benefit do not participate in such groups, whether from lack of information or lack of access.

Link between the policy issue and SCRA’s mission

Our resolution is closely aligned with the mission of SCRA, which has an interest in supporting the development of sustainable community-based resources, including self-help groups. Self-help embodies much of what community psychologists promote, including the self-directed organization of people to create social change and facilitate personal transformation. Self-help groups foster empowerment, wellness, and a sense of community, all of which are valued by community psychologists.

Specific actions proposed for SCRA

We submit this resolution hoping to receive the endorsement and support of SCRA in bringing it before the APA Council. As the US is in the midst of policy change regarding how health care is delivered and funded, it is timely to consider the role that self-help groups could play in supporting health and wellness. As outlined in the attached resolution, we want self-help to be a significant part of any policy discussions in which the APA is involved, as the Affordable Care Act is phased in through this present calendar year

and into 2014. The implementation of health care reform provides a unique opportunity to raise the profile of self-help, and thereby increase access across the US. For these reasons, it is our hope that SCRA will act quickly on the attached resolution and support its presentation to the APA Council. In bringing the resolution forward, we also ask that SCRA's representative to the APA Council, Irma Serrano-Garcia, seek the support of the representatives of other APA divisions with an interest in this issue.

Web links or information regarding the policy, and the people and organizations to be involved

At this point in time, APA does not promote self-help as actively as we believe it should. For example, the website of the APA includes a section of resources for the general public:

“APA's Psychology Help Center is an online consumer resource featuring articles and information related to psychological issues affecting your daily physical and emotional well-being.” (<http://www.apa.org/helpcenter/index.aspx>)

On this site, psychotherapy is in the foreground as a treatment option. Limited information about self-help and support groups is provided, primarily in reference to drug and alcohol issues.

Arguments offered in opposition

Opposition to self-help has traditionally been leveled without evidence or data to back up claims. Much of this opposition is leveled against self-help “*gurus*” and *books* (e.g., Arkowitz & Lillienfeld, 2008; Bergsma, 2006; Paul, 2001; Salerno, 2006) rather than self-help and mutual-aid *groups*. Below, we first highlight one of the most vocal opponents of self-help, Steve Salerno, as summarized in a book review by Thomasina Borkman (2006). We then summarize the views of Keith Humphreys regarding common critiques of 12-step organizations. Finally, we will outline self-help opposition expressed by service providers and present data from research highlighting null effects of self-help group involvement.

1. Opposition concerns: Confusing empirically-based self-help with non-empirical self-help books and gurus

In his book *Sham: How the Self-Help Movement Made America Helpless*, Steve Salerno (2006) has an almost hysterical diatribe against self-help books, groups, and “gurus,” which he unfortunately lumps all together. Self-styled “gurus” making millions of dollars are treated as being similar to Alcoholics Anonymous (AA), which relies on almost no money and refuses to take any money other than from members. Salerno thinks that these “victimization movements” label “bad habits” as diseases and let people off the hook of responsibility. On one hand, he labels these movements as shams (implying weak and trivial), while at the same time he insists that they are having devastating effects on people. Chapters outlining the consequences of self-help utilization read like horror stories: “You are all diseased” discusses the failure of self-help groups to help anyone; and “Patient, Heal Thyself” criticizes alternative medicine and New Age healing, arguing that some patients chase bogus cures and turn away from mainstream medicine that could have saved them. According to Salerno, the movements contribute to the national divorce rate, poor school performance, the feminization of society, the legitimization of psychobabble, and the production of a “lemming culture” (Salerno, 2006, p. 242).

Salerno represents one of an emerging and fashionable genre of self-help bashers that, unfortunately, includes some social scientists who are misinformed. Five of the most serious problems characterizing self-help bashing, as outlined by Borkman (2006), are as follows:

- (1) Lumping together voluntary organizations (such as self-help groups) and for-profit enterprises and not distinguishing between them;
- (2) Claiming there is no research showing effectiveness of self-help group participation and ignoring the increasingly large body of research showing self-help group effectiveness for many different kinds of diseases and ‘bad’ habits;
- (3) Failing to appreciate the experiential knowledge (e.g., Borkman, 1999) of recovering persons in self-help and advocacy groups who have successfully dealt with their addiction, ‘bad habit,’ chronic disease, or disability;
- (4) Using faulty and inappropriate methodology, including: 1) assuming that one can understand groups with oral traditions such as AA solely by reading their sparse written work and without interviewing or observing actual members or groups; and 2) taking literally and out of context concepts such as powerlessness—assuming organizations such as AA lead members to feel powerless because only the first of the twelve steps (i.e., admitting powerlessness over the addiction) is examined; and
- (5) Engaging in a one-sided consideration of an issue. For example, Salerno attacks the disease concept and assumes it leads people to abdicate responsibility for their behavior/recovery. However, that is not true of self-help groups. Salerno fails to look at the positive consequences of labeling a stigmatized condition a disease rather than a moral issue (e.g., more people may be willing to get help; a disease label reduces ambiguity and uncertainty for individuals; etc.)

2. Opposition Concerns Specific to 12-step Organizations

According to Humphreys (2004), 12-step organizations (e.g., Alcoholics Anonymous) have numerous opponents (e.g., Kaminer, 1992; Morrell, 1996; Rapping, 1997; Rieff, 1991) whose arguments typically rest on the following two assumptions about the organizations: 1) they present a perspective on human problems that may clash with particular political perspectives; and 2) they prevent members from engaging in political activity.

Humphreys concedes that the first assumption may have merit. Specifically, “the perspective of 12-step mutual-aid organizations on human suffering and how it may be addressed differs from that in Christian conservative political parties, Marxist cells, progressive activist organizations, etc.” (Humphreys, 2004, p. 147). Regardless, while illuminating such differences may have merit among academic circles, condemning 12-step organizations based on political differences is problematic “because it assumes that one’s own political views embody Absolute Truth and that therefore any individual or organization that does not endorse them is to be deplored or pitied” (p. 147).

Humphreys contends that the second assumption is based on a misunderstanding of the 12 traditions. The tradition of avoiding political stances refers only to the 12-step organization itself and not to the behaviors of individuals within the organization. “Many 12-step group members are not politically active, but there is no evidence that their rate of political activity differs from the general population” (Humphreys, 2004, p. 147).

3. Opposition Concerns: Service providers

Mental health service providers, including psychologists, hold a range of beliefs about the utility of self-help support groups. Some providers value self-help support and readily make referrals to self-help support groups; others might refer to traditional 12-step groups for substance abuse, but would not consider support groups for schizophrenia or depression, unless those groups were professionally led; still other professionals express concern that self-help groups may compete with mental health or primary care providers for clients or resources. In a study of professionals’ views of self-help groups for families of children with cancer, Chesler (1990) found that the major concerns expressed by professionals were parents becoming emotionally upset by participating; parents spreading misinformation about cancer and

treatment based on information learned in the groups; self-help groups taking over the jobs of professionals; and participation causing parents to act as professionals or question the medical authority/judgment of professionals.

Variation in professionals' beliefs about self-help support groups appear to arise from provider characteristics, including familiarity with support groups, personal experience, level of training, and years of professional experience. Generally, more experience and greater familiarity yield more positive attitudes about self-help support groups, but research is inconsistent regarding level of training: Chinman and colleagues (2002) found more positive perceptions among professionals with advanced training, while Salzer, Rappaport, and Segre (2001) found that increased training led to a kind of "professional-centrism," the conviction that peer-led groups are less effective than those led by professionals.

4. Opposition Concerns: Research

A brief, yet targeted, literature review yielded only a few studies that presented evidence discounting the utility and effectiveness of self-help groups. First, in a study comparing weight loss achieved and maintained through a self-help program versus a structured commercial program, individuals in the structured commercial weight loss program exhibited more weight loss than those in the self-help program (Heshka et al., 2003). Second, in a study evaluating the impact of participation in self-help groups for people with scoliosis and their families, participants displayed no increase in psychosocial adjustment relative to nonparticipants (Hinrichsen, Revenson, & Shinn, 1985). Third, Caserta and Lund (1993) assessed the relative impact of three intrapersonal resources (self-esteem, competencies, and life satisfaction) and the duration of a self-help group intervention on levels of depression and group among a sample of 295 recently-bereaved older adults. Findings indicate that one's intrapersonal resources have more of an influence on outcomes than involvement in the self-help intervention. Although these studies suggest potential concerns with self-help group involvement, more evidence from longitudinal studies with pre- and post- test designs is needed to further assess this issue. This research also needs to be understood within the context of the large body of research (some of which is cited in the attached proposal) indicating that self-help groups are effective.

Conclusion

We appreciate the efforts of the Policy Committee, the Action Subcommittee, and the SCRA Executive Committee in guiding us through the process of developing and submitting this proposal. Many people have been generous with their time and expertise as we have worked toward fleshing out the sense we articulated in Chicago in June of 2011, that "something" should be done to promote self-help groups. As policy is developed around the Affordable Care Act, we hope the attached resolution will be in place in time to influence conversation and lead to widespread awareness of the value of self-help groups.

References

- Arkowitz, H., & Lilienfeld, S.O. (2006). Do self-help books help? *Scientific American Mind*, 17, 78-79.
- Bergsma, A. (2007). Do self-help books help? *Journal of Happiness Studies*, 10, 1-20.
- Borkman, T. (1999). *Understanding self-help/mutual aid: Experiential learning in the commons*. New Brunswick, NJ: Rutgers University Press.
- Borkman, T. (2006). Sham slam. *Nonprofit Management and Leadership*, 17, 121-126.
- Caserta, M.S., & Lund, D.A. (1993). Intrapersonal resources and the effectiveness of self-help groups for bereaved older adults. *The Gerontologist*, 33, 619-629.
- Chesler, M.A. (1990). The “dangers” of self-help groups: Understanding and challenging professionals’ views. In T. Powell (Ed.), *Working with self-help* (pp. 301-324). Silver Spring, MD: National Association of Social Workers Press.
- Chinman, M., Kloos, B., O’Connell, M., & Davidson, L. (2002). Service providers’ views of psychiatric mutual support groups. *Journal of Community Psychology*, 30, 349-366.
- Heshka, S., Anderson, J.W., Atkinson, R.L., Greenway, F.L., Hill, J.O., Phinney, S.D., Kolotkin, R.L., Miller-Kovach, K., & Pi-Sunyer, F.X. (2003). Weight loss with self-help compared with a structured commercial program. *The Journal of the American Medical Association*, 298, 1792-1798.
- Hinrichsen, G.A., Revenson, T.A., & Shinn, M. (1985). Does self-help help? An empirical investigation of scoliosis peer support groups. *Journal of Social Issues*, 41, 65-87.
- Humphreys, K. (2004). *Circles of recovery: Self-help organizations for addictions*. New York: Cambridge University Press.
- Kaminer, W. (1992). *I’m dysfunctional, you’re dysfunctional: The recovery movement and other self-help fashions*. New York: Vintage Books.
- Morrell, C. (1996). Radicalizing recovery: Addiction, spirituality, and politics. *Social Work*, 41, 306-312.
- Paul, A.M. (2001, March). Self-help: Shattering the myths. *Psychology Today*.
- Rapping, E. (1997). There’s self-help, and then there’s self-help: Women in the recovery movement. *Social Policy*, 27, 56-61.
- Rieff, D. (1991, October). Victims all? Recovery, co-dependency, and the art of blaming someone else. *Harpers*, 49-56.
- Salerno, S. (2006). *Sham: How the self-help movement made America helpless*. Three Rivers Press.
- Salzer, M. S., Rappaport, J., & Segre, L. (2001). Mental health professionals’ support of self-help groups. *Journal of Community and Applied Social Psychology*, 11, 1-10.