CIRCLES OF RECOVERY

Self-Help Organizations for Addictions

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Definitions, scope, and origin of the health-related self-help group movement

Points of departure

The use and abuse of alcohol, opiates, cocaine, nicotine, and other substances is arguably the greatest threat to public health in the developed world. Substance use causes half a million deaths annually in the USA alone, and is a contributing factor to countless morbidities, not to mention tremendous human suffering (Horgan, Skwara, & Strickler, 2001). Accordingly, developed societies have created complex networks of professionally operated health and social welfare programs to help the millions of individuals whose substance use harms themselves and others. Individuals with substance-abuse problems can thus seek help from addiction-treatment professionals in acute inpatient treatment programs, detoxification units, day hospitals, evening intensive outpatient programs, residential therapeutic communities, halfway houses, psychiatric clinics, psychologists' offices, social work agencies, and primary medical care practices, among many other settings. Help-seekers also can avail themselves of the advice of religious leaders, trusted friends, family members, and co-workers. Yet no matter how sparsely or generously all of the above potential sources of help are provided in a given society, a significant number of addicted individuals turn to each other for support, guidance, understanding, practical advice, and a sense of belonging by joining self-help organizations.

The mutual-help organizations with which addicted individuals affiliate vary enormously in their histories, structures, philosophies, procedures, and membership. Abstainers Clubs broadcast members' life stories on Polish television, whereas Alcoholics Anonymous shuns all efforts at media promotion. The All Nippon Sobriety Association receives grants from the Japanese government, whereas Cocaine Anonymous refuses outside financial support. Moderation Management allows members to attempt controlled drinking; Women for Sobriety insists on abstinence. Croix Bleue self-help groups conceptualize

substance abuse as a spiritual and moral problem, whereas Rational Recovery and SMART Recovery view it as simply an unhealthy behavioral habit. Yet within this diversity, all mutual-help organizations make the same, much-debated, claim of improving the lives of their members.

Given this claim, and the fact that mutual-help organizations engage millions of addicted individuals throughout the world, one might suspect that they have been a major focus of healthcare and public health policy planning, but this is not the case. For the same reasons, one might assume that scientists have studied self-help groups as intensely as they have professional treatments for addiction, but they have not. Indeed, if a Martian came to earth and looked upon addiction-related research and policy from his completely naive vantage point, he would probably be puzzled by the relatively minimal amount of attention experts in the field have paid to mutual-help initiatives (Humphreys, 1997a). He might ask, "What are these mutual help organizations? Where do they come from? Do they really help anyone? And how should professionals in the field work with them, if they should even do so at all?". This book is one Earthling's answer to the puzzled Martian, as well as an invitation for conversation to any fellow Earthlings who have pondered the same questions.

Goals of this book

This book has four interrelated goals: (1) to describe a variety of addiction-related mutual-help organizations, (2) to evaluate how addicted individuals are affected by their involvement in self-help groups, (3) to provide guidelines for clinicians and policy makers concerning how to interact with such organizations, and (4) to bring scientific knowledge to bear on hotly debated issues in the field. The importance of pursuing these goals stems from the tremendous harm done by substance abuse and the tremendous potential of self-help organizations to help address it.

Goal 1: to describe addiction-related self-help organizations

This book surveys the international literature on self-help organizations for individuals who have problems due to their own or a loved one's use of alcohol, nicotine, and illicit drugs. Such organizations will be shorthanded here as "addiction-related" purely for convenience of communication, recognizing that this term is sometimes used more narrowly (e.g., only for individuals meeting formal diagnostic criteria for substance dependence) or more broadly (e.g., to apply to individuals who gamble, overeat, or engage in compulsive sexual behavior).

Three realities suggest that an effort to integrate the international literature on addiction-related self-help organizations is worthwhile. First, "self-help" is used to describe so many different activities in the addiction field as to make the term almost meaningless at worst, confusing at best. Such confusion blocks integration of diverse knowledge bases. Second, many professionals lack knowledge about self-help organizations, including about what they might contribute to the amelioration of substance-abuse problems. Third, many people's understanding of addiction-related self-help is based on information about only one self-help organization (most commonly, Alcoholics Anonymous) in one country (most commonly, the USA), which is falsely assumed to be representative of all organizations in all nations.

This book will address these issues by defining precisely what constitutes a self-help organization, by integrating literatures that were previously considered separate, and by covering the wide range of organizations that exist in all their diversity. It is hoped this will grant readers a more thorough understanding of a complex, multi-faceted, international phenomenon in the addiction field.

Goal 2: to evaluate how self-help group involvement affects members

As mentioned, although self-help groups differ enormously, all claim to benefit participants. One of the central tasks of this book is to summarize the scientific evidence on whether this claim is warranted. This will involve answering this question from the same perspective from which researchers often evaluate professional treatments for addiction (e.g., does participation reduce substance use?), as well as from the perspective from which one might evaluate voluntary community associations (e.g., does participation build friendships and make life more meaningful?), because, as will be explored, self-help organizations share characteristics with both of these analogues. Given this substantive focus, in selecting literature for discussion, highest priority will be given to reports of empirical efforts to assess how individuals involved in self-help groups change over time.

This book's focus on the group–participant interaction differentiates it from other volumes that analyze self-help organizations as social movements (Bloomfield, 1994). Such a perspective directs greater attention than will be the case here to topics such as how self-help organizations influence other cultural institutions, diffuse across societies, manage finances, structure internal bureaucracy, and promote organizational growth (Borkman, 1999). The magnificent work of the International Collaborative Study of Alcoholics Anonymous in eight societies (Eisenbach-Stangl & Rosenqvist, 1998; Mäkelä *et al*., 1996)

demonstrated beyond doubt the value of a social movement perspective on self-help organizations. Hence, the decision to focus primarily on a different level of analysis here is not an implied criticism of the social movement perspective; rather it is an effort to complement it with new information and a different substantive focus. This book addresses some organizational issues related to professional/healthcare system interaction with self-help groups, but in general adopts a more clinical, psychological, and healthcare-oriented point of view by focusing on the interaction of the addicted individuals with their self-help groups and the consequences of that interaction for members' health and well-being.

Goal 3: to provide guidelines for clinical and policy interaction with self-help groups

The widespread lack of understanding of self-help organizations has made it difficult for their potential allies to know how to relate to them. Many clinicians are unsure of whether they should refer their substance-dependent patients to self-help groups, and if so, who should be referred and how. Even health professionals who have developed some expertise in this area are faced with difficult problems, such as how to respond when patients report that a self-help group is not helping them. Although a few empirical projects have addressed such issues, and individual suggestions for clinical strategies have appeared from time to time, they have not been assembled into a coherent set of "clinical practice guidelines" for interactions with self-help groups. This volume will attempt to remedy that lacuna.

Policy makers, public health department heads, and healthcare administrators usually have even less understanding of mutual-help organizations than do front-line clinicians. Whether they view self-help organizations as potential collaborators, competitors, or ignorable trivia, their attitudes are rarely grounded in empirical data or extensive experience. Even when attitudes are positive, implementation of self-help supportive policies that do more good than harm is no easy matter.

Primarily in Chapter 5, this book will provide empirically supported guidelines for how individual healthcare practitioners and health-related organizations can interact with self-help organizations in ways that reduce addiction-related problems while supporting the integrity of all parties. Even when formal studies have not been conducted, learning about policy efforts made in other countries – most of which have not been specific to addiction self-help organizations per se (e.g., Hatch & Kickbush, 1983; Surgeon General's Workshop on

Self-Help and Public Health, 1990) and are therefore unknown to many workers in that field – may stimulate readers to evaluate whether similar initiatives would be beneficial in their own setting.

This volume's guidelines for professional interaction with self-help organizations differ by design from available advice on how to minimize distinctions between self-help principles and professional treatment programs. A large literature advises treatment professionals on how to adopt the language and methods of self-help organizations into professional treatment. For example, many books and articles have addressed how clinicians can conduct "12-step psychotherapy" (e.g., Morgan, 1995; Zweben, 1986). This book takes a different perspective by assuming some separation between self-help organizations and professional treatment (Humphreys, 1993a). Hence, the effects of self-help groups per se will be evaluated not only as "adjuncts to treatment," and the guidelines for clinicians and policy makers will focus on interactions between self-help organizations and the professionally controlled helping system, rather than attempting to dissolve distinctions between the two.

Goal 4: to bring science to bear on controversial issues in the field

The final goal for this book is as much about process as outcome. That is, how shall the questions implicit in the first three goals be addressed, and under what rules shall differences of opinion be resolved? In short, data will be granted authority over opinion. Because this may seem a strangely prosaic, even unnecessary comment, some review of the unique intellectual issues related to addiction self-help groups is warranted.

The passion of individuals who have been helped to overcome substance abuse

The destructive effects of substance dependence can be all-consuming. The relief and gratitude that attend being helped out of addiction can be equally so. People who have been rescued from a disastrous situation sometimes become extremely passionate about the source of help; sometimes the source of assistance works to foster such feelings. Although certainly understandable, such emotions can lead individuals to believe that the approach that benefitted them will benefit everyone who has a problem which they perceive as similar to their own. Indeed, experimental studies have shown that when individuals are emotionally aroused, they are more prone to making automatic, oversimplified, and categorical judgements that do not take account of exceptions (Weick, 1984). Perhaps this accounts in part for the history of addiction treatment including

many charismatic proselytizers of different interventions, including in some cases self-help organizations (White, 1998). In that vein, a vocal minority of people who have benefitted from addiction-related self-help groups come to see them as the right and only way to recovery (Tournier, 1979).

In this volume, popular enthusiasm for self-help groups in some quarters will be taken to reflect that at least some individuals' lives have been saved by such organizations, but that is all. That is, while not questioning any individual's opinion about what they have found helpful in dealing with addiction, this book will rely for its conclusions on research studies that reveal what benefits (or fails to benefit) a broad range of individuals.

In-group professional bias

Most professionals are aware of the potential bias of those who feel they owe their lives to self-help organizations. What many professionals appreciate less, and therefore deserves more description here, is the bias of professionals in favor of professionally controlled interventions (see Sarason, 1981, on "professional preciousness"), of which self-help organizations are obviously not one. Professionals attempt to cultivate an image of being dispassionate reasoners motivated solely by truth and the public good, but all professionals (the author, of course, included) are human beings with biases, flaws, and self-interests like anyone else.

In an overview of the history of research on Alcoholics Anonymous (AA), Ernest Kurtz sharply criticized individuals who have researched AA, noting for example widespread mis-citation, misquotation, and misunderstanding. E. Kurtz (1993) suggested that such errors stemmed from a fundamental lack of respect for AA among some researchers, including an unwillingness to accept that this non-professional organization might be beneficial.

Although an embarrassing "defense," those Kurtz criticizes could point out that mis-citation, misunderstanding, and mis-quotation are widespread across a range of scientific research areas. Further, many influential professionals have a very high opinion of AA (e.g., Du Pont, 1999). Every negative comment or error about AA and other self-help groups therefore cannot be attributed to bias or some other *ad hominem* problem.

At the same time, ample social psychological research has demonstrated "in group bias" with regard to judgements of performance (see Petty & Cacioppo, 1981, for a review). For example, given the same level of job performance, supervisors rate employees more highly when the employee is of their own gender

(Eagly, Makhijani, & Klonsky, 1992). Clinicians, researchers, and academics are all professionals, and thus may be inclined to judge the work of non-professional self-help groups by a higher standard than they judge their own (Levy, 1984).

Two examples illustrate how in-group bias operates within the mental health and addiction fields. Throughout the history of psychotherapy research, mental health professionals have attacked the methodologies of studies supporting the effectiveness of paraprofessional counselors – while praising other studies which use precisely the same methods but which find evidence of professional effectiveness (Christensen & Jacobson, 1994)! Turning to the addiction field, a distinguished group of scholars argued that because investigator bias may affect the results of research on self-help groups, researchers should ensure that diverse opinions about the effectiveness of self-help groups exist within their research teams (Emrick *et al*., 1993). Yet no scholar has issued a parallel call for research teams studying professional interventions to include some researchers who do not believe in the effectiveness of professional treatment. In summary, it would behoove professionals to beware of pro-professional bias when judging self-help groups, particularly in situations where external pressures may predispose them to see non-professionals as rivals rather than collaborators.

This volume is written from the point of view that controversies around addiction-related self-help organizations should be evaluated with respect to their empirical underpinnings. The only alternative is to allow the aforementioned ideological extremes to carry the debate. Although the decision to rely on data is likely to disappoint polemicists on both sides, it provides a more trustworthy basis on which to develop policies and viewpoints that may have significant consequences for the lives of people who are substance-dependent.

The scope of this book

As will be described below, the scope of this book is very broad, providing a general introduction to addiction-related self-help organizations around the developed world. This involves some sacrifices in terms of depth, particularly relative to works that examine a single self-help organization in great detail (e.g., McCrady & Miller, 1993) or examine a variety of self-help organizations within a single society (e.g., Matzat, 2002; Robinson & Henry, 1977). However, the broad scope is intended to increase the value of this book in at least four respects: (1) the range of societies examined, (2) the benefits and challenges of an

international scope, (3) the range of addiction-related and non-addiction-related self-help organizations addressed, and (4) the range of disciplines covered.

Range of societies examined

Only a few scholars have examined self-help groups in multiple societies, and even fewer have done so specifically for addiction (Room, 1998). To allow workers in different societies to learn from each other, and to create recognition of the worldwide nature of the self-help phenomena, this book will examine addiction-related self-help organizations in multiple countries. By necessity, societies were chosen for detailed attention based on substantive and practical reasons. Specifically, societies were included if they: (a) had significant self-help activity related to addiction, and (b) these organizations were well described in accessible literature. In some cases, it was not easy to determine which of these criteria ruled a society out of consideration. Most scientific literature emerges from the wealthier nations of the world, such that developing countries are not covered even though many of them are likely to have a rich mutual-help tradition. Even for some developed nations, exclusion from the present discussion could not always be traced distinctly to either of the above criteria. For example, the author was unable to locate any scientific literature describing addiction-related self-help organizations in Singapore or Slovakia, which may mean that: (a) such organizations are rare in those societies, (b) such organizations have not been the subject of significant attention, or (c) that the literature was not located during the author's library research. If the omission of any nation here leads a reader to highlight a literature on self-help groups that has been missed by the author and mainstream addiction research, then so much the better for the field's knowledge.

The definition of "accessible literature" deserves clarification. The author's language "skills" limited him to focusing primarily on English-language literature, excepting a few minor ventures into key articles written in French, German, Spanish, or Japanese. Literature was identified through English-language computer databases (e.g., MEDLINE, ETOH), which were searched for material on addiction-related self-help groups, providing hundreds of citations from many nations. Most of this material, including a significant amount of grey literature, was obtained, often by contacting authors directly. Supplemental information on the cultural context in which the work was done was sought where available from the author(s) of the work.

Through this process, it eventually became clear that the book could provide at least *some* detailed information on addiction-related self-help organizations

in 20 countries: Australia, Austria, Belgium, Canada, Croatia, Denmark, France, Germany, Holland, Hong Kong, Israel, Italy, Japan, Mexico, Norway, Poland, Sweden, Switzerland, the UK, and the USA. Data from a number of other countries – among them Brazil, Finland, Iceland, India, Ireland, Russia, and Spain – are mentioned more briefly due to lack of availability. The amount of literature accessible to the author on each of the above nations of course varied widely on account of differences in production of English-language literature, level of research activity, and prevalence of addiction-related self-help organizations.

Benefits and challenges of an international scope

Just as a fish doesn't realize that it has been swimming until the first time it leaps from the water, one's culturally limited knowledge is only exposed as such when information on different cultures is acquired. Benjamin Gidron and Mark Chesler's (1994) framework for cross-cultural comparison notes the existence both of culturally universal aspects of self-help organizations as well as culturally specific aspects shaped by the societies in which organizations exist (see also Lavoie, Borkman, & Gidron, 1994). Similarly, though virtually all countries use severity of impairment and degree-of-deviance-from-norms as standards by which to judge substance use as a problem, beyond that generality countries vary dramatically on how they recognize, handle, and interpret addiction (Jaffe, 1980).

The cross-cultural diversity of addictive behavior and of self-help organizations has not always been well appreciated by researchers. The literature on addiction-related self-help groups is replete with generalizations that are clearly culturally limited (see, e.g., Norman Denzin's 1987, otherwise masterful, analysis of AA in a single community in Illinois, USA). As was demonstrated by the International Collaborative Study of Alcoholics Anonymous (Mäkelä, *et al*., 1996), many statements about AA based on one culture are refuted by observing it in another. By covering an international array of literature, this volume hopes to increase awareness of the cultural contexts in which all observers view self-help organizations.

An international scope also offers an opportunity for societies to learn from one another's successes and failures. For example, the World Health Organization (WHO) and a network of western European scholars have analyzed quite carefully how different policy initiatives can strengthen the self-help sector (Hatch & Kickbush, 1983; Humble & Unell, 1989). Yet the substantial literature these workers have produced is rarely cited in the writings of Japanese,

American, or Australian scholars who have struggled with the same issues. Every nation thus wastes valuable resources "reinventing the wheel" – a price of not being familiar with what occurs beyond one's own borders.

An international scope also raises a formidable challenge. There is a level at which all comparative statements about "country X and country Y" seem shallow and absurd. All of the countries examined here comprise millions of residents, diverse cultural traditions, distinct regions, and multiple languages. How can entities that differ so much internally be discussed as meaningful wholes? The same might be asked of many addiction-related self-help organizations, which differ dramatically in process, structure, and membership not only across countries but within them. To complicate matters further, even within a single country and a single self-help organization, the nature of the organization may change so much over time that conclusions reached in one generation may be less applicable to the next (Mäkelä, 1993). Faced with this diversity, the cross-cultural self-help group analyst may be tempted to give up on all generalizations, or qualify each one with a long apologia on intra-cultural diversity and the limits of cross-national understanding.

The above coping strategies will be eschewed here in favor of putting some faith in readers' powers of discernment. All social and behavioral science studies occur in a context and reflect that context's nature in some way. In that sense, *all* empirical results have limits on their generalizability. In this book, conclusions about self-help organizations and the societies that surround them will be made based on research studies conducted in particular contexts. These conclusions will naturally be limited in generalizability as well. Rather than harangue readers repeatedly with sermons on this point, it will be assumed throughout that readers understand the inherent limits of efforts to make general statements about complex organizations and societies. If any reader has personal knowledge of how a conclusion drawn here does not apply in a particular group of the self-help organization concerned, the region of the country at issue, or a nation as whole, the best possible outcome would be for that person to document the exception, publish it, and let the scientific conversation continue.

The other primary challenge of an international scope is the disproportionate amount of literature produced by and about the USA, which exceeds that of all other nations combined. This does not make the US experience any more informative or representative than that of any other nation, however, so a conscious effort will be made to prefer examples from other nations when they are available.

Range of addiction-related and non-addiction-related self-help organizations addressed

Even though most substance-dependent persons use more than one substance, academic research is often organized into putatively distinct fields such as "alcohol research" published in "alcohol journals," "drug research" appearing in "drug journals," and "smoking research" gracing the pages of "smoking journals." As a result, individuals studying one substance are not necessarily aware of valuable lessons learned by those studying a different substance. This book will attempt to surmount this problem by reviewing research on addiction-related self-help organizations for all forms of substance-related problems.

The primary challenge of discussing a broad range of organizations is the fact that most research examines only one: Alcoholics Anonymous. If the USA is the "800 pound gorilla" of addiction research, Alcoholics Anonymous is its mate within self-help group research. As with the first gorilla, the author will not let the absolute size of the literature about AA per se preclude attention to other organizations. Multiple books solely devoted to AA are available, however (e.g., Denzin, 1987; Mäkelä *et al*., 1996; Maxwell, 1984; McCrady & Miller, 1993; Robinson, 1979; Rudy, 1986). Focusing relatively less on AA than have other works in the field will allow this book to attend more to those organizations which are similar to AA in many respects but which receive little attention (e.g., Al-Anon, Narcotics Anonymous), as well as to organizations with completely independent origins and approaches (e.g., Croix Bleue/Blue Cross). This approach should help counter-balance the mistaken belief that "discussion of AA exhausts the whole topic of mutual help for alcohol problems" (Rehm & Room, 1992, p. 556).

In addition to branching out to organizations for different substances of abuse, this volume will also make connections to the literature on self-help organizations addressing concerns other than addiction. Virtually every leading cause of morbidity and mortality in the developed world has at least one self-help organization addressed to it (Humphreys & Ribisl, 1999). With notable exceptions like the path-breaking books of David Robinson (1979; Robinson & Henry, 1977), literature on non-addiction self-help organizations is rarely cited or discussed in addiction-related works. This is unfortunate because substance dependence bears similarities to other problems (e.g., gambling, overeating, chronic psychiatric and medical disorders) for which self-help organizations are also available. Although such organizations are not the primary focus of the volume, where relevant, research upon them will be brought in to inform the discussion. This should also help to distinguish forces operative within and

upon addiction-related self-help organizations that are related to addiction per se versus those that are generic.

Range of disciplines covered

The longer format of a book has the great virtue of allowing review of material from a range of disciplines. This volume collects insights from psychiatry, psychology, anthropology, public health, and sociology. The challenges to doing this are considerable, given the differences in method and foci across fields. However, as the heart of the book will attempt to demonstrate, the advantages are equally remarkable, because each discipline illuminates a different facet of the self-help phenomenon.

What self-help organizations are and what they are not

Defining the field of this book is made difficult by two problems. First, as mentioned, terms such as "self-help group" and "mutual-aid association" are used in inconsistent ways in the scientific literature as well as in popular discourse. Second, self-help organizations are complex and varied – in some ways looking like paraprofessional treatments, in other ways like community-based organizations, and in still other ways like social movements. Hence, a careful definition of terms and defining features is necessary.

Nomenclature

Taken literally, "Self-help" is a misnomer for what occurs in mutual-help groups. As a term, "self-help" has individualistic connotations, as reflected, for example, in "self-help" books that are focused on improving personal effectiveness or well-being, or in the Victorian English ideal of "self-made" men who pulled themselves up by their own bootstraps without society's help, as expressed in works like Samuel Smiles's *(undated) "Self-Help, with Illustrations of Character, Conduct and Perseverance.*" Mutual-help organizations are, by definition, social rather than individualistic. Further, they are typically characterized by emotional supportiveness, cohesion, and the sensibility that help should be reciprocal (i.e., members should both give and receive help; Maton, 1988). Indeed, some mutual-help organizations, such as AA, specifically state that helping other members is essential to helping oneself (Alcoholics Anonymous, 1952/1953). None of these realities are captured by the term "self-help."

Because of the limitations of the term "self-help," some self-help group researchers have instead advocated the terms "mutual-help group" and "mutual-aid organization." Although these terms are more accurate, they have a disadvantage of their own in being different from the term used by many of the millions of people who participate in groups. Further, some leaders of self-help organizations feel that, for practical means of communication with the public, the term "self-help" is familiar and useful (Rappaport, 1993). This book employs the compromise solution of using the terms "mutual help" and "self-help" interchangeably, in the hopes that over time this will become a more common linguistic convention (Humphreys & Rappaport, 1994).

Distinguishing mutual help "groups" from "organizations" is another helpful convention. Here, "group" will be used to refer to the small number of individuals (i.e., perhaps a few dozen) who come together in a particular setting to address their substance-abuse problems, as in the Cocaine Anonymous "group" that meets every Thursday evening at the community center on Elm Street. Most groups meet face-to-face, but a small number occur over the Internet. Self-help groups are often nested within a larger structure, which will be called the self-help "organization." Organizations can be regional, national, or international in scope and engage in activities such as operating central offices, publishing literature, supporting efforts to start new groups, and the like. Some fledgling local self-help groups have no connection to a larger organizational structure (see, e.g., Schubert & Borkman, 1991; Sproule, O'Halloran, & Borkman, 2000), but such groups are usually too small and idiosyncratic to be the subject of evaluation research projects, and thus are not a focus of major attention in this volume.

Essential characteristics of self-help organizations

Mutual-help organizations are quite diverse, but this does not prevent characterization of certain essential features. Table 1 distinguishes universal characteristics of all self-help organizations from those present in only some of them.

Members share a problem or status

At the heart of all mutual-help efforts is faith in the power of individuals working together to address a shared problem, be it alcoholism, cancer, compulsive shopping, or bereavement (Richardson, 1983a; Rootes & Aanes, 1992). The need for the shared effort stems from the problem causing distress of some

Table 1. *Features of mutual-help organizations*

Universal features
Members share a problem or status
Self-directed leadership
Valuation of experiential knowledge
Norm of reciprocal helping
Lack of fees
Voluntary association
Inclusion of some personal-change goals
Optional features
Developed philosophy and program of change
Spiritual or religious emphasis
Groups nested within a larger organizational structure
Political advocacy
Internet presence
Membership by relations of the substance-abusing participant
Defined role for professionals
Acceptance of external funds
Residential structure

form, else there would be little cause for collective action. Importantly, this distress does not necessarily stem from the shared concern per se, but may be due to how individuals with the concern are treated in society. For example, virtually all mutual-help organizations for gay and lesbian people do not define being homosexual as a problem, but rather view it as a status that is distressing due to discrimination.

Self-directed leadership

Many helping models – ranging from surgery to witch doctors' healing rituals – rest on the presumption that an outside expert who does not have the problem should be in control of the helping interaction. In contrast, the self-help ethos places the individuals who have the problem or status in charge of the organization (Katz, 1981). Hence, drug-dependent people facilitate Narcotics Anonymous (NA) meetings and operate its service boards, parents whose child has died operate Compassionate Friends, and so on. Self-directed leadership in mutual-help organizations thus goes well beyond the level of control available in psychotherapies which are intended to foster self-control in patients but which still clearly distinguish the role of patient and care provider.

Self-help organizations facilitate the emergence of peer leadership in part by designing themselves as what the well-known ecological psychologist Roger Barker (1964) termed "undermanned settings" (literally, a behavior setting in which there were "not enough hands"). By having no designated class of expert helpers, self-help organizations create roles and pressures for individuals to take on responsibility for group tasks, which by itself may be beneficial to them (Montaño Fraire, 2000).

Valuation of experiential knowledge

Sociologists and anthropologists have long differentiated lay and professional knowledge. Lay knowledge represents commonsense ideas, folk knowledge, pop culture beliefs, and "recipe knowledge" (Berger & Luckmann, 1967), for example what the average person in a society believes to be the causes and solutions of alcohol problems. Professional knowledge, in contrast, is academically derived, analytic, and grounded in theory or scientific principles. Traditionally, these two types of knowledge have been viewed as exhaustive, sometimes to the subtle diminishment of what any non-professionals might think or know. In this intellectual context, the sociologist Thomasina Borkman (1976, 1990, 1999) developed a useful concept for understanding self-help groups: a third type of knowledge called "experiential."

According to Borkman, experiential knowledge is "grounded in lived experience, concrete and pragmatic," which differentiates it from the lay knowledge to which everyone has access, even without direct experience of the problem. Yet it also differs from professional knowledge because of its basis in specific experiences, and practicality. A particular individual or organization may possess all three types of knowledge, but Borkman argues persuasively that an emphasis on experiential knowledge is a defining characteristic of self-help organizations. Whereas treatment professionals point to licenses, graduate degrees, and "book learning" to demonstrate their expertise with those they would help, self-help group participants emphasize that their expertise comes from "having been there too."

Norm of reciprocal helping

Many helping interactions are "one-way," meaning that the roles of helper and helpee are fixed, as in the cases of a father reassuring his anxious 6-year-old about the first day of school, a priest listening to the confession of a parishioner, or a psychiatrist conducting psychoanalysis with a neurotic patient. In contrast,

mutual-help organizations establish a norm of reciprocal helping under which each participant will both give and receive help. This reflects their optimistic view that even troubled people have assets and knowledge that can help others (Riessman, 1990). Yet this perspective is also realistic and practical, as the social support research literature almost uniformly indicates that people benefit from providing support as much as, or more than, they do from only receiving it (Maton, 1988; Schwartz & Sendor, 1999).

Within a culture of reciprocal helping, self-help group participants assume the role of peer organizational member rather than that of a service recipient. This aspect of the self-help ethos dramatically increases the number of potential helpers (Riessman & Carroll, 1995).

Lack of fees

Because self-help organizations do not have professional helpers, neither do they charge a fee. Money collected within self-help group meetings is typically of the "pass the hat" variety, meaning that small sums are contributed voluntarily in order to pay for routine expenses, such as room rental, beverages, and organizational literature. Lack of significant economic cost, combined with the absence of waiting lists and admission forms, make the barriers to entry to self-help groups intentionally low (Humphreys & Tucker, 2002; Riordan & Beggs, 1988). Traditions of financial giving vary within and across mutual-help organizations (Mäkelä *et al*., 1996), and there is of course informal social pressure to support one's organization, but any organization which demands a set fee as a condition of attendance will be defined in this book as a professional service rather than a self-help organization.

Voluntary association

Self-help organizations are part of the "voluntary sector" of societies, also sometimes termed the "third sector" or "civil society" (Edwards & Foley, 1997, 1998). The voluntary sector is usually defined by what it is not, namely neither part of the private sector nor the state (cf. Bender, Bargal, & Gidron, 1986; Borkman, 1999). Functionally, this means that if independent citizens do not choose to create and maintain mutual-help groups, they will not exist. "Voluntary association" as a concept that describes an organization need not imply that all members attend free of outside pressure. Substance-dependent people are often subjected to substantial pressure to seek help by friends, family, and employers (Schmidt & Weisner, 1999), and in one country (the USA) they

are sometimes legally required to attend self-help groups. Yet as long as the existence of the self-help organization and fundamental control of its operations are in the hands of private citizens, it remains accurate to term it a "third-sector voluntary association," despite the efforts of outside parties to use it for their own ends.

Inclusion of some personal-change goals

The essential features of self-help organizations outlined thus far apply to many other voluntary organizations that form for the sole purpose of changing the outside world in some way (e.g., political parties, labor unions, racial supremacist organizations). Self-help organizations should thus be further defined as always including at least some goals for change within members themselves. This does not imply that a self-help organization has to view members as the primary source of suffering. For example, organizations for stigmatized diseases (e.g., AIDS) may view many of their members' problems as stemming primarily from discrimination, but still expect members to change in some way, for example by reducing internalized self-hatred, learning new skills for coping with ill treatment, and so forth. This definition does not rule out externally focused advocacy by self-help organizations, in which many engage, as long as the organization also seeks to implement change within members.

Optional features of self-help organizations

The lower half of Table 1 lists characteristics that are found in some, but not all, self-help organizations. All of them thus represent dimensions of diversity within the whole.

Developed philosophy and program of change

Some self-help organizations focus primarily on providing fellowship, information, support, fun, and self-acceptance. Many organizations related to chronic illness (e.g., cancer, heart disease) fall into this category. Such organizations typically have not developed an overarching philosophy or "world view" (Antze, 1979, 1987; Humphreys, 1993b) beyond a general commitment to support each other in dealing with a challenging problem.

Other mutual-help organizations have sophisticated philosophies that address questions such as the origin of the problem, its nature, how it may be addressed, what constitutes "the good life," and so forth. This world view is

typically accompanied by a well-developed program of individual change which is believed to better members' lives. For example, Recovery Inc. – a mutual-help organization for chronic psychiatric patients – has a program known as "Will Training," which provides detailed guidance on how to control symptoms of depression and anxiety (McFadden, Seidman, & Rappaport, 1992). AA has the "12 steps," which are intended to help members cease alcohol use, improve relationships with others, and grow spiritually. Thus, to use the language of AA, even though all self-help organizations offer "fellowship," only a subset also put forward a "program."

Spiritual or religious emphasis

Within those organizations that have a developed philosophy and program of change, a distinction can be made between those that have a secular versus a spiritual or religious philosophy (Room, 1998). Some self-help organizations occur within the context of a religious organization, restrict participation to members of one religious affiliation, and adopt their philosophy and rituals directly from the religion. For example, in the USA, some African-American churches have chronic-disease-focused self-help groups for parishioners who have an explicitly "Christ-centered" approach to recovery. Other self-help organizations, including many of those addressing life-threatening diseases, are not religiously affiliated but do make specific references to spiritual concerns and spiritual growth within their program of change. The above two types of self-help organizations can be contrasted with those that do not explicitly address spiritual or religious concerns in their philosophy, literature, or group meetings.

Groups nested within a larger organizational structure

As mentioned, some self-help groups are entirely local efforts created by energetic people working at the grassroots level. Long before AIDS-focused national organizations existed, for example, small groups of HIV-positive individuals gathered together regularly for mutual support in many European and US cities. Other self-help groups are nested within a larger organization that connects individual chapters and geographic areas. These larger bodies develop and publish organizational literature, maintain group directories, and, among other activities, may also convene conferences, set policy, and deal with external organizations. The National Federation of the Societies of Links and the World Service Board of Al-Anon Family Groups are examples. Although they will not be analyzed extensively in this book, it is worth comment that, in general, the

larger structure of self-help organizations usually reflects the non-hierarchical ethos present in individual chapters, with centralized control being intentionally weak.

Political advocacy

The best known addiction-related self-help organizations (e.g., AA, NA) have a tradition of not engaging in political advocacy, in part because they believe substance dependence arises entirely from sources inside of their members and not in the surrounding society. However, not all self-help organizations embrace this viewpoint. Most mutual-help organizations with a strong tradition of advocacy focus on problems other than substance abuse (e.g., serious mental illness, breast cancer). However, examples exist within the addiction field, e.g., Free Life (Vie Libre), which, in addition to promoting abstinence among members, embraces a mission of social advocacy (Bénichou, 1980) and officially endorses increases in public spending for addiction-related health care (Cerclé, 1984).

Internet presence

Making any comment about self-help organizations' presence on the Internet is hazardous because that rapidly changing medium may render it out of date in no time. At this writing at least, mutual-help organizations vary significantly in their use of the Internet. The Moderation Management self-help organization launched itself primarily by this route, with online meetings and a website that complemented a comparatively small network of face-to-face groups (Humphreys & Klaw, 2001; Klaw, Huebsch & Humphreys, 2000). Other organizations have less of a presence, either due to a long tradition of face-to-face meetings, or to a lack of Internet infrastructure in the countries in which they exist, or both.

Membership by relations of the substance-abusing participant

Mutual-help organizations vary on how broadly they define the shared status and the membership that flows from it (Room, 1998). For example, mutual-help organizations for incest survivors usually do not admit current sexual partners of victims, even though such individuals are often affected by members' status. In contrast, other self-help organizations (e.g., for low vision) extend membership to concerned relatives.

Defined role for professionals

Although self-help organizations are operated by members themselves, many establish supportive roles for professionals. Some organizations (e.g., Recovery Inc.) were largely created by professionals and later became self-sustaining mutual-help organizations, with professionals shifting to an advisory role. Others have always been entirely member-controlled, but invite in occasional professional speakers, work with hospital staff to secure meeting space, and ask professionals to refer patients or to serve on advisory boards. Finally, some self-help organizations are openly hostile to treatment professionals, though this is more prevalent among organizations for serious mental illness than for substance abuse (cf. Chamberlin, 1978).

More than any other characteristic, the role of professionals makes it difficult to define which organizations are truly self-help groups. Many helping professionals organize groups for which they themselves share the problem of interest (Medvene, Wituk, & Luke, 1999), which may or may not have a self-help ethos, depending on the professionals' behavior. A professional who has an anxiety disorder, who openly describes this fact, who does not control group interaction, and who both gives and receives help is no contradiction to the self-help ethos. However, a professional who does not reveal his disorder, does not operate as a peer, does not share control, etc., could better be described as volunteering time to run a free support group – a worthy activity to be sure but not the same as participating in a peer-operated self-help group.

These issues are made particularly complex in organizations that have blended professional–peer leadership, such as "Parents Anonymous" (Wordes *et al.*, 2002) in the USA and "Clubs for Treated Alcoholics" in the Adriatic countries (Hudolin, 1984). Within such organizations, individual groups may have the character of professional-controlled group psychotherapy in some regions and with some co-leaders, while operating as true peer-controlled self-help groups in other regions and with other co-leaders.

Political activist Sally Zinman (1987) raised the additional concern that, because "self-help," "consumer control," "empowerment," and similar terms have become trendy in some countries (e.g., Canada, France, England, USA), treatment professionals sometimes describe activities in which they are involved as "peer-operated," when in fact peer control is trivial. Buzzwords are far less important in differentiating self-help organizations from professional interventions than is the bread-and-butter reality of who has power within the organization.