



## Self-Help Groups: Are They Effective?

Self-help groups are comprised of people who share the same problem, life situation or crisis. Members provide emotional support to one another, learn new ways to cope, discover strategies for improving their condition, and help others while helping themselves. People find in self-help groups individuals much like themselves who are able to share pragmatic, experience-tested insights gained from first-hand experience with the same situation.

Self-help groups are generally self-governed, cost-free and readily available for every major disease listed by the World Health Organization (Gartner and Riessman, 1977), for emotional problems, physical disabilities, eating disorders, habits or addictions, bereavement, parenting, and for family members of those experiencing illnesses or difficulties.

Self-help groups are increasingly being recognized as viable, efficient methods of supplementing and extending the present health and mental health care system to the point of being characterized as an "emerging social movement" (Borkman, 1990; Katz, 1981). Recent research conservatively estimates that 10 million Americans are currently using self-help groups, and that as many as 25 million have been involved in a group sometime in their life (Kessler, Mickelson, & Zhao, 1997). While the most well known type of self-help group is Alcoholics Anonymous, there are over 500,000 self-help groups in the United States (Jacobs & Goodman, 1989). Currently, the Network provides services to over 500 Wichita area support groups and an additional 1400 groups available in other Kansas communities to persons of all ages, ethnic groups, and income levels who are suffering from substance abuse, chronic physical and medical health problems, family problems, mental health concerns, and more.

Numerous research studies have concluded that self-help groups are effective in helping group members, both short term and long term. Self-help groups have been shown to improve health conditions and prevent problems associated with chronic illness. Through a ten year longitudinal study involving 86 women randomly assigned to group support and standard treatment or the standard treatment only, Spiegel, Bloom, Kraemer and Gottheil (1989) found that offering long-term group support to women with metastatic breast cancer significantly extended life. Women participating in the self-help groups not only had fewer mood swings, less phobia and reduced pain (Spiegel, Bloom & Yalom, 1981), but lived an average of 36.6 months compared to women in the randomized control group who lived only 18.9 months (Spiegel et al., 1989). Dr. Spiegel theorized that the groups enabled women to comply better with medical advice and maintain better diets through encouragement and support from other members. Beyond engaging in better self-care, Spiegel also suggested that the dramatic results indicate that emotions can have important physical effects on the immune system. In a similar study, patients with malignant melanoma randomly assigned to self-help groups had improved mood and coping strategies (Fawzy, et al., 1990a), and also showed improvement across a number of immune functions (Fawzy, et al., 1990b). Support groups have also been effective in reducing recurrence of myocardial infarction among Type-A men (Powell & Thoresen, 1987), and in reducing psychological and immune distress among gay men who were diagnosed as HIV positive (Schneiderman et al., 1990).

In a study of chronic arthritis patients, improvement in pain control was found for self-help group participants (Shearn & Fireman, 1985). Trainor (1981) found that those with an ostomy had a greater level of acceptance when matched with a new ostomy patient. Scoliosis patients had

fewer psychosomatic symptoms and a better patient-physician relationship because of group involvement (Hinrichsen, Revenson & Shinn, 1985). Self-help groups provide cost-free support that complements professional treatment of chronic medical conditions. Members become more responsible for their health, more knowledgeable about their condition and adhere better to medication and rehabilitation protocols. It appears that the support obtained in groups translates into positive impacts on immune response.

Self-help activities have also been found to prevent the long-term disorders resulting from common but traumatic events (e.g., physical injury, death of a child or spouse, acute illness). The effectiveness of crisis and coping self-help groups for those suffering the effects of bereavement is well documented. Parents participating in Compassionate Friends, a group for those suffering the death of a child, experienced better adjustment compared with those less involved (Videka-Sherman, 1982). In a similar study, 12.5% of mothers in a self-help group were diagnosed for psychiatric disorders compared to 53% in the randomized control group six months after experiencing the death of a newborn (Forrest, Standish & Baum, 1982). When widows were randomly assigned to psychotherapy or self-help it was found that both groups experienced a significant reduction in anxiety and depression (Marmar, Horowitz, Weiss, Wilner & Kaltreider, 1988). Both interventions were effective but the cost-benefit ratio of the self-help groups was superior. It was also noted that many do not have the money or adequate insurance for psychotherapy but self-help groups are free and widely available.

Self-help groups have also been found to be effective in maintaining treatment effects for substance abuse and preventing relapse. The effectiveness of Alcoholics Anonymous (AA) has been assessed every three years since 1968 with increasing rates of success (Powell, 1987; Vaillant 1983). AA was also found to be most effective in maintaining long-term recovery and preventing the need for further treatment (Brown, 1985). Self-help groups have also been successful in helping family members cope with abusers (e.g., Al-Anon). Parents of teen-age drug abusers in a self-help group reported improvements in discipline, arguing, social behavior with peers and academic performance (Galanter, Gleaton, Marcus & McMillen, 1984). Brisbane and Stuart (1985) found that a group for adult children of alcoholics helped participants understand and cope with their alcoholic parent.

Self-help groups have become an accepted part of individual and family treatment for addiction to alcohol and drugs.

Individuals suffering from psychiatric illness have also benefited from self-help groups. A study of chronically mentally ill individuals found that members of GROW, a network of self-help groups for the chronically mentally ill, needed fewer medical services and required lower levels of medication (Young & Williams, 1987). Most significant in terms of the cost of care provided, GROW members had one-third the number of days of in-hospital care compared to a matched control group of the mentally ill who did not participate in GROW (Young & Williams, 1987). A majority of the GROW groups were in rural areas of Illinois.

Self-help groups are cost-free and cost-effective. Self-help groups are readily available for a diverse set of health problems, for persons in crisis, for long periods of time, and regardless of ability to pay. There are neither the numbers of professionals nor the fiscal resources available to address many problems. Levine and Perkins (1987) also believe that self-help groups create genuine, natural community support systems unlike isolated service settings (e.g., half-way houses, nursing homes) which often become smaller "institutions" with high costs. Self-help groups are increasingly being recognized as viable, efficient methods of supplementing and extending the present health care system.

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