

**FELLOWSHIP, HELPING, AND HEALING:
THE RE-EMERGENCE OF SELF-HELP GROUPS***

ALFRED H. KATZ
(Deceased)

ABSTRACT

This article considers three elements in self-help group process: fellowship, helping, and healing, in context of studies of health and well-being, industrialization, and professionalization in the Welfare State.

**I. INTRODUCTION:
SELF-HELP TODAY AND IN THE PAST**

The title of this presentation sums up what I will discuss—three important, beneficial aspects of the self-help form of voluntary participation and organization. I will try to show how these factors relate to the main theme of the conference—the place of voluntarism or voluntary action in the present situation of the Welfare State. That situation is depicted by economists, social planners, and politicians as a crisis, a devolution or even a degeneration; but following the old Chinese aphorism that in every crisis there is an opportunity. I believe that in this one too there are possibilities for constructive change, for re-evaluating old patterns of thought and behavior. And in that effort consideration of the self-help form seems especially timely and salutary, since self-help involves a distinctive

*Presented at the Jerusalem International Conference on Voluntarism, March 1985, at the author's return to Israel after a 15 year absence.

and dynamic type of volunteer activity, with goals and results that differ from other forms, and that are particularly salient to Welfare State issues and problems.

Self-help is, of course, no new thing—its ancestors can be traced to the beginnings of human society, as Kropotkin noted in his masterwork, *Mutual Aid: A Factor in Evolution*, in which he concludes:

The species in which individual struggle has been reduced to its narrowest limit and the practice of mutual aid has attained the greatest development are invariably the most numerous, the most prosperous and the most open to further progress . . . [In] the ethical progress of man, mutual support—not mutual struggle—has had the leading part [1].

More recent anthropological studies tend to confirm Kropotkin's thesis: Mutual aid or self-help through natural or created groups and networks is both the oldest and the most pervasive system of care for human ills. Common interest groups, transcending kinship or propinquity ties, appeared very early and were widespread among ancient societies.

In the historical period, mutual aid groups arose to defend against a common enemy or oppressor; to give material aid and emotional support to individuals and families when disasters occurred; to perpetuate a religious or cultural belief, tradition or skill, in the face of countervailing social pressures. We saw such evidences in the religious brotherhoods, and guilds, the many secret societies of the Middle Ages; the Free Masons, trade unions, cooperatives and “friendly societies” of the post-Industrial Revolution era.

But in the 2nd half of the 20th century there has been a crescendo in the re-establishment of self-help ideas and organizations in a volume and variety greater than ever before; they embody new qualities and kinds of functioning than in the past.

This “new wave” of self-help is world-wide in scope. Five years ago I sought to bring together academics, professionals and self-help activists at a first international conference on the subject in Dubrovnik, Yugoslavia. We had no money or institutionalized support for this effort—as the saying goes, “we pulled ourselves up by our bootstraps to a state of extreme poverty”—and it was amazing that we achieved a meeting with 70 participants, from 16 countries and 4 continents—an indication of world-wide interest and concern.

Self-help groups to help deal with life contingencies are found in considerable numbers in every industrialized country, not only of the West, but also in Eastern Europe; not only in the northern tier of advanced states, as analyzed by the Brandt Commission, but in the less-developed, poorer countries of the Southern tier, which must have as their major priorities securing supplies of adequate food, safe water, basic medical, economic, public health, and educational services. In these countries, mutual aid is basic to and comprises much of the social life; but their self-help efforts have a different form and emphasis from those in the “welfare states” of the Northern sector of the globe. If I dwell more in this article on

examples from the North, it is because I know them better; not out of any wish to slight the rest of the world population including those who live in developing countries.

Ten years ago, I estimated that there were some 1/2 million separate self-help groups in North America, with 5-8 million member-participants; that estimate has since been raised by others to 3/4 million groups, with 15 million participants in the United States and Canada. Other Western countries have also seen a rapid growth—especially in the past 15 years—in Germany, Holland, the United Kingdom, the Scandinavian countries, Australia, and so on. And in Israel, David Bargal and Ben Gidron have recently found dozens of groups in this ancient capitol city of Jerusalem.

II. SELF-HELP AS FELLOWSHIP

How can we explain this dynamic, almost universal growth? Writing in the early 1970s, I described some of its sources, as follows:

Industrialization, a money economy, a growth of vast structures of business, industry, government—all of these have led to familiar specters: the depersonalization and dehumanization of institutions and social life; feelings of alienation and powerlessness; the sense for many people that they are unable to control the events that shape their lives; the loss of choices; feelings of being trapped by impersonal forces; *the decline of the sense of community, of identity*. These problems are compounded for many by the loss of belief—in church, the state, progress, politics and political parties, many established institutions and values.

The same conditions give rise to many of the important social movements of the day—nationalism and ethnic consciousness, the civil rights struggle, Women's Liberation—all of which countertrend against the dehumanization and atomization, the discrimination and lack of nurturance in social institutions [2].

These conditions are present almost everywhere and are perhaps the best reason why the developing countries should not take over uncritically the institutions of the West. There's a price to pay for Coca-Cola and computers.

I would like to emphasize here the decline of the sense of community—of fellowship—of neighborly support. Political and economic upheavals, technological developments, the irreversible imperatives of industrialization and urbanization, forced migrations—all have contributed to the breakdown and isolation of the family unit, the decline of the extended family and neighborhood ties, the estrangement of the individual from his/her primary social groups. In the welfare states, from these causes, many individuals experience feelings of loss and anomie, of helplessness and powerlessness in relation to forces they cannot control.

Self-help groups have partly come into being, then, as a way of overcoming such feelings, by joining people in a fellowship of common effort. Jacob Neusner defines fellowship as follows:

as a relationship among individuals characterized by both reciprocity of profound concern for one another and dedication to a goal held in common. In such a relationship, individuals respect one another's integrity, individuality, and uniqueness, thus remaining autonomous. But at the same time they submit to a purpose or a self-imposed, socially relevant discipline. In the simplest terms, therefore, a fellowship involves the individual immediately and directly in the purposes of the group. Yet the individual may find in such a fellowship a means of achieving greater individuality by his own efforts to serve a common goal. Mutual respect and even affection may develop out of such shared concerns, but a fellowship, unlike a clique, does not depend on congeniality [3]. One well-known example of self-help fellowship is the Chavura Movement . . .

I shall not take time here to cite or discuss scholarly or technical definitions of self-help groups—they are numerous, but in general, they do not transcend common sense observation and understanding. But I shall elaborate a bit on why they are examples of, and enhance, fellowship in Neusner's terms.

As I have written elsewhere, self-help groups are intimate and informal in terms of stressing personal presence and participation, and relatively direct, concrete and non-bureaucratic in terms of help and aid. The division of labor in them has not been pushed very far—all members can take on different positions or roles and there is a relatively rapid promotion into or succession in the roles. *For that reason, there is minimal value-distinction or social distance between the roles or their occupants.* Hence, there is usually found in self-help groups *a greatly intensified identification with fellow-members and with the group itself—an intensified "we" necessarily set off against an intensified "them."*

The commonality may be in an accepted stigma (such as in Alcoholics Anonymous); in a stigma to be repudiated (as in homosexual or ex-prisoner groups); in a life-transition to get through (widowhood, divorce, retirement); in a misfortune to be surmounted (as in groups of parents of handicapped persons). In all, the history or common fate is to be treated as common fortune, on the basis of moral equality—equality of worth and responsibility. But, more than spiritual and psychological elements underlie the need for human fellowship and social support.

Two groups of scientific studies of health and well-being have in the past few years demonstrated that fellowship, connectedness, and identity-support are not only desirable for the spiritual and psychological aspects of life, but that they are indispensable to well-being, to the maintenance of physical and mental health, to protection against disease.

This view of the importance of social supports in health and disease was presented by a leading social epidemiologist, John Cassel of the University of North Carolina School of Public Health. One of Cassel's papers summarizes beliefs he had come to from his own research and his extensive knowledge of the work of others.

Reviewing many studies, Cassel wrote: "A remarkably similar set of social circumstances characterizes people who develop tuberculosis and schizophrenia, become alcoholics, are victims of multiple accidents, or commit suicide. Common to all these people is a marginal status in society. They are individuals who for a variety of reasons (ethnic minorities rejected by the dominant majority in their neighborhood; high sustained rates of residential and occupational mobility; broken homes or isolated living circumstances) have been deprived of meaningful social contact" [4, p. 110]. He went on, ". . . *the property common to these processes is the strength of the social supports provided by the primary groups of most importance to the individual*" [4].

Cassel concluded his review with recommendations that embody the use of self-help approaches: "With advancing knowledge, it is perhaps not too far-reaching to imagine a preventive health service in which professionals are involved largely in the diagnostic aspects—identifying families and groups at high risk by virtue of their lack of fit with their social milieu and determining the particular nature and form of the social supports that can and should be strengthened if such people are to be protected from disease outcomes. *The intervention actions then could well be undertaken by nonprofessionals, provided that adequate guidance and specific direction were given.*"

The second group of studies concern ways in which psychological states and stimuli influence the individual's health. Recent research from neurophysiology and neurochemistry demonstrates that changes occur in the immune system, and in bodily resistance that correlate with verbal stimuli, with social situations, and with mood states [5]. Recent research illumines the way in which social-psychological factors such as support, morale, autonomy and feelings of connectedness may influence the immune system, and the ways in which the brain produces pain suppressors such as endorphins; both of these processes make it possible for individuals to resist or overcome pathogenic and stressful elements in their life situations. Even those functions which are largely unconscious, such as the activities of the autonomic nervous system, can be monitored and altered through bio-feedback and other stress-reduction techniques, so that individuals can learn to minimize their pain, modify or control stress, and thereby heighten both their resistance and the physiological resources needed to overcome illness. These findings also emphasize the indispensability of a patient's own activity as a way of improving all aspects of adaptation in the face of illness.

So from these promising directions, we can say that we are at the beginnings of a theoretical underpinning and validation of self-help, one that is grounded in basic scientific researches.

III. HELPING: PROFESSIONAL AND INFORMAL

The second underlying theme that I shall examine is self-help groups' relationship to the philosophy and practice in the so-called helping professions. We are all aware of the tendencies to bureaucratization that seem inherent in the creation of specialized professions and services in modern society; perhaps we are less aware that these are quite recent social inventions. Michel Foucault has pithily summed up a complex history: "Take the example of philanthropy . . . people appear who make it their business to involve themselves in other people's lives, health, nutrition, housing; then, out of this confused set of functions there emerge certain personages, institutions, inspectors, social workers, psychologists . . . it's medicine which has played the basic role as the common denominator . . . they classified individuals as insane, criminal or sick" [6].

Ivan Illich and other social analysts have carried this theme further. Illich edited a book with the title "Disabling Professions," which sets forth the thesis that various of the "helping professions," from whatever motivations, have connived in the manufacture and prolonging of dependency for their clients.

A powerful statement of this indictment is provided by the American political scientist, John McKnight, in the Illich volume:

Professionalized services define need as deficiency and at the same time individualizes and compartmentalizes the deficient components. The service systems thus communicate three propositions to the client: *you are deficient, you are the problem, you have a collection of problems* . . . as you are the problem the assumption is that I the professionalized server *am the answer*. You are not the answer, your peers are not the answer . . . the central assumption is that service is an unilateral process. I the professional produce, you the client consume . . . in spite of the democratic pretense the disabling function of unilateral professional help is the hidden assumption that "you will be better because I the professional know better" [7].

It was exactly to counter such monopolistic, exclusionary, and paternalistic approaches, stemming from bureaucratization and industrialization in the helping professions, that many self-help groups have come into being and continue to struggle. Their frequent resistance to professional domination links to many other current phenomena, such as the great increase in personal self-care practices in health—(such as diet, exercise and non-medical techniques for stress-reduction)—to notions of simple appropriate technology, à la Schumacher's "Small is Beautiful"; to *political decentralization* and the renewed emphasis on/and promotion of local community actions. A common motif in all of these related manifestations is *mistrust of experts and high technology* when they intrude on some very personal, intimate areas of living. As a counter to expertise,

which often heightens or prolongs dependency and passivity, self-help promotes self-reliance and autonomy that can be achieved by ordinary people, especially in an affinity or fellowship group setting.

A challenging statement of these ideas is the principle of subsidiarity, formulated as long ago as 1931 by Pope Pius XI: “It is an injustice, a grave evil and a disturbance of right order to transfer to the larger and higher organizations functions which can be performed and provided by the lesser and subordinate bodies” [8].

This principle of subsidiarity, which parallels much of the rationale and practice of self-help organizations, is increasingly embodied in Catholic social philosophy and community programs in the United States and elsewhere. It seeks ways for government to empower the “lesser bodies,” without usurping their proper functions or weighing them down with bureaucracy.

In general, mutual aid contrasts with the rigid structures and requirements and with the social distance characteristic of much of the helping by conventional agencies and individual professionals. Let us look at some of the special forms taken by this alternative manner of helping.

Many health-related and problems-of-living-related groups give direct services—usually of a socially supportive and socially rehabilitative nature. Groups of this kind also work to obtain services from public authorities; frequently entailing lobbying and other social action pressures, publicity, and making contacts with professionals. As they develop and gain strength such groups go on to influence professionals through education and publications, by providing scholarships, and subsidizing research.

Some self-help groups *focus* on social action, typically combining the approaches of advocacy, to ensure the maximum entitlements of service from public or voluntary agencies for individual members, and collective actions to change or influence agency policies or programs.

Many self-help groups provide an array of concrete services—baby-sitting, day and respite care; information and technical devices to ease the burdens for parents of a handicapped child; legal, housing and employment aid for stigmatized or disadvantaged populations, such as ex-prisoners, minority youth, former mental patients, and the physically disabled; socialization programs for the elderly.

Some groups teach technical aspects of “self-care,” and have didactic and experiential instruction for activities ranging from acupressure, biofeedback, exercise, relaxation, to weight-loss. Some of the most important examples of this are found in programs that instruct and guide parents in the cognitive and motor stimulation of developmentally-impaired children.

The common element in all these activities may be called empowerment—the raising of the participants’ sense of control and environmental mastery, which heightens both their ability to understand and react to professional

recommendations and policies—that is, their critical consciousness; and their self-confidence as consumers with something to say about the services they receive.

Many of these self-help programs thus involve lay persons in functions formerly thought to be the exclusive domain of professionals. Instruction, mutual or reciprocal counseling, advocacy, public relations, the organization of social action, education of professionals and the public about the problem of concern—all these are extensively carried out in self-help groups by lay persons, who have not received formal training or afforded the usual sanction of professional credentialing.

IV. “HEALING” OR “THERAPY”

My third theme is the broad role of self-help organizations in healing. Of course, it is not possible to separate “help” from “healing”—for many persons in need the two are identical. Psychological “healing” occurs when the burdens of immediate pressures are lifted; through mutual help, the knowledge that others care, that the burden can be shared, one can become “whole” again. That this can occur is predicated on the conviction that most people in need are basically healthy; when they are given resources and helped to develop their own capacities in coping, many short-term, situational, or transitory problems can be solved. Longer-term social problems that people have in common can be worked on through group or collective action.

But some self-help groups, particularly in North America, also deal with matters of a very personal kind: disturbed relationships with others; negative self-feelings, addictions or other self-destructive practices; deviant attitudes and behavior, which have been usually thought of as the exclusive province of mental health professionals.

Instead of automatically seeking help with such problems from professional sources, many self-help groups develop consciously therapeutic programs to help people change their attitudes toward self and others; to help them attain a new concept of their problems and new ways of dealing with them—i.e., through “lifestyle” changes; to heighten self-confidence by demonstrating that, with group support, lay people themselves can effectively overcome many ingrained and recalcitrant habits and attitudes. Groups with such a specific purpose and effect include Alcoholics Anonymous, and many other “anonymous” groups that pattern themselves on A.A. One of the most important of these is Overeaters Anonymous, which deals with the health-threats of obesity and bad eating habits, not by the mechanical rituals of diets and fasting, but by encouraging its members to analyze, understand, and work on the psychological causes of their eating disorders so that effective changes can occur. Many other North American groups employ therapeutic methods: Families United, Recovery Inc., and Integrity Groups and

Re-evaluation Counseling to name a few. Participants often learn a special vocabulary and coping skills that help them to analyze and deal with disturbing feelings or behaviors in their everyday lives.

While there has not been much evaluative research on the effectiveness of these approaches, the burden of available evidence shows that they are quite positive in their effects on the mental health of participants. In the field of the chemical additions, alcohol abuse, smoking cessation, and eating disorders, many responsible professionals believe that self-help groups are more effective than individual professional therapists, and should be the “treatment of choice” for these problems.

A number of other processes occur in therapeutically-oriented mutual aid groups.

One is the so-called “helper therapy” principle, which holds that when a person with a problem helps another with the same problem, the “helper” benefits as much as the “helpee.” Phyllis Silverman has observed that

Help takes on a special meaning when the person helping has experienced the difficulty first-hand, and it is this experience that provides the basis for the help he now offers. In the process of helping, the helper may still be working through some of his own residual difficulties, and therefore derives some help from the process of helping another [9].

This is another way of stating one of the most important dynamics in the success of many kinds of self-help groups—namely that help is much more easily accepted from those known to have suffered from the same problem—people who have been there. Much firsthand testimony of members of self-help groups confirms the vital, central role of this factor, and its consequences for social learning and role modeling. This is something that professionals, however well-meaning, cannot achieve.

Borkman has expanded this idea in her concept that self-help groups are based on “experiential knowledge” or “truth learned from personal experience” which contrasts with theoretical professional information [10].

A significant process that is often found in therapeutic self-help groups is self-revelation, or the personal confession of problems, made in a supporting, non-judgmental environment with others who have experienced similar distresses. This candid sharing is uniquely and economically achieved in such groups, without the tortuous, lengthy, sometimes archaeological, processes of such professional helping modes as certain kinds of psychotherapy.

James Gordon, a psychiatrist, has summed up some of the therapeutic features of the alternative services in self-help groups, which contrast with professional approaches [11].

- 1) They respond to people’s problems as those problems are experienced.
- 2) They provide services that are immediately accessible, with a minimum of

waiting and bureaucratic restrictions, twenty-four hours a day and are free to anyone who calls or comes in off the street. 3) They treat their client's problems as signs of change and opportunities for growth rather than as symptoms of illness or deviance, which must be suppressed. 4) They treat those who come to them for help, as members of families and social systems. 5) They make some use of mental health professionals, and techniques the latter have developed, but depend on non-professionals to deliver most of the primary care. Professionals function primarily as consultants, trainers, and emergency back-up. 6) They regard active client participation as the basic element in their program and, indeed, of mental health. On an individual therapeutic level, this means emphasizing the *strength* of those who seek help, that is, their capacity for self-help. Clients are encouraged to use such techniques as biofeedback, relaxation, acupuncture, and guided imagery; and such disciplines as yoga and Tai Chi to experience and alter physical and emotional states that they had previously regarded as beyond their control. *On an organizational level, this emphasis on self-help leads such programs to include present and former clients in their decision-making structure.* It means that they search for ways to encourage those who have been helped to use their personal experience as a basis for helping others. (7) They provide both a supporting and enduring community which transcends the delivery or receipt of a particular service. 8) Gordon concludes that "they provide care that is by any standard equal or superior to that offered by traditional mental health services."

In a poignant chapter, "Who is Now My Stranger?" in his book on blood-banking, Richard Titmuss [12] commented on the impersonality of the helping in the professionalized services of the Welfare State. He echoed this analysis of Wilensky and Lebeaux: "Modern social welfare has really to be thought of as help given to the stranger, not the person who by reason of personal bond commands it without asking. It assumes a degree of social distance between helped and helper" [13].

V. MUTUAL AID GROUPS AND THE FUTURE

From my discussion of the roles of mutual aid groups in fellowship, helping and healing, perhaps I have persuaded some of you of their value and importance; perhaps not. I do not mean to suggest that they are without problems or that they are a panacea for all human ills, or that they can substitute for the functions of the welfare state, in income maintenance, health, education, and the basic social services—care of dependent children, the elderly and disabled, and so on. I mean only to convey that they constitute an extraordinarily useful and vital resource to be used in partnership with other services, one that

has been insufficiently understood and appreciated by many professionals and planners.

The activities and resources of this spontaneous, lay-originated, and lay-run sector of voluntarism should be recognized and encouraged by all who are concerned with the welfare of people. There are unique social benefits in the fellowship they make possible. The particular kinds and dimensions of helping/healing they offer should be viewed, not as competitive with professionalism, but as of a different order and quality; these programs should be understood by professionals and agencies, and used differentially in a kind of social triaging, similar to the medical triage of battlefield or emergency care.

Given this thesis, it is necessary to point to some concrete ways in which greater utilization of these lay resources can be achieved. Although sharing the same general profile, Welfare States are not identical in their social policies; and this applies as well to their attitudes about and policies toward the self-help movement.

On the one hand, the Reagan and Thatcher administrations talked quite a bit about “voluntary self-help” and the private sector as answers to social problems; but in the United States, at least, this constitutes political rhetoric used to diminish and discredit public programs. It has not been accompanied by any concrete programs to support or encourage self-help initiatives or specific self-help organizations. On the other hand, in many European countries there has occurred a blurring of distinctions between public and private efforts. The growth of paid volunteer home helps, of volunteer child minders cooperative day centers, and other social service programs through public funding of voluntary agencies has been long observed in countries that have strong religious political parties—Italy, the Netherlands, Belgium. This practice spread to other countries—the United Kingdom, Germany, and others; in these countries, *self-help groups like other voluntary organizations may receive State support if they are perceived as doing a needed job that otherwise Government itself would have to undertake.*

A principle has been recognized by these Governments that self-help groups have a useful place in the panoply of human services and that they should be encouraged by more funding, by public information and by their inclusion in planning. The latter is important, not simply on political grounds, but because, as many conscientious professionals know, self-help groups are a repository of experience and wisdom in first-hand coping with the problems of concern to planners.

One also hopes that educational programs for professionals in the various human service fields will recognize this repository of knowledge, and will greatly augment attention to self-help in their training curricula. That, and other forms of communication and interchange, are much needed to overcome existing barriers of mistrust, suspicion, and hostility that impair the full

flowering of professional-mutual aid group partnership. Self-help groups need to be seen by professionals as powerful resources, not as threatening rivals. Their differences and special qualities should be recognized and appreciated in the belief that education is a two-way street, and that each side can learn from the other.

The most important lessons that established voluntary agencies and professionals can learn from self-help groups are summed up in the twin perspectives of pluralism and empowerment. Heightening the coping skills, the critical consciousness, the self-reliance and autonomy of ordinary people—in short empowerment—should be the goal of all services, both statutory and voluntary.

As Rappaport has written:

We must begin to develop a social policy which gives up the search for one monolithic way of doing things according to the certified expert (i.e., the symbolic parent) . . . rather than a top-down mapping of social policy by experts, we need a bottom up mapping that starts with people . . . who will tell officials what social policies and programs are necessary . . . not only are these genuine solutions of people to their problems likely to be diverse, but the very behavior, attitudes and life-styles which are useful to people will also differ from place to place. Social problems . . . require that experts turn to non-experts in order to discover the many different spontaneous solutions that they use to gain control, find meaning and empower their own lives [14].

That is one huge significance of the social movement represented by self-help groups—and a big factor in their spectacular surge forward. They are clearly here to stay; and as in Arthur Miller's words about Willy Loma: "Attention Must be Paid."

REFERENCES

1. P. Kropotkin, *Mutual Aid: A Factor in Evolution*, Extending Horizon Books, Boston, 1955.
2. A. H. Katz and E. Bender, *The Strength in Us: Self-Help Groups in the Modern World*, Franklin-Watts, New York, 1976.
3. J. Neusner, *Judaism in the Secular Age*, Vallentine Mitchell, London, 1970.
4. J. Cassel, The Social Environment as a Factor in Host Resistance, *American Journal of Epidemiology*, 104, 1976.
5. G. Schwartz and D. Shapiro (eds.), Consciousness and Self-Regulation, in *Advances in Research and Theory*, New York, 1978.
6. M. Foucault, *Power/Knowledge*, Routledge, London, 1975.
7. J. McKnight, The Disabling Professional, in *Disabling Profession*, I. Illich (ed.), Marion Boyars, London, 1979.

8. Pope Pius XI, *Quadragesimo Anno*, #79, in *Seven Great Encyclicals*, W. Gibbons (ed.), Paulist Press, New York, 1963.
9. P. Silverman, Mutual Help, in *The Changing Mental Health Scene*, H. R. Hirschowitz and B. Levy (eds.), Spectrum, New York, 1976.
10. T. Borkman, Experimental Knowledge: A New Concept for Analysis of Self-Help Groups, *Social Service Review*, 1976.

Direct reprint requests to:

Fred Massarik

e-mail: fred.massarik@anderson.ucla.edu