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THE SELF-HELP DATASET 1955-2000: AN INTRODUCTION AND INVITATION

MATTHEW E. ARCHIBALD, PH.D.

RHIANNON ARCHER

Colby College, Waterville, Maine

ABSTRACT

The aim of this article is to disseminate information to self-help scholars about a unique data source, the Self-Help Dataset 1955-2000, which is now publically available for research. This article explores the key sources of data used to construct the dataset and links the data from those sources to published papers addressing topics from the organizations and social movements literatures ranging from self-help founding and disbanding rates to legitimacy and competition. Reasons for constructing the dataset were twofold: to address the question of the origins and persistence of self-help in the United States and to establish a baseline set of measures researchers could use to monitor trends in the movement over time. The motivating question underlying database construction was to describe how self-help evolved from a handful of groups to a taken-for-granted way of organizing alternative healthcare delivery. To do so, we analyzed national self-help organizations and looked at how the social, political, economic, and cultural environment shaped the growth and persistence of the phenomenon. While studies examining these dynamics have focused on self-help as it arose in the United States, researchers with interests that span the continuum of national states, markets, and cultures are encouraged to further develop these data according to their scholarly perspective.

Keywords: national self-help organizations, self-help dataset, mutual aid

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INTRODUCTION

In the late-1990s and early 2000s, our research team constructed a comprehensive database of U.S. self-help organizations. Creation of the database was intended to answer the question of the origins and persistence of self-help in the United States and to establish a baseline set of measures that could be used by us and other researchers to monitor trends in the movement, both in the United States and internationally, over time. After over a decade's worth of studies based on this dataset, its measures are now publically available and it is our hope that they will be used to extend scholarship beyond the projects discussed in this article.

The chief objective of this article is to disseminate information about the Self-Help Dataset 1955-2000. To do so, we provide a comprehensive overview of the dataset and its purposes. We begin by outlining the theoretical questions underlying its construction, describe in detail the structure of the data, and then examine scholarly work based on its measures. Finally, and most importantly, we attempt to stimulate interest in the dataset, particularly among international scholars of self-help, encouraging researchers to pursue a variety of questions such as: How does variation in healthcare delivery policies across world polities shape the emergence of self-help? How do (global) healthcare markets impact self-help dynamics? How does medical/professional hegemony vary across national cultures and how does this inhibit or promote self-help emergence?

We begin the article with a discussion of definitional and conceptual problems that are relevant to self-help and link these to the organizations' and social movements' literatures. The first question is how to define the phenomenon of self-help itself. What is theoretically problematic is how to delineate self-help in order to explain its origins and to understand why it continues to serve as a template for organizing certain kinds of healthcare delivery. The second set of questions, drawn from these two literatures, addresses the dynamics of the growth of self-help and the socioeconomic and political forces shaping that growth (see e.g., Carroll & Hannan, 2000; Schneiberg & Soule, 2005).

Unfortunately, as even the briefest review of the self-help literature makes abundantly clear, definitional parsing has always been a central problem with respect to any analysis of self-help. Is self-help defined by the books and tapes and self-improvement brochures lining bookstore shelves (Greenberg, 1994) or is it about support groups that offered a context for face-to-face mutual help (White & Madara, 2002)? Is self-help something like an ethos, as Riessman and Carroll (1995) explained it or is it more like a voluntary association/social movement as Smith and Pillemer (1983) and Katz and Bender (1976) argued? Even non-self-help researchers, such as Wuthnow (1994) and Putnam (2000), were involved in the discussion of what self-help was and did through their studies which explained that small groups were at the forefront of a movement to re-forge community among an alienated U.S. populace.

At one time, one branch of self-help scholarship focused on intragroup activities such as conversion, development of counter-deviant identities, beliefs, and attitudinal changes (Denzin, 1987). Another focused on a single type of self-help organization, often Alcoholics Anonymous (AA) (Makela, Arminen, Bloomfield, Eisenbach-Stangl, Bergmark, Kurube, et al., 1996), but sometimes other organizations such as the National Alliance on Mental Illness (NAMI) (Katz, 1993) and Co-Dependents Anonymous (CoDA) (Rice, 1996). The most prevalent type of self-help research, after studies of individual groups such as AA, NAMI, and CoDA, was social historical explorations that sought to uncover the cultural underpinnings of the self-help philosophy (Greenberg, 1994). For instance, the "recovery movement" of the 1980s was viewed historically as an offshoot of the social hygiene movement of the early 20th century in one study, while framed as part of the post-1960s small-group movement in another (Wuthnow, 1994).

Studies began to emerge that attempted to provide a framework for understanding the popularity of self-help by defining and sorting practices, ideologies, and groups especially, into various types and subtypes. The latter studies explored self-help as an organizational/group phenomenon (Borkman, 1999; Kurtz, 1997). This research was based on the premise that self-help, while it might use books and programs based on an ethos that differentiates it from other collective activities, is fundamentally about face-to-face interaction that takes place in an organized setting. To understand the persistence of self-help (the origins are a bit murkier and subject to more speculation) meant studying the way self-help as an organizational/group phenomenon developed rather than as an amorphous cultural trope (see e.g., McGee, 2005). To understand the persistence of self-help, our research team defined self-help as an organizational phenomenon (Borkman, 1991), consisting of non-professional, self-organized, groups (see Steinke's 2000 definition of "primary" self-help). We focused attention on national self-help organizations extant during the 20th century because of our interest in the dynamics of self-help as a movement (rather than internal processes of individual groups).

We justified defining self-help as organizations/groups that identified themselves as having a national presence (which turned out to be a parameter with wide margins) primarily because our motivating question had to do with the growth and persistence of the self-help phenomenon situated within the socioeconomic and political forces at play in U.S. national culture. Indeed, we argued that:

1. most groups that persist for any period of time extend their local roots across the national landscape and thereby seek to establish a broader presence (see e.g., Bergman's (1986) description of the transformation of the Sudden Infant Death Foundation from a local group of parents of SIDS infants);
2. national voluntary organizations, in general, are more stable and visible than unique one-of-a-kind local groups (Knoke & Prensky, 1984); and

3. nationally recognized self-help, is, in an important sense, what we mean when we refer to self-help.

It is simply the local self-help meeting, chapter, or group writ large. At least in the United States, any local group that meets certain minimal criteria can declare itself a national organization achieving both cultural as well legal privileges (i.e., tax exempt status).[1]

Having settled on a workable definition, the article next provides a discussion of the mechanics of the dataset. In this section we offer a comprehensive explanation of the types of measures in the dataset as well as the theoretical purposes, largely drawn from the organizations' and social movements' literature, to which they are applied. Questions range from how many self-help organizations are there/when did they arise/how long do they last to what sources of legitimacy impact the growth and persistence of self-help? In studies, such as The Evolution of Self-Help: How a Social Movement Became an Institution (Archibald, 2007a) and Professional and Political Alliances, Legitimating Authority and the Longevity of Health Movement Organizations (Archibald & Freeman, 2008), we bridge organizational and social movement perspectives, propose innovative methodological approaches by applying these perspectives to health movement organizations, and answer fundamental questions about how professional and political alliances, formalization and legitimation, and competition for external resources shape health movements.

Finally, in our concluding section, we summarize our project, invite scholars to contact us to gain access to the Self-Help Dataset 1955-2000 and offer suggestions for future projects that will supersede the current uses of the data. For instance, recent comparative research on national disability self-help argues that there is wide variation between national cultures with respect to the extent to which patients' movements (i.e., self-help in this case) are autonomous either with regard to the state or professions (Steinke, 2000). Studies of state-self-help autonomy drawn from the self-help dataset have shown that political legitimacy is an important feature for certain types of self-help (medical groups, primarily—see Archibald, 2010). Several questions might extend our knowledge of these dynamics further:

1. Is there some particular feature of world culture that makes the trajectory of self-help similar or different under disparate socioeconomic and political circumstances?
2. How might institutional arrangements of various world polities shape resource partitioning in ways consistent with those rather than other kinds of arrangements?

[1] Thanks to the Editor for this point.

The challenge then for the next generation of researchers is to supplement this data and the knowledge it provides in order to answer new questions that have emerged in the intervening decade.

SELF-HELP LITERATURE DEFINITIONS

In this section we begin by surveying a number of useful definitions of self-help and discussing the advantages and disadvantages of defining self-help in one particular way. This includes a brief look at some typologies and their uses. We briefly detail the conceptual problems self-help scholars have had defining self-help, their resolution and the typologies that were created from these definitions.

One of the definitional problems with self-help is that it can refer to ideologies, books, and programs, in such a way as to seem to be all things to all people (Riessman & Carroll, 1995). In 1987, the Department of Health and Human Services proposed that self-help consists of:

> self-governing groups whose members share a common concern and give each other emotional support and material aid, charge either no fee or only a small fee for membership, and place a high value on experiential knowledge in the belief that it provides special understanding of a situation. In addition to providing mutual support for their members, such groups may also be involved in information, education, material aid, and social advocacy in their communities.

This agency definition owed much to Katz and Bender (1976, pp. 270-271), two authors long associated with research on self-help groups, who argued that self-help is:

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

Later, White and Madara (2002) suggest that self-help groups offer fellow sufferers the opportunity to share their experiences, knowledge, strength, and hope. Run by and for members, self-help groups can better be described as "mutual-help" groups.

The groups alluded to above can be divided into many categories based on the problem, condition, or syndrome they are organized to address. In White and Madara's well-known Sourcebook, for example, groups cover: abuse, addictions, bereavement, disabilities, family/parenting, health (the largest), and mental health. Under abuse one finds: child abuse, sexual abuse, and spousal abuse. Under disabilities are: amputation, Cerebral Palsy, Deaf/Hearing Impaired/Tinnitus and Ménière's, and seven additional general subcategories. Listed under health are: Alzheimer's disease, asthma, ataxia, Cloaca, Coffin-Lowry Syndrome, diabetes, Freeman Seldon, and countless other conditions. In fact, it is often noted by self-help researchers that there is a self-help group for every class of disorder identified by the World Health Organization (Kurtz, 1997).

The core organizing principle of self-help organizations/groups is that people who have a "common predicament or illness come together to provide emotional and other support through sharing their personal lived experiences as well as exchanging other resources" (Borkman, 1991, p. 644). The two processes described by the term "self-help" involve considerable reciprocity among group members. Individuals assume responsibility for coping with their own problem(s)—self-help. At the same time, these individuals assist others (and are assisted themselves by others) in the process of coping, problem-solving, or overcoming the potential stigma of their condition—mutual-aid.

Riessman and Carroll (1995) argue that the defining characteristic of self-help is that its forms share a philosophy that promotes the abovementioned self-determination based on an intimate, experiential understanding of the focal problem, need, or concern of the group. Internal group solutions to problems or concerns are contrasted to solutions provided by "church or state or professional expert" (p. 3). Overall, self-help is characterized by a reversal in the traditional relationship between expert helper and inexpert helpee. Self-help views personal experience as the basis for problem solving such that the inexpert helpee becomes the help-giver. Similarly, because of a built-in mutuality, helper and helpee roles can change in short order. Today's recipient of help may proffer help to another group member tomorrow.

And yet, once we have established that organizations and groups are the core components of self-help, another issue arises: what groups to include in our list? Smith and Pillemer (1983) argue that self-help can be usefully characterized under the rubric of social movement organization. The authors carefully distinguish self-help groups from:

1. voluntary associations in general (which might include social service groups or political advocacy groups);
2. mutual-aid societies, in particular (which include "labor unions, professional associations, mutual benefit associations, friendly societies, credit unions" (p. 206); and
3. other types of self-improvement groups.

They argue that self-help groups, such as Mended Hearts (heart disease patients), Make Today Count (cancer patients), and AA (alcoholics), are a form of voluntary association because they involve un-coerced, personal, face-to-face interaction. As a subset of voluntary association, self-help groups closely resemble mutual-aid societies in that "members of the group expend substantial effort in their roles as group members trying to improve the situation and quality of life of other members" (Smith & Pillemer, 1983, p. 204). However, this might be said of "labor unions, employers' associations, community associations, taxpayers' associations, and producer and consumer cooperatives" (Smith & Pillemer, 1983). Self-help groups, unlike other voluntary mutual-aid groups, attempt to improve group members' lives through therapeutic group activities. While mutual aid is a necessary defining characteristic, self-help groups are unique in that members perceive the group as a chance to ameliorate a pressing personal problem "that directly affects the individual participant whether or not any other individuals suffer from it" (Smith & Pillemer, 1983, p. 205). This part of the definition excludes social service and professional providers who might organize for patients' rights. Furthermore, self-help groups differ from self-improvement groups such as Great Books Discussion groups and Toastmasters groups in that members of these groups do not suffer from any immediate disadvantage. Lastly, self-help groups also differ from group psychotherapies, human potential (e.g., EST, sensitivity training, encounter groups) and consciousness-raising groups.

Kurtz (1997) provides us with yet another example of the kind of definitional parsing common among self-help researchers. She makes a careful distinction between self-help, support groups, and psychotherapy groups. Self-help represents one end of a continuum of group interaction and psychotherapy represents the other; support groups probably lie somewhere in between. Self-help is "a supportive, educational, usually change-oriented mutual-aid group that addresses a single life problem or condition shared by all members" (p. 4). While change may sometimes be political as well as behavioral (e.g., MADD or Parents Anonymous have lobbying functions), self-help tends to be internally focused to the extent that a change-orientation must be regarded as largely behavioral. Otherwise, it would be impossible to distinguish self-help from political interest groups and social movements. Thus, Kurtz' use of the term "change-orientation" implies altering individuals' understanding and behaviors rather than institutions and social structures (in direct contrast to Smith and Pillemer's definition of self-help as a social movement). Support groups are arranged for the purpose of providing emotional support and information to members, usually under the auspices of a social service agency or formally organized healthcare organization.

Psychotherapy groups are established to induce individual growth and change. Like self-help, these groups focus on behavioral change. Like support groups, psychotherapy utilizes professionals to lead groups. The main difference between these three groups lies in the use of professionals; self-help does not use professionals. Looking across national cultures, Steinke (2000) calls these groups

"primary" self-help. In the United States, this criterion is one of self-help's distinguishing features. Use of professional leaders or moderators would be anathema since it would introduce the payment of fees, limitations on group membership, introduction of complex therapeutic methods, creation of distance and hierarchy between professionals and group members, and dependence on extra organizational resources for survival.

THE SELF-HELP DATASET 1955-2000

In an attempt to resolve this definitional parsing and move beyond descriptive studies of self-help toward explanations of self-help growth and persistence, our research team created a database of organizational sources that contained life histories of all extant national self-help organizations in the United States between 1955 and 2000.

Based on the literature mentioned in the previous section, self-help was defined as organizations/groups designed to address health and behavioral conditions or problems, ranging from medical disability to behavioral dysfunction, in a public but intimate face-to-face group setting. Examples of health and behavioral conditions or problems might be amputation (National Amputee Foundation), cancer (Reach to Recovery), alcoholism (Alcoholics Anonymous), autism (Autism Network), or Alzheimer's (Alzheimer's Disease and Related Disorders Association). As will be seen in Table 1, focal problems cover but are not limited to alcoholism, drug addiction, gambling, codependency, child and infant mortality, anxiety, phobia, autism, physical handicap, neurological pain, paraplegia, head injury, infections, autoimmune disease, and diabetes.

Like other formal organizations, self-help is strongly goal-oriented and supported by a systematic program that is sustained by a differentiated, complex organizational structure (Powell, 1990). Most importantly, the core social "technology" of self-help (or the way in which self-help carries out the work of mutual-aid) depends on an organizational structure comprised of groups, meetings, chapters, and affiliated networks. The social technology of mutual-aid is also the most salient characteristic of self-help. It consists of a small-group setting where members share stories and information concerning their personal experiences dealing with health and behavioral conditions or problems. This technology of self- and mutual-support is a unique characteristic of the self-help organizational form. Self-help organizations share a philosophy that promotes individual self-determination, autonomy, and dignity based in this intimate interactional setting. The result is a mutual understanding of members' focal problems, needs, and concerns. In some places we use the appellation "self-help/mutual-aid" after Borkman's (1999) usage and in other places we simplify by using "self-help" alone. They both denote interpersonal interaction that occurs in groups, meetings, and chapters. Over time, these groups grow beyond their communities and establish a broader visibility. Thus, in our database and in our research, we use the term self-help to refer to national self-help organizations.

Table 1. Typology for The Self-Help Dataset 1955-2000

Type	Class	Components
Social Welfare	Relationship	Marriage, divorce, adoption, widowhood, family of addicts
	Status issues	Sexuality, women, race/ethnicity, gender dysphoria
	Alcohol and drug addiction	Alcohol abuse and drug addiction
	Other addictions	Food, sex, gambling, codependency
	Reproduction and children	Children, high-risk pregnancy
	Abuse	Violence, incest, self-mutilation, destructive relationships
	Grief, anxiety, and phobia	Loss, death, child and infant mortality, anxiety, phobia, fear
	Mental illness	Coma, obsession-compulsion, emotional illness, depression
	Physical handicap	Autism, mental retardation
	Legal	Bad check writers, family of prisoners, prostitution
Medical	Cancer	
	Neurology, pain, sleep, stroke, paraplegia, head injury, fatigue	
	Gastroenterology	
	Eye, ears, nose, and throat	
	Infections, autoimmune disease, diabetes	
	Hormones, genetics, metabolic growth, and development	
	Skin, burns, facial reconstruction	
	Respiratory, circulatory, and pulmonary illnesses	

Our research group created a database of national self-help organizations. Some of these organizations represent a single group of members, other represent a number of groups. We focus on organizations that identify themselves as having a "national presence" (see i.e., criteria for inclusion in the *Encyclopedia*). Several reasons for focusing on national groups rather than a single instance of a group in a particular locale (say a chapter of Compassionate Friends) include:

1. in order to reach as many potential members as possible who share a condition, problem, or illness, self-help organizations quickly attempt to establish a national presence; national self-help organizations are recognizable to a broader audience than strictly local organizations, which translates into a larger constituency;
2. national self-help organizations are not different from the local groups, meetings and chapters that comprise the organization; for example, the key feature of Alcoholics Anonymous is the AA group (Kurtz, 1997), which can be found in virtually every community in the United States, and in most foreign countries as well (AA World Services, 1986); and
3. national self-help organizations are not simply a temporary resource, like a community drug hotline or free-clinic; they have been able to establish organizational routines, structures and membership.

Powell (1990) argues that national self-help organizations are more likely to have achieved a larger measure of structural permanence which contributes to organizational permanence by stabilizing beliefs, norms, and procedures. In contrast, unaffiliated groups do not possess self-sufficient structures, have weaker programs, and therefore remain unable to promote the kind of moral commitment necessary to sustain the organization (Powell, 1987). Knoke and Prensky (1984, p. 12) are probably thinking of these unaffiliated organizations when they argue that associations:

> lack sufficient size, resource bases and internal complexity to sustain reciprocated exchange relations, to monitor and evaluate external information and to participate in coalitions capable of integrating the association into more central positions in collective decision-making.

National self-help organizations, in contrast to local unaffiliated groups: promote better-developed support programs among local chapters, meetings, and groups; provide stability and predictability; and have a more diverse membership and a stronger leadership structure (Powell, 1987, 1990). Beliefs, norms, and procedures organize activity and provide the basis for programs designed to provide resources for group members. The so-called "traditions" and "steps" of the various 12-step groups constitute the program and rules establishing a comprehensive organizational structure tightly linked to the goals of recovery underlying these types of organizations. A comprehensive system of norms and procedures limits disruptive behavior, fosters community, reduces individual

differences, and promotes personal growth. Organizational stability and predictability are essential features underlying personal development. Maton (1989) found that role differentiation in several types of self-help groups was negatively correlated with depression and positively correlated with self-esteem. In addition, national self-help organizations must continually recruit new members, improve public relations, resolve grievances, publish newsletters, and, in general, pursue multiple objectives. A differentiated structure is required even if formal roles tend to be filled by volunteers on a rotating basis. Leadership also tends to be more structured in national self-help organizations.

Using Borkman's (1999) typological advances, the Self-Help Dataset 1955-2000 includes a range of self-help groups from those which are unaffiliated (i.e., single groups or organizations who claim a national presence) to those which are federated (i.e., groups linked at a super-ordinate level, such as AA) to affiliated organizations (i.e., subordinate to a regional or national organization). However, hybrid or managed organizations were excluded. An example of a managed program would be a peer-counseling group in a high school. It appears to be a self-help group. The group is led by students and depends upon their own experiences with the focal problem (e.g., drug use, teen reproductive health, abusive relationships). Students set the agenda, find speakers, and run the group. However, professionals, or at least adults, determine that the group cannot dissolve itself, change the way it operates or begin a new group (under the same auspices) without their consent. This violates the principle of member equality upon which the notion of experiential authority is founded.

Who provides self-help support, then? Groups are all member-sponsored but they may invite professionals to participate. For example, groups that support members' medical infirmity may require special knowledge. A technical or medical professional may provide the group assistance. In constructing our database, to truly be considered self-help, we required that groups be oriented toward members' experiences with the focal problem rather than professional solutions. Self-help is distinguished from care provided by professionals. Borman (1992) notes that self-help is not self-care, which is largely dependent on professionals. While he advocates for articulation of self-help and professional delivery systems, he is careful to note that "professional management, skills and resources are not essential for self-help groups" (p. xxi).

Table 1 categorizes the 589 self-help organizations in the Self-Help Dataset 1955-2000 into several subgroups. Entries for self-help are arranged in the *Encyclopedia* under Social Welfare or Medical. We created a typology to assist in locating self-help listings based in part on the descriptions in the *Encyclopedia* and in part on Katz (1993). It contains orienting descriptions (labeled as "Class" in the table, i.e., "classification of problem or condition") and "Components" which indicate the nature of the group. For example, the classification of self-help groups addressing relationship problems includes marriage, divorce, adoption, and widowhood while the classification of status issue groups includes those

addressing issues around sexuality, women, race/ethnicity, and gender dysphoria. Similarly, medical conditions such as cancer, neurology (e.g., pain, sleep, stroke), and gastroenterology are organized into classes and components, although in this case, the classification grouping and components tend to be synonymous.

Note that one of the problems with typologies is a lack of precision which is disguised by their categorical nature. While our research team has tried to avoid some of the most common pitfalls, the database has its own limitations and should be improved upon by other researchers. To give one example, our sorting of groups was developed with the goal of assessing the precursors of self-help founding and disbanding and resource partitioning over time. Research addressing other self-help issues such as effectiveness will quickly discover the shortcomings in our methods when linkages between our typologies and other outcomes are analyzed. Nevertheless, we have spent a number of years carefully organizing this data with the intention that it would contribute to a more comprehensive self-help research project encompassing wide-ranging knowledge about the phenomenon across national societies.

Data Sources

In this section, we describe the central measures created for analyses that are contained in the Self-Help Dataset 1955-2000 and their sources (see Table 2). Representative studies using these measures are included in the last column of Table 2 and discussed in the next section.

Data used to create the Self-Help Dataset 1955-2000 were drawn from a number of different sources. Major sources of data were: the *Encyclopedia of Associations*, editions 1 through 36 (Gale Research Co., 1955-2000), covering the years 1955-2000; the *Self-Help Sourcebook* (White & Madara, 2002), the *IRS Exempt Organization Microrecord Files, Index Medicus-Medline, Congressional Universe/ Congressional Information Service (CIS), Sociological and Psychological Abstracts*, the *New York Times Index, U.S. Department of Commerce – Bureau of Economic Analysis, U.S. Department of Labor – Office of Education, National Center for Education Statistics*, and the *U.S. Department of Commerce – Census, 1955-2000.*

The *Encyclopedia of Associations* was the primary source of data for a number of self-help projects completed over the course of the last decade. As described in Archibald (2007a) and other places, it contains historical information on all self-declared national membership organizations, including voluntary associations devoted to providing health and human services. Each edition and organizational entry of the *Encyclopedia of Associations* contains a detailed record of year-by-year organizational founding dates, organizational status (i.e., defunct, inactive, or "address unknown"), and changes in organizational services and affiliations, technologies, goals, and membership for national self-help organizations. These records provide information necessary for gathering data on the measures used in our studies. Every year contains a separate entry for each of

Table 2. Data Sources, Types of Data, and Representative Publications for The Self-Help Dataset 1955-2000

Data sources	Types of data	Representative publications
Encyclopedia of Associations	Self-help typologies	Archibald (2007a, 2007b)
	Founding rates	Archibald (2008a, 2008b)
	Disbanding rates	Archibald & Freeman (2008); Archibald (2004)
	Competition/resource overlap	Archibald & Freeman (2008); Archibald (2004)
	Professional affiliation	Archibald (2008a, 2008b); Archibald (2010)
Index Medicus-Medline *Congressional Information Service* *Sociological and Psychological Abstracts*	Normative legitimation Medical legitimacy Political legitimacy Academic legitimacy	Archibald (2010); Archibald (2007a); Archibald (2004)
New York Times Index	Cognitive legitimation Popular legitimacy	Archibald (2010); Archibald (2007a); Archibald (2004)
U.S. Department of Commerce – Bureau of Economic Analysis	Economic indicators (e.g., disposable income, transfer payments, household medical costs, welfare)	Archibald (2008a, 2008b; Archibald & Freeman (2008); Archibald (2004)
U.S. Department of Labor – Office of Education, National Center for Education Statistics	Density social work and public administration professionals	Archibald (2008a, 2008b)

the 589 self-help organizations in our dataset which permits us to examine changes in organizational, socioeconomic, and political forces that are expected to influence organizational vital rates. And yet, despite its comprehensive coverage, organizational exclusion still occurs when these organizations are very small or too short-lived (e.g., those failing within a year). Other organizations may not be adequately represented or over-represented because of the visibility of their activities. As Minkoff (1995) notes, this is more a reflection of the "nature of national activities" rather than a specific bias on the part of the *Encyclopedia*. To obtain a longitudinal database of the information contained in the *Encyclopedia*, we coded each yearly entry, and combined these data with data drawn from *Index Medicus-Medline,* CIS, Sociological and Psychological Abstracts, the *New York Times Index, U.S. Department of Commerce – Bureau of Economic Analysis,* etc.

The latter sources of data contain yearly records on appearances of self-help members before congress (the *CIS* index), yearly records of references in journals, articles, books, and newspapers to the self-help organizations in this population (*Sociological and Psychological Abstracts*, the *New York Times Index*), and yearly records of socioeconomic and political changes at the national level (*U.S. Department of Commerce – Bureau of Economic Analysis,* U.S. Department of Labor – Office of Education, National Center for Education Statistics, and the *U.S. Census*). The *IRS Files* and *Self-Help Sourcebook* served as cross-references for checking the reliability of the *Encyclopedia of Associations* data. Neither was used independent of the *Encyclopedia*.

Types of Data

Typologies

In several places (e.g., Archibald, 2007a, 2007b) we include self-help typologies. The first typology is based on those categories described in Table 1. We also developed an additional typology based on Powell (1987) that collates some of the Table 1 categories into:

1. medical disability organizations for the sick, injured, physically handicapped or impaired, and their family and friends (e.g., Autism Network International, National Amputees Foundation, Alliance for Lung Cancer Advocacy, Support and Education);
2. behavioral organizations that help members change some problematic behavior (e.g., Alcoholics Anonymous, Rational Recovery, Debtors Anonymous, Nicotine Anonymous);
3. behavioral support organizations that provide support to those whose partners, relatives, or friends engage in some problematic behavior (e.g., Al-Anon, Alateen, Co-Dependents Anonymous);
4. special purpose psychological organizations that address a range of problems from grief, loss, and abuse to anxiety (e.g., The Compassionate Friends); and

5. general purpose psychological organizations that address stigmatized statuses (e.g., American Assembly of Men in Nursing, National Federation of Parents and Friends of Gays).

Founding and Disbanding Rates

The self-help organizational founding rate is a central outcome of interest in several studies. It is the rate of entry of new organizations into the self-help population during each observation period. Based on data provided by each self-help organization in the *Encyclopedia*, we created time series data with yearly updates on the number of self-help organizations formed that year. The year each self-help organization was founded is reported by each self-help organization to the *Encyclopedia*. It is also available in the IRS Exempt Organization Microrecord Files, which contain the date each self-help group was registered as a 501(c) (3) tax-exempt organization. By definition, all self-help membership organizations are 501(c) (3) organizations. Note that we defined our self-help organizations using the *Encyclopedia* and then checked against the IRS files. The IRS files themselves did not have enough information to permit using them directly to define our national organizations. There were no missing founding dates.

Organizational disbanding or failure is another central outcome of interest in a number of studies. So-called spell data were created for the disbanding analyses from each organizational entry in the *Encyclopedia* (Carroll & Hannan, 2000). Observations were based on organizational spells (i.e., an observation is constructed for each year the organization is in existence). The first observation, or spell, contains information corresponding to its founding year (or the first year of the study, 1955). The last observation corresponds to either the year the organization became defunct, or the final year of the study (i.e., 2000). Each self-help organization can have as many as 46 records or as few as one. While technically there are 46 years of data, in many of our papers we lag the independent variables by one year which reduces the number of analytic years to 45. In the disbanding analyses, there are 9,061 organization-years for the 589 self-help organizations comprising the population.

The *Encyclopedia* is updated yearly, with the exception of several of the early years. Following Minkoff (1995), we constructed a spell for the several missing years by imputing records based on data from either side of the interval (i.e., in an even gap, data came from both sides; in an odd gap we chose a side at random). This method of imputation was used with the disbanding analyses since founding dates were not missing for any organizations.

Organizational disbanding or failure is defined as exit of an organization from the self-help population. Organizations are defined as either active or defunct. Unfortunately, the date of exit is not recorded in the *Encyclopedia*. However, disbanding can be identified in two ways. The *Encyclopedia* lists organizations

as defunct, inactive, or address unknown. There are also organizations that appear in some early editions but not in later ones. We defined the date of dissolution as either the year the *Encyclopedia* lists the organization as defunct, or as the year in which the organization last appeared in the *Encyclopedia*. Naturally, this suggests that some organizations are right-censored. Our team spent a considerable amount of time trying to follow organizations over the entire lifespan. Therefore, every edition subsequent to an organization's founding was examined, even when the organization was listed as defunct. Moreover, right-censored and defunct organizations were also searched in the *Self-Help Sourcebook* as well as online, when feasible, or through contact information. As Minkoff notes, the staff at the *Encyclopedia* makes every effort to keep track of active organizations. This guarantees that most organizations are more likely to dissolve than disappear. In addition, organizations themselves have an incentive to update information and continue their listing in the *Encyclopedia*. In either case, both defunct and right-censored organizations are considered to have exited the population. Of the 589 self-help organizations active over the course of the 45-year period, 110 disbanded (18.7%).

Legitimation

In several of our studies we created legitimation measures for each individual self-help organization, as well as for the self-help form itself, based on criteria distinguishing normative and cognitive legitimation processes. Normative legitimation refers to medical, political, and academic legitimacy while cognitive legitimation refers to popular legitimacy (see Table 2). These measures are yearly counts of appearances and references in journals, articles, and books of each self-help organization in the population.

Legitimation based on normative criteria refers to state and professional recognition. For self-help organizations, access to agencies, grant monies, and favorable legislation is important for some organizations' survival, but more significantly, it creates the impression that public and political authorities recognize self-help as an important social institution. Representatives of self-help organizations have appeared before congress and other legislative bodies to give expert testimony on medical and social welfare policy debates since the formation of self-help organizations in the 1950s. To establish the impact of recognition by the state, we located and enumerated references to appearances and testimony in congressional hearings of each of the 589 self-help organizations extant at one time or another in the United States.

These counts are the number of appearances and testimony given by each self-help organization for each year. Locating these records entailed a line search by name of each self-help organization over the period of its existence. For some organizations such as Alateen (circa 1957), the task involved a 43-year search. For

other organizations, such as Depression After Delivery (circa 1985), the task involved a 17-year search.

Online information available through the Congressional Universe/ Congressional Information Services made the task much easier. The CIS subject index includes all regularly produced publications, including hearings, testimony, and reports of such political bodies as the House Interior and Insular Affairs Committee, Department of Labor, Department of Health and Human Services, and Department of Education.

Normative legitimation also covers professional recognition of self-help, largely in the medical literature. Most of the medical profession has been slow to divest itself of the prerogatives of its control over the domain of healthcare (Goldstein, 1992; Weitz, 2001). Nonetheless, the discussion of self-help has been fairly widespread in the medical literature. Legitimation generated by professional interest is based on enumeration of articles accessible through the National Library of Medicine's Index Medicus-Medline. This index contains articles in 4,300 periodicals ranging from the *New England Journal of Medicine* to the *Journal of Consulting Clinical Psychology*. This measure consists of the number of yearly references in the medical literature to each self-help organization in the population.

Academic and clinical professionals with an interest in self-help, and its impact on the lives of the people involved and public policy, include social workers, public administrators, psychologists, sociologists of social movements, medical sociologists, and numerous others. Scholarly recognition is gained through organizational research contained in journals in the *Sociological and Psychological Abstracts*. These databases provide access to 3,800 scholarly journals, including the *American Sociological Review, American Journal of Sociology, Psychological Bulletin, Psychological Assessment,* and *Journal of Community Psychology*. This measure consists of the number of yearly references in the academic literature to each self-help organization in the population.

Cognitive legitimation, or "taken-for-grantedness," is another measure we developed. This form of recognition takes place under the auspices of popular familiarity of self-help. Popular recognition and acceptance of individual organizations and of an organizational form, such as self-help, entails a good deal of public discussion and debate. Reputations rise and fall in the court of major media. Based on the assumption that the media reflects public opinion, measures of self-help's reputation can be gleaned through examination of it. Television is, of course, a good source of information. TV programming, ranging from *Oprah* and other talk shows to movies, provides ample representation of self-help. Media coverage of the entire 45-year period required access to a journal that retained records of its articles over that time period, while also providing electronic access to search for almost 600 names (multiplied by 45 years). The *New York Times* was well-suited to this purpose. To the extent that a newspaper such as the *New York Times* provides major stories and reports, self-help becomes

recognizable. Like the previous measures of legitimation, this measure consists of the number of yearly references in the *New York Times* to each self-help organization in the population. Because full text articles were not available for all years, we searched article subject headings only. This limited the likelihood of finding an organization, unless its title was included in the subject heading. However, this method of selection brings consistency to the data over time and eliminates potential bias that might have occurred by selecting organizations from subject headings in an early period, and from full text in a later period.

In addition to assessing the reputation of individual organizations, we assessed reputation of the self-help form itself. A search through these databases (with the exception of CIS) for "self-help support group" produced annual counts of references in journal articles and newspapers. This measure of self-help reputation signals changes in recognition of the organizational form itself during the observation period. It represents a population-level characteristic. Note however that this recognition/perception may not correspond exactly to our definition of self-help since it may include professional and/or psychotherapeutic groups putatively thought to provide self-help.[2] Still, it is the general perception we are after and not the actual identification of each self-help organization. We accomplish that with other measures.

Lastly, whether assessing recognition at the population-level or organization-level, the question of whether or not self-help received a favorable assessment arises. The theoretical issue is discussed at length in Archibald (2007a). Practically, examination of journal articles, newspaper accounts, and congressional reports showed that references tended to be neutral (e.g., reporting the outcome of a study) or positive (e.g., praise for an organization's skill in serving a marginalized population such as the mentally ill). For example, the headline, "Troubled Millions Heed Call of Self-Help Groups" in the *New York Times* 7/16/88, typifies articles in the popular press publicizing the availability of thousands of support groups across America in the 1980s and 1990s (Archibald, 2007a). In both instances, individual organizations usually referred to these opportunities for publicity in their own autobiographical histories. These histories typically referenced journal articles, newspaper accounts, and congressional testimony as a sign of the efficacy, importance, and legitimacy of the organization.

Competition

With respect to our measures of competition, a little background is necessary. Competition takes place within organizational niches. The niche for

[2] Thanks to an anonymous reviewer for this point.

an organization is comprised of all the resources that sustain the population of organizations in it. Organizational ecologists tend to analyze organizational niches based on the properties of organizations and their environments because competition between organizations is difficult to observe directly. The way that resources overlap is one way to measure competition. Competition depends on the extent to which niches overlap and resources are partitioned. Resource overlap increases competition, while resource-partitioning (using a special set of resources that no other organizations use) decreases competition. Specialist organizations, such as self-help, tend to adopt the strategy of resource partitioning to avoid direct competition (Carroll & Hannan, 2000).

For self-help organizations the areas where competition occurs is where resources overlap. These are areas based on services, social technologies, and membership (see Appendix A). For example, services that self-help offers (more than 300 in all) include but are not limited to transportation, nutritional programs, study groups, libraries, educational forums, legal and medical referrals, and donations to charities. Social technologies are organizational strategies for accomplishing self-help goals, the latter of which range from behavior modification and cognitive restructuring to legal advocacy. Social technologies include but are not limited to meetings and support groups, recreational events, and creation of support networks. Organizational membership is the last area of potential competition. It includes anyone who might be a potential member of a group. It is not limited to those who have health and behavioral problems (such as the mentally ill or disabled). Caretakers, families, medical professionals (in an advisory, not a leadership role), friends, spouses, and clergy may also be members.

In order to assess how competition takes place we created a measure of resource overlap. Borrowing from Ruef (1997), we constructed a coefficient of resource overlap that reflects competition along three dimensions—services, social technologies, and membership. The resource overlap coefficient measures pairwise bilateral competition among similar types of organizations. Competition is operationalized by differentiating organizations into area of specialization or function (e.g., marriage and family, infant mortality, cancer, or neurological problems), and then quantifying pairwise differences along the three main competitive dimensions of services (e.g., libraries, computer access), social technologies (e.g., meetings, support networks), and membership (e.g., individuals or family members). We adopt the strategy of differentiating organizations along area of specialization in order to control for differences in resource needs between different types of organizations.

For example, Project Overcome, founded in 1977, is an organization devoted to recovery from mental illness. It secured a niche among mental illness recovery organizations by offering more differentiated recovery services, such as

counseling, a speakers bureau, public education, workshops, advocacy services, consultations and evaluations, than other mental illness recovery organizations. It scored a .285 on the competition scale. This means that it had a smaller degree of overlap with other organizations (probably because it had quite a number of services). The Living Room, founded in 1959, also focused on recovering mental patients. It scored a .387 on the competition scale. This organization offers only counseling programs but no other unique services which means that it overlapped with many other organizations that also offered counseling programs. Since it did not offer any other unique services, it was in competition with a number of other organizations on this dimension, hence its score was higher (i.e., worse) than that of Project Overcome.

The key idea is that the lower the competition score the greater the differentiation between organizations and the less overlap with other organizations. With respect to organizational disbanding, we would predict that less overlap would lead to a lower likelihood of disbanding. From these two scores above, we would predict The Living Room would fail before Project Overcome (all else being equal). As this example illustrates, the expected effect of competition on self-help disbanding is straightforward: it is a process that increases the likelihood that resource-poor organizations will fail.

For disbanding rates, the way in which competition works is straightforward. It is a bit more complicated for founding rates. To see whether competition among self-help organizations impacted the rate at which new organizations were founded, we created a competition measure at the population level. We did so by creating a niche overlap score for each organization in each time period. Then, we calculated an average for each time period. The idea is that competition represents an aggregate measure of the total average amount of competition among individual organizations in the population in each time period. It represents the overall *pool* of resources available to organizations. A greater average index during each observation period represents greater overall resource overlap, which leads to a higher level of competition taking place, and greater depletion of resources. Environmental resources are depleted to the extent that similar organizations draw on these resources. The key idea is that when organizations acquire and extend the same service, such as nutritional programs, childcare services, transportation, and so forth, the *pool* of resources declines and competition increases. The mean level of competition depicts either an organizational population with access to abundant resources, when the average is low, or a population experiencing depletion of its resources, when the average is high.

As described in Archibald (2007a), ethnographic research in an urban environment in the Pacific Northwest, which took place in the early stages of this project, yielded insights on the depletion of self-help resources at the population level. A local church that rents rooms to several 12-step support groups suddenly

curtailed access for one of the groups because a local college was prepared to pay a higher rent. A year later, a similar event occurred at another local church. It turns out that this is a typical problem among support groups dependent on other organizations for meeting space. It also impacts on founding rates by limiting available resources.

Professional Affiliation and the State

The professions and the state promote organizational conformity that results in the institutionalization of practices likely to affect organizational founding and disbanding rates. We included variables representing the effects of professional and state entrepreneurs on founding and disbanding rates. Professional affiliation varies to the extent that a self-help organization maintains a relationship with the professional community. By definition, self-help organizations are not professional service organizations. However, some organizations maintain relationships through committees acting as liaisons with the professional community. For example, most 12-step organizations have professional affairs committees. Other organizations invite professionals to act as guest speakers, sponsors, or members of the organization in an advisory capacity. An indicator of professional involvement is the proportion of organizations with which professionals are affiliated. Using membership data from the *Encyclopedia*, we calculated the proportion of organizations in each time period with which professionals were affiliated. We used this macro-level variable to predict founding rates because we expected that professional affiliation would enhance self-help legitimacy and promote founding rates.

In addition, it was expected that an increase in the number of social work and public administration practitioners, those who are most likely to work with a self-help constituency, would positively influence the founding rate. These organizations represent opportunities for professional control of resources, which, in turn, provide authority and status for these occupational groups vis-à-vis other medical professionals. We measured the effect of professional sponsorship on the founding rate by examining increases in the proportion of degrees granted to social work and public administration professionals over time. Degrees are in the areas of social work, public administration, community organization, resources and services, public policy analysis, and other public affairs. Data were culled from the U.S. Department of Education, the Higher Education General Information Survey (HEGIS), and the Integrated Postsecondary Education Data System (IPEDS).

As detailed in the theoretical section of Archibald (2007a), the 1987 Surgeon General's Workshop on Self-Help delineates Everett Koop's public involvement in promoting self-help. As noted in that book, to the extent that the Office of the Surgeon General promotes self-help as a practical alternative to mainstream healthcare, there should be a marked expansion in the population. An indicator of

the effect of state activity on self-help founding rates was created as a dichotomy separating the period prior to Koop's workshop from the period after.

Economic Indicators

Several measures of economic well-being were also expected to influence self-help founding and disbanding. As discussed in Archibald (2007a), the level of economic well-being in the populace at large, with respect to disposable income, household transfer payments, and household medical expenses, may have either a positive or negative influence on self-help utilization; it was not clear from the literature what the relationship would be. Personal income as defined by the Bureau of Economic Analysis (BEA) includes wages and salaries, rental income, proprietors income, and other sources of financial support familiar to Americans who file taxes with the IRS. Transfer payments include old-age, survivors, disability, and health insurance benefits, family assistance, unemployment, and other forms of social insurance. Household medical expenses include medical care, hospitalizations, health insurance, pharmaceuticals and other out-of-pocket expenses. Personal income, transfer payments, and medical expenses represent average dollar amounts. The data were culled from the BEA National Income and Product Accounts Tables (NIPA).

Social Insurance

Social welfare benefits (i.e., social insurance, education, and public aid) are defined by the Social Security Bulletin (U.S. Department of Labor, 1999) as cash benefits, services, and administrative costs of public programs that directly benefit individuals and families. We analyzed the effects of federal and non-federal expenditures for health on self-help founding and disbanding. These expenditures consist of health services and supplies, such as hospital care, home healthcare, professional services, nursing home care, administrative costs, and expenses for investments such as research and construction. We calculated federal and non-federal (i.e., state and local) health expenditures as a proportion of the gross domestic product for each time period, over the course of the history of the self-help population. These data were culled from the Bureau of Economic Analysis: National Income and Product Accounts Tables (NIPA). Most of our studies included these measures as controls. In Table 2, we list several projects where these measures are featured (e.g., Archibald & Freeman (2008) and Archibald (2004)).

Representative Publications

Theoretical Frames

In this section we provide a sample of the research that has emerged from the dataset. In order to spare readers a rehashing of the central findings of all the

papers listed in Table 2, we limit our discussion to several important theoretical frames. As mentioned previously, motivating questions for much of this work originate in the organizations and social movement literatures.

For instance, although self-help has become an institutionalized part of both American and, to a lesser extent, world culture, it is not clear that there is a single path by which social movements end up becoming institutionalized (see e.g., Schneiberg & Soule, 2005). To address this issue, *The Evolution of Self-Help: How a Social Movement Became an Institution* (2007a), explores the central premise that sociopolitical and cultural legitimacy—professional, political, and popular acceptance of self-help—along with a unique set of resources, transformed the self-help movement in the United States from a disparate set of organizations into an American social institution. This study shows that sociopolitical and organizational forces are crucial for the rise of self-help because key institutional actors in medicine, academia, and politics foster legitimation of the *form* and help its organizations develop competitive advantage. What is most curious is that movements like self-help seek to undermine institutional arrangements and therefore are legitimated in a hard won fashion. A compelling question remains whether or not the emergence of self-help in national societies other than the United States follows the same route or if the trajectory of self-help differs under disparate socioeconomic and political circumstances. Moreover, it may be that trajectories have changed in the 21st century. Updating the data in the dataset and supplementing that data with current socioeconomic and political data from elsewhere would contribute immeasurably to our understanding of the dynamics of self-help worldwide.

One way of framing such a comparative study might reprise the analysis done in Archibald and Freeman's (2008) Professional and Political Alliances, Legitimating Authority and the Longevity of Health Movement Organizations in which the authors compare strategies for gaining professional and political allies and legitimation in order to enhance survival, and look at how these vary as the movement matures. Since self-help challenges professional and political authority in health and healthcare, it is likely that affiliation will result in goal displacement, member disillusionment, and organizational disbanding. We broadened the organizations social movement framework by showing that this is initially so but changes dramatically as the movement matures. The comparative question would be whether professional and political alliances vary under different institutional arrangements and if these conditions impact longevity.

Introducing an additional complexity, we asked whether self-help growth was a function of competition for external resources—in contrast to professional and political alliances, formalization, and legitimation. Archibald (2004) applies to self-help organizations an anomaly that arises in most mature commercial industries: How do specialist firms coexist in sectors dominated by a few large and powerful generalist enterprises? This is an important question to extend to membership organizations because if the dynamics of radically divergent sectors

are comparable, it is possible to test explanatory mechanisms underlying any number of features of a particular system. In this case, as it turns out, although the dynamics of self-help emergence and disbanding are comparable to commercial, bureaucratic and other social movement organizational populations, the processes of resource partitioning are considerably dissimilar. Again, a comparative issue arises when the question of institutional arrangements might mean that resource partitioning takes place in different ways across national societies depending on how markets in those places work. Patterns underlying the latter could be understood using a framework that delineates not only the nuances of nonprofit organizations from commercial and bureaucratic ones but the complexities of national political economies as well. In fact, this is the reason for analyzing so many different self-help models in different papers, and gives rise to the call for more extended and comparative analyses—there is a need to explain unique features of self-help while extending midrange theory about competition, strategic alliances, legitimation, and formalization.

In sum, these and other studies of self-help strengthen the link between social movement and organizational perspectives, innovate methodologically by applying organizational ecology and new institutionalism to health movement organizations, and answer fundamental questions about how professional and political alliances, formalization and legitimation, and competition for external resources shape healthcare organizations and social movements.

CONCLUSION

In the mid-1990s, we created a database of national self-help organizational data covering the years 1955 to 2000. The database was constructed to address the question of self-help longevity by establishing a set of measures that could be used by us and other researchers to monitor trends in the movement over time. In addition to the measures described in the preceding article, we have added measures of organizational formalization and centralization (among others) to the dataset which a current paper in progress analyzes.

As suggested by our discussion of comparative work in the previous section, our "invitation" in the title to this article is for researchers to make use of these data for their own scholarly purposes. To that end, we have explored the key sources of data used to construct the database and linked those data to measures used for their analysis. We then referenced articles that elaborated those measures. Our aim in those articles was to describe how self-help evolved from a handful of groups to an institutionalized way of providing alternative healthcare delivery. We therefore invite scholars to extend our work in this area by applying their own perspectives to these data. In order to access this dataset,

please write to the first author of this article. It will be made available with all relevant documentation.

The primary source of data in the Self-Help Dataset 1955-2000 was the *Encyclopedia of Associations*. We derived all of our organizational measures, including the two dependent variables, from this source. It also contains data that are used to measure competition. Other sources of measures came from data included in the *Index Medicus-Medline, Congressional Information Service, Sociological and Psychological Abstracts*, the *New York Times Index, U.S. Department of Commerce – Bureau of Economic Analysis, U.S. Department of Labor – Office of Education, National Center for Education Statistics*, and the *U.S. Census*. Most of these databases were sources of medical, academic, political, and popular legitimacy. Additional socioeconomic and political data were created from the remaining databases provided by the federal government (e.g., the BEA).

The underlying research strategy in these papers was to look at how the social, political, economic, and cultural environment of self-help (i.e., the social ecology of self-help) shaped the dynamics of the phenomenon. In our studies, we used data from the sources listed above to address a central question: What accounts for the growth and decline in self-help founding and disbanding rates? Consistent with propositions discussed in a number of places, it was expected and demonstrated that self-help founding rates are a function of ecological and socioeconomic and political variables. Likewise, it was expected and shown that the likelihood of organizational disbanding is a function of organizational, ecological, and selected socioeconomic and political variables. Additional studies explored the circumstances surrounding the legitimation of self-help over the course of almost half a century and the impact of professional affiliation on disbanding.

At this point historically, self-help has become a social institution of considerable reputation that serves to provide healthcare delivery of a certain type to a large number of people in a wide range of formal and informal settings. The challenge for the next generation of researchers is to use what we now know about the evolution of self-help to answer new questions that have emerged in the intervening decade. As mentioned in the previous section, questions might take the form of cross national comparisons. For example, does the emergence of self-help in other national societies follow the same or different course as in the United States? Is there some particular feature of world culture that makes the trajectory of self-help similar or different under disparate socioeconomic and political circumstances? Similarly, how might institutional arrangements of various world polities shape resource partitioning? We imagine that the possibilities for continued scholarly work are virtually limitless and we hope that scholars will take up this challenge by further cultivating the potential of the Self-Help Dataset 1955-2000.

APPENDIX A:
Competitive Overlap in Areas of Services, Social Technologies, and Membership

Area	Examples
Services (partial listing of over 300 sources)	Transportation, study groups, nutritional programs, mother mentoring, special events/social events, educational, training/ employment skills, networking opportunities, referral services, research programs, educational networks, children's services, social gatherings, training sessions, research, local and regional forums
Social technologies	Meetings, support and discussion groups, psychological and peer counseling, visitation programs, speakers bureau, social, recreational, and special events, advocacy, information, education, consultation, public information, general support networks, seminars, workshops, conferences, forums, general outreach, clearinghouse, referral programs, training, statistics, charity fundraisers
Membership	Persons with problem, caretakers, medical professionals, survivors, parents, siblings, family members, relatives, students, concerned individuals, spouses, ex-spouses, libraries, educators, staff, social workers, counselors, guidance workers, personnel, law enforcement, legal professionals, friends, researchers, co-dependents, human service professionals, clergy, hospitals, partners, volunteer groups.

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Direct reprint requests to:

Matthew E. Archibald, Ph.D.
Department of Sociology
Colby College
Waterville, ME 04901
e-mail: marchiba@colby.edu