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

### Points of departure

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

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

Cambridge University Press

978-0-521-17637-8 - Circles of Recovery: Self-Help Organizations for Addictions

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

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

### **Goals of this book**

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

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

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

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

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

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

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

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

Cambridge University Press

978-0-521-17637-8 - Circles of Recovery: Self-Help Organizations for Addictions

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

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

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

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

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

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

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

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

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

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

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

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

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

*In-group professional bias*

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

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

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

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

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

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

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

**The scope of this book**

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

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

***Range of societies examined***

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

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

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

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

***Benefits and challenges of an international scope***

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

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

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

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

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

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

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