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Political Ideology, Helping Mechanisms and Empowerment of Mental Health Self-Help/Mutual Aid Groups

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ABSTRACT

Self-help/mutual aid groups share common attributes such as they are peer-led, address a common problem or condition, have a voluntary character and little or no connection with professionals. However, these groups may vary according to their political ideology and focus on personal or/and societal change. This study examines the role of political ideology of self-help/mutual aid groups and differences in psychosocial characteristics of group members.

Fourteen mental health self-help/mutual aid groups in England were studied. On the basis of stated aims and principles and following semi-structured interviews with group leaders (/facilitators/chairpersons), these were classified according to Emerick's typology as conservative (8 groups), combined (3 groups), and radical (3 groups). Group members (N=67) completed questionnaires to assess personal empowerment, mental wellbeing, social networks and support, group identification and helping processes in the groups.

Findings suggested that all self-help group members experienced a large number of naturally occurring helping process and felt empowered whilst they shared limited social networks and support and marginal mental wellbeing. Different ideological types of self-help groups may be related to specific helping processes and particular aspects of personal empowerment. Specifically, members of conservative and combined groups reported more expressive group processes like sharing of feelings and self-disclosure, while radical group members reported more optimism/control over their lives. Furthermore, group identification was associated with specific helping processes and aspects of personal empowerment in the three group categories.

INTRODUCTION

During the last two decades there has been a remarkable expansion in the activities of groups devoted to self-help and mutual aid, mainly in Western countries (Katz and Bender, 1990; Riessman and Carroll, 1995; Kurtz, 1997). This development has important political implications as it challenges conventional post-war welfarism as well as older traditions of charity and voluntarism (Adams, 1990). The popularity and rapid growth of such groups in the mental health field has been attributed to a variety of socio-political and organisational reasons, namely de-institutionalisation and the shift to community care, the increasing dissatisfaction of users and carers with services, the growing consumer movement and an emphasis to self-empowerment, along with the breakdown of family and community networks (Wann, 1995; Kurtz, 1997). The power of the phenomenon is also evident in the multifarious nature of groups' focal concerns and functions. Presently, there are self-help/mutual aid groups for an overwhelming range of social and health issues, covering "*a complete life-cycle*" (Orford, 1992).

Self-help/mutual aid[1] groups share common attributes, such as, they are formed and controlled by peers with a common problem or condition, they have voluntary character and, at least in North America, have little or no connection with professionals (Katz and Bender, 1976; Kurtz, 1997). Alcoholics Anonymous (AA), founded in 1935, is probably the oldest and largest mutual-help fellowship in the world. Over 1,500,000 members are reported in the United States and Canada alone and over 500,000 in other parts of the world (Kurtz, 1997). It has been the prototype for other organisations that deal with different problems or conditions but follow AA's model.

[1] The terms 'self help' and 'mutual aid' are often used interchangeably in the literature and therefore in the present paper. Although 'self help' is the term mostly used by the vast majority of people, 'mutual aid' is also appropriate because it delineates the most salient aspect of these groups and organisations. For the sake of economy, these groups will be referred as "self-help/mutual aid" ones. (For a detailed discussion see Humphreys and Rappaport, 1994)

However, self-help/mutual aid groups present many differences in relation to their focus problem/condition, their structural and organisational characteristics, and their affiliations with other organisations. There is an ongoing debate about the nature and role of these groups, especially in the mental health area, in particular whether they are another form of "treatment" or part of a "new social movement" (Chesler, 1991; Katz, 1981; Riessman and Bay, 1992).

From a merely sociological perspective, Emerick (1991, 1995) differentiated self-help/mutual aid groups according to their political ideology. He was especially interested in the mental health self-help movement and analysed a national sample of ex-mental patient self-help groups according to their *"group affiliation"*, *"professional evaluation"*, as well as their level of *"organisational interaction"* and *"institutional interaction"*. "Group affiliation" refers both to group's self-help and other public affiliation; "professional evaluation" is a composite dimension based on a group's evaluation of traditional psychiatry, either supportive or hostile. "Organisational interaction" concerns interaction with other self-help groups or organisations, and "institutional interaction" refers to contact with mental health professionals. These structural and dynamic variables specify the ideological type of a self-help group and, according to this typology, he classified mental health self-help groups as:

- *Social movement (radical) groups*, which aim mainly to reform the traditional mental health system and which are often anti-psychiatry;
- *Individual therapy (conservative) groups*, which focus on personal change and usually are pro-psychiatry; and
- *Combined groups*, that is groups which aim for both social and personal change.

Looking from a similar angle, Kurtz suggested categorising self-help groups according to the degree and type of change desired by their members (Kurtz, 1997). Following this typology, there are two broad categories of self-help groups:

- *Personal-change groups*, which are primarily interested in their members' individual change; and

- *No personal-change groups*, which are mainly educational and supportive, without using behaviour-change ideologies, or/and pursue advocacy objectives.

Both Emerick and Kurtz, in their efforts to conceptualise a typology, consider the socio-political potential of self-help/mutual aid groups, implicitly or explicitly positioning them in the context of a social movement. Members are seen as people who make conscious choices towards their active involvement in altering their lives as well as their peers' lives. So, in the light of these typologies, the main concern of a categorisation would be the direction of this change. Although the above typologies offer an interesting and meaningful approach to categorising these groups, there is no empirical work about them and their relationship to other aspects of self-help/mutual aid groups.

The main body of research in the area is merely concerned with group helping mechanisms and individual benefits from group participation. Among the most frequently mentioned outcomes are: increased social support and networks, empathy, sense of belonging, personal empowerment, information and education, and new coping strategies (Kurtz and Chambon, 1987; Kurtz, 1990, 1997; Levy, 1976; Maton, 1988; Rappaport et al, 1985). According to anecdotal findings, self-help groups present unique features such as naturally occurring helping group processes. To their members, these groups are a safe place where people find support and understanding. Members acknowledge and exchange experiential knowledge towards successful coping with their common problems, and empowerment is an important outcome of participation in such groups. Although promising, these findings about processes and outcomes of self-help groups are not specific to the different types of self-help/mutual aid groups, thus presenting only a part of the phenomenon. Moreover, this body of literature is mainly North American; mental health self-help groups have not been studied systematically in Europe or other parts of the world. Additionally, researchers have focused their studies mainly on AA-like organisations and groups, primarily because they have large memberships and are well organised. Nonetheless, in recent years, there are a growing number of self-help/mutual aid

groups and organisations, which differ considerably from the AA prototype (Lieberman and Snowden, 1994).

In order to explore possible variations of these groups, it is important to depart from the narrow psychotherapeutic perspective and recognise the socio-political potential of self help and mutual aid to assist mental health service users regaining control over their lives and actively coping with their problems. To date, little effort has been made to explore more systematically fundamental factors of the self-help phenomenon such their socio-political attitudes, specific help-giving activities occurring during meetings and components of personal empowerment.

In the light of these observations and limitations of existing research, the aim of this study was to explore the relationship between the political ideology of self-help/mutual aid groups and specific psychosocial characteristics of their members. These characteristics were studied at two levels: the *individual level*, looking at mental wellbeing, personal empowerment, social networks and perceived support of group members, and the *group level*, examining group identification and helping processes occurring during meetings. The main research question of the study was whether self-help/mutual aid groups differ according to their ideology and focus of change in terms of empowerment and helping group processes. As indicated from previous literature on people with long-term mental health difficulties and on group dynamics (Brown, 1988; Goldberg and Huxley, 1980; Yalom, 1995), it was expected that all self-help group members would share similar psychosocial characteristics like poor social networks, support and mental wellbeing as well as group mechanisms like high group identification.

METHOD

Participants. The criterion for selecting the sample was to include self-help/mutual aid groups with a common focus on mental health issues and a variety of structural, organisational and ideological characteristics. Due to lack of central information, various sources were used to

locate self-help/mutual aid groups in the London and South East England. These included directories of voluntary mental health organisations and groups, yellow pages, and key informant interviews. Identified groups (n=40) were sent information about the purpose and aims of the study, and were invited to contact the researcher. Groups that responded to the initial call were approached by the researcher for permission to attend a group meeting and present the project details to their members. In total, fourteen groups agreed to participate in the study following this exchange of information.

After the first visit, the researcher attended three or four additional meetings of each group in order to collect qualitative data about their ideological profile through participant observation, written information produced by the groups themselves and semi-structured interviews with group leaders/facilitators/chairpersons. The interviews explored the following: i*nformation about the group* (longevity, history, meetings, practical responsibilities and membership), i*deology of the group* (aims, principles and affiliations according to Emerick's typology), s*tructure/operation of the group* (functioning and funding), and *leadership* (type of leadership and leaders'/facilitators'/chairpersons' attitudes).

These qualitative data provided the basis for the classification of groups into three types, conservative (n=8), combined (n=3) and radical (n=3) ones. Groups that had as a sole stated aim the personal change of their members were classified as 'conservative', whereas groups that stated as their aim to change/improve the mental health system were classified as 'radical'. Groups that aimed at both personal and social change were characterised as 'combined'. As for relationships with professionals, classification was not so straightforward. Not all 'radical' groups were against "traditional psychiatry"; instead in some cases they had close co-operation. However, they all had as a purpose to strengthen service users' voice and were highly involved in improving existing mental health services. On the other hand, not all 'conservative' groups were in favour of "traditional" mental health professionals but their main concern was personal

and not social change. Consequently, characterisation of groups according to the political ideology is mainly based on their direction of change and the nature of their activities.

Instruments. In order to obtain data about the psychosocial characteristics of group members, questionnaires were administered during a group meeting. Group member participants were asked to return questionnaires by post. From a total of 114 distributed questionnaires there were 67 returns (59%).

The instruments used were self-completion questionnaires, some of them developed by mental health service users or by researchers after direct experience with self-help groups. At the individual level, the following were included:

Demographic information about individual characteristics of group members: This section included questions about gender, age, educational level, marital and occupational status, as well as past and present contact with mental health services.

Psychosocial characteristics: Social Networks were measured with the Social Network Scale (Lubben, 1988), providing information on the level of connection and interaction with relatives and friends (total score range = 0-45). The Social Support Questionnaire for Transactions (Suurmeijer et al., 1995) was used to assess actual supportive interactions or exchanges of resources within five basic types of social support: daily practical support, problem-oriented practical support, daily emotional support, problem-oriented emotional support, and social companionship (total score range = 23-92). Psychosocial well-being of respondents was assessed with the 12-item version of the General Health Questionnaire (Goldberg and Hillier, 1979) (score range = 0-12; threshold: 2/3). Personal Empowerment was assessed with the Empowerment Scale (Sciarappa et al., 1994), an American 28-item consumer-constructed questionnaire that measures the personal construct of empowerment as defined by users of mental health services. It consists of six dimensions: self-esteem, feelings of actual power, optimism/control over future, righteous anger, and group/community action (average score range = 1-4).

At the group level, the questionnaires included were the following:

Participation of group members: This section included questions about attendance of group members, length of membership, reasons for joining, expectations and satisfaction with group.

Group behaviour: The level of member identification with their group was assessed with the Group Identification Scale (Brown et al., 1986), a 10-item inventory looking at group identification with statements both of affirmation and denial (total score range = 10-50). In order to assess help-giving activities during group meetings, the Helping Processes Questionnaire (Wollert et al., 1982, Wollert, 1986) was administered to participants. This scale consists of 28 items rated on a scale of 1 (never happens in a meeting) to 5 (frequently happens in a meeting). It has been specially designed to study self-help group processes, drawn either from studies of various psychotherapy techniques or developed from the constructors' observations of self-help group meetings (total score range = 28-140). Each one of the 28 items represents a different group process occurring in a self-help/mutual aid group meeting. Items refer to a range of help-giving activities such as behavioural-oriented, insight-oriented, supportive, expressive, confrontational, and group cohesiveness (Table 1).

INSERT TABLE 1 HERE

RESULTS

Demographics

The sample consisted of 14 mental health self-help/mutual aid groups from London and South East England. Data was provided by 67 members of these groups (59% of members who were given questionnaires). Overall, the majority of the participants were women (n=42, 63%), young or middle-aged adults (30-57 years old, n=45, 67%), educated (n=61, 87%), single (n=31, 46%), unemployed (n=44, 66%), and had long-term experience with the mental health services (3-50 years, n=58, 84%).

Radical group members differed from members of the other two groups, having equal numbers of women (n=6, 50%) and men (n=6, 50%), and the vast majority being moderately educated (secondary/vocational, n=7, 58%) and unemployed (n=11, 92%). On the other hand, conservative and combined groups had a majority of women (n=21, 66% and n=15, 65% respectively), a large number of their members had higher or professional education (n=17, 53%, and n=18, 82% respectively), and most of them were employed (n=15, 47% and n=7, 30% respectively).

There was a distinct difference in the use of mental health services by self-help group members in the past and at the time of study. All members reported that they had made less use of formal mental health services since joining the group (χ^2 (1, 16) = 25.06, $p<.05$). This was especially so for conservative group members, who used to have contact with one or two mental health professionals (n=18, 56%) or more (n=14, 44%) and, in the time of the study, had no contact (n=14, 44%) or with only one mental health professional (n=10, 31%). Also, comparing the three types of groups, there were a higher percentage of radical group members (n=5, 71%) who had been sectioned under the Mental Health Act, whereas almost all conservative group members (n=14, 87.5%) who were admitted for psychiatric treatment did so with their own free will.

Generally, participants reported low scores on the social networks scale (mean score = 23.41), and the social support scale (mean score = 50.79). The level of their psychological wellbeing was just above the threshold (2/3), that is, marginally well (mean score = 3.27). There were no significant differences at these individual characteristics among the three ideological types of groups.

Helping processes and Group Ideology

Group members reported a large number of helping processes occurring during group meetings (mean score = 90.51, st.dev. = 15.15). Similar overall mean scores were found in the three group categories, indicating that all group members reported equally high numbers of helping processes.

Looking in more detail at the 28 helping group processes examined, all participants reported that the most frequently occurring help-giving activities (mean score ≤ 4) during group meetings were: *sharing*, *empathy*, *mutual affirmation*, and *behavioural prescription* (Table 2). These four processes are characteristic of the self-help ideology and are consistent with evidence from previous research (Kurtz, 1997). Despite these similarities, there were also some statistically significant differences between groups that were consistent with their ideological type and the propositions of this study. Specifically, conservative groups reported more self-disclosure ($F(2,66) = 2.67$, $p<.05$) than the radical ones. Also, both conservative and combined groups reported more sharing ($F(2,66) = 8.29$, $p<.01$) and catharsis ($F(2,66) = 4.25$, $p<.02$) than the radical ones. On the other hand, radical groups reported more establishment of group goals ($F(2,66) = 5.56$, $p<.01$) than the other two groups.

Among the less frequently reported helping processes were *punishment, assertion of group norms*, and *behavioural rehearsal*. This finding is consistent with the general orientation of self-help groups toward safety and simplicity, in stark contrast with professionally led psychotherapeutic groups where the control lies with the trained professional therapist - group leader who manipulates members' reactions to achieve their emotional resolution. In some group types, avoidance of threatening activities was especially important like in the case of conservative groups that reported punishment more rarely than the radical ones ($F(2,66) = 4.06$, $p<.05$). On the other hand, a normative process like assertion of group norms, although not

highly scored, was reported more frequently by radical groups than both the other two groups ($F(2,66) = 2.87$, $p<.05$).

INSERT TABLE 2 HERE

In addition, group identification was positively correlated with the occurrence of specific helping processes at group meetings, which is consistent with the self-help ethos of these groups. In the total sample, group identification was positively correlated with supportive processes ($r = .33$, $p<.01$), suggesting that members become more identified with their group when they get more support from it. Looking at group types, group identification was positively related with supportive helping processes in combined ($r = .49$, $p<.05$) and conservative ($r=.36$, $p<.05$) groups. In conservative groups, identification was also negatively associated with confrontation ($r = -.39$, $p<.03$). Finally, in radical groups there was a positive association of identification with establishment of group goals ($r = .71$, $.p<.01$).

Empowerment and Group Ideology

Overall, the mean score of personal empowerment was 2.80 (mean score range: 2.19 to 3.54), which means that participants scored well above the middle range of the scale. One aspect of empowerment emerged as being the strongest, *community activism*, where participants had the highest mean score 3.19 (range 2.50 to 4.00). There were no differences between groups in overall personal empowerment, indicating that all group members felt quite empowered. However, there were statistically significant differences in aspects of empowerment, which may signify different influences of the group ideology (Table 2). Radical group members reported more optimism/control over future than conservative ones ($F(2, 66) = 3.43$, $p<.05$), suggesting that these members were feeling to be more in control of their lives through their community activism, while combined group members reported more feelings of actual power than

conservative ones (F(2, 66) = 3.00, p<.05), indicating that members of this group type were perceiving themselves to have more 'real power' through their social change activities.

INSERT TABLE 3 HERE

Another interesting finding was the association of personal empowerment with members' group identification. In the total sample, empowerment was positively related to group identification (r = .34, p<.005), indicating that members who feel closer to their group are more empowered. There were also certain aspects of empowerment associated with the level of identification, namely community activism (r = .32, p<.009), power (r = .28, p<.03) and optimism (r = .25, p<.04). Looking at this relationship across different self-help group categories, it was found that overall empowerment (r=.43, p<.04) and optimism (r = .47. p<.02) were correlated with group identification in combined groups. Also, righteous anger (r=.43, p<.01) was associated with identification in conservative groups, whilst there was a very strong positive association of actual power, another element of empowerment, with group identification in radical groups (r=.83, p<.001).

DISCUSSION

In this study, mental health self-help/mutual aid groups were distinguished in terms of their orientation towards personal or/and social change, their affiliations to other organisations and their attitudes to professionals. However, the English self-help scene appears to be different from the North American one, as described in Emerick's (1996) account of mental health self-help groups, and some unique features can be observed. For example, 'radical' groups were not necessarily against the traditional mental health system in the sense that they wanted to abolish the existing services altogether and replace them with user-led alternative ones, as often happens with the American radical groups (Chamberlin, 1988, 1990). The welfare state in England is still the main provider in the mental health area. As a result, users depend heavily on

the system and users' groups (user forums) are frequently initiated within the mental health services in an effort to involve users in service design and improvement. These groups evolve, can become quite independent and act as consultants for changes in the system (Williams and Lindley, 1996). So, their social-change character does not denote that they are necessarily dismissive of the existing services. Similarly despite of 'conservative' groups' focus on personal change, a lot of their members were quite critical of the traditional mental health system and professionals but did not wish to take action for change of the system.

These differences can be ascribed to wider antitheses in concepts of social welfare, voluntary citizen participation and social responsibility. According to de Cocq's (1990) analysis of differences between Western European and North American self-help movements, the concept of social welfare as a guarantee of wellbeing for all citizens is much more firmly established in Western European societies, leading to greater sense of social responsibility and development of comprehensive services which aim to support the potential of people. In contrast, the state in North America has been seen as essentially antithetical or at best neutral in the individual's efforts to achieve the "good life", where social services intervene only when there has been a clear breakdown of social functioning according to preconceived norms. Following these views, in North America activities in the private or nongovernmental sector are seen as rival to state welfare and voluntary citizen participation is viewed as a necessity for preserving a particular way of life or making a political statement. In Western Europe, this relationship is seen as cooperative and complimentary and voluntary action is valued by the state. As a consequence, self-help groups in North America have to fight for changing social values and public attitudes whereas groups in Western Europe operate within a social consensus on welfare values and public wellbeing.

The proportional representation of the three ideological group types in the sample of this study was consistent with the picture presented by Levy (1982) in his survey of English mutual

support groups, the only available survey about self-help groups in England up to date. So, there were more self-help/mutual aid organisations and groups oriented towards individual than social change. It should be noted that the typology adopted in this study is by no means an arbitrary way of studying members' characteristics, group processes and outcomes. The indication of groups' political stance and change orientation is useful in the analysis of their members' psychosocial characteristics and puts in perspective their differences and similarities. Indeed, this categorisation presents 'ideal' group types. In real life though, groups may have some but not all the characteristics found in the ideal type. It remains nonetheless a meaningful way to evaluate fundamental differences of self-help/mutual aid groups and organisations, demonstrating that every group can be in its own way a natural helping resource for people who have to cope with mental health problems.

Irrespective of the focal problem/condition/issue of the self-help/mutual aid group, respondents of the study consistently reported long-term experience with mental health professionals and psychiatric hospitalisations, including compulsory detention. Also, they reported fewer contacts with mental health professionals during the time of the study than in the past. This interesting change, although undoubtedly influenced by the reforms that took place in the mental health area during recent years, is also in agreement with findings from previous studies about reduced use of professional services by self-help group members (Kurtz, 1990). Whether participation in the groups was indeed a major factor, which contributed to this shift or not is a matter for systematic research.

As indicated from previous research, members had poor social networks, low levels of perceived social support, and marginal psychological wellbeing. Despite the scarcity of social buttresses, a recurrent characteristic of people experiencing long-term mental health problems, group members reported high personal empowerment, namely *community activism*, and a large number of helping group processes, specifically certain types like *supportive*, *expressive* and

insight-oriented processes. These findings were also complemented by qualitative information about members' expectations from their group and reported benefits from participation. The majority of members joined their group because they had mental health problems and wanted to "*meet others with the same experience*" and to "*help themselves and others*". More than half of the participants (n=40, 60%) stated that their group offered them *support*, *insight to their problems* and *empathy*.

Although the small number of participants and the merely exploratory character of the study made difficult to draw categorical conclusions about the findings through sophisticated statistical analysis or detailed comparisons with pre-existing research, this research provides original and unique data for the study of mutual aid activities. Self-help group mechanisms are still widely unexplored, it is therefore academically valuable to consider the trends observed in this study and discuss possible implications of such findings.

The proposition of the study regarding the relationship between political ideology and psychosocial characteristics of group members was tentatively supported by findings, as elements of the groups' political ideology were evident in a variety of their aspects. To begin with, 'radical' groups had a different demographic profile from the other two group types. Their members appeared to have a lower social-economic status and had been subjected to the experience of involuntary hospitalisation, in contrast with 'conservative' group members who were all admitted for psychiatric treatment with their own will. This difference of experiences with mental health services is a plausible reason for radical group members' interest in changing/reforming the existing system. On the other hand, almost half of 'conservative' group members, in spite of their past heavy use of services, were not seeing any mental health professionals at the time of the study, whereas members of the other group types reported that they were still seeing one or two professionals. The focus of 'conservative' groups on individual change could be a probable explanation of such a considerable variance. Indeed,

conservative group members are mainly preoccupied with their personal change through mutual support and exchange of information and coping strategies. It is thus expected that their efforts would be mostly evident in the frequency of their use of professional help and that this would be more apparent in this type of groups than in the other two types. Namely, the support and help they receive in their group could result in a decrease of the need for professional intervention. This does not necessarily suggest that this group type is more 'suitable' to act as a replacement of the services. However, as they focus on personal change, they may be particularly helpful in individual coping with mental health problems thus having a complementary role to the existing statutory welfare.

In terms of empowerment, there were some trends indicating that different aspects of empowerment may be related to particular ideological group types. So, radical groups had higher mean scores in optimism/control over future than conservative groups. Another factor of empowerment, feelings of actual power, was reported more frequently by members of combined groups, involved in both individual and social change, than their conservative counterparts. For the evaluation of these trends between the ideological group types, it is useful to reflect upon the meaning of empowerment, as examined in the study. The construction of the specific scale was based on a working definition of empowerment (Chamberlin, 1997) according to which, empowerment is a process with distinctive qualities and entails assertion of basic human rights such as decision-making power and freedom of choice, along with active behaviour like critical thinking, control over one's life and effecting personal and community change. Thus, the empowering process connotes pro-active attitudes. A consequence of such a definition is that people involved in socially oriented activities, like radical and combined group members, would differ from other self-help group members. Results of the study suggest that social action may lead to increased sense of power in combined groups and to increased optimism and control over one's life in radical groups.

The other area where it was expected to observe differences between the three ideological categories of self-help/mutual aid groups was the nature of helping processes occurring during meetings. Indeed, a detailed examination of specific processes assessed in the study was enlightening in relation to these differences. Thus, conservative and combined group participants described a therapeutic-oriented atmosphere where processes like sharing of feelings, self-disclosure, and catharsis were emphasised whilst confrontational processes like punishment were avoided. On the other hand, radical group members re-affirmed their group's socially active character by reporting more group goal setting than the other two ideological types. These findings about helping processes denote possible mechanisms through which group types promote and achieve change. Where personal change is the primary focus, expression and sharing of experiential knowledge serves as a vehicle for learning and subsequent behavioural change, in accordance with the explanations offered by the social learning theory (Borkman, 1976; Bandura, 1982). Expressive processes, frequently reported by conservative and combined group members, can lead to mechanisms like cognitive restructuring and vicarious learning which are considered very important by social learning theorists for altering coping behaviour. On the other hand, the emphasis of radical group members in the setting of group goals may indicate the significance of the group for the re-formation of their social identity. Belonging to this group and working towards the success of common goals may give radical group members a 'new' identity, which they can be proud of. This 'new' positive social identity leads to personal empowerment and self-confidence (Brown, 1988).

The associations observed between group identification and the other two important variables of the study, empowerment and helping processes are important indications of possible influences shaping the identity of a self-help group member. Social identity theory (Tajfel and Turner, 1979), which was the theoretical basis for examining group identification in this study, may offer some possible interpretations for this differentiation between the groups. For

example, in the case of the personal-change oriented (conservative) groups, expression of anger about injustices that happen in their lives is the empowerment element associated with the identification process, suggesting that, although oriented towards individual change, members of these groups nonetheless face the same social stigma and prejudice as all people with mental health problems. Being with their peers who have similar experiences helps them to release these feelings of oppression and enables the formation of a new social identity as a conservative self-help group member. Similarly, the association of identification with perceptions of actual power in radical groups signifies that their community activities, leading to changes in the immediate or wider social environments (e.g. specific improvements in the delivery of local mental health services or successful completion of an undertaken project), contributes to an enhanced sense of actual power, consolidating people's social identity as members of a radical mutual aid group.

Positive relationships of group identification with supportive processes in combined and conservative groups are in line with previous findings that members seek mainly support from individual-change groups (Lieberman, 1990; Wollert et al, 1982). Also, the negative correlation between identification and confrontational processes in conservative groups agrees with previous observations that confrontation is avoided in personal change groups; instead they favour a safe and non-judgemental atmosphere. Furthermore, the association of identification with establishment of group goals in radical groups suggests that organisational issues are more important for this group type and influence the level of closeness with the group.

As a final note, it is interesting to point out the intriguing case of 'combined' groups as there were suggestive findings for both their individual and social change character. For example, these groups presented similarly high scores with the conservative ones in helping processes, especially in the more "therapeutic" ones (such as catharsis, personal goal setting, explanation, and self-disclosure). On the other hand, they also reported higher scores of actual power than

the conservative groups. The combination of these two elements of change is quite promising and needs further exploration in order to determine the complex ways in which these group members are influenced by this duality of change.

Mutual aid networks form a fundamental part of a community's social capital and present an essential way for individuals to cope with pressing needs and social exclusion. These "*pockets of alternative, collective power*" (Orford, 1992:235) provide collectively one of the primary resources for the prevention and management of psychological distress. In this time of crisis and re-appraisal of post-war welfarism, it is crucial that human service providers know of the existence of self-help groups and their relevance to their work, have an understanding of their mechanisms, and value their contribution. Self-help groups can be essential in helping to break down barriers, facilitate dialogue and educate professionals and the wider community about reciprocal help and citizen self-activation.

On the whole, all self-help/mutual aid group members reported high levels of community activism and supportive helping processes. Also, findings from the study indicated that mental health self-help groups differed according to their ideological type in specific helping processes occurring during group meetings and aspects of personal empowerment. This study produced promising propositions about the role of groups' political ideology in the manifestation of particular beneficial outcomes for their members. Future research should focus on testing these tendencies more rigorously, looking at longitudinal effects as well as plausible causal explanations of those relationships.

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REFERENCES

Adams R. 1990. *Self-help, Social Work and Empowerment*. Basingstoke: Macmillan.

Bandura A. 1982. Self-efficacy mechanism in human agency. *American Psychologist* **37**(2): 122-147.

Borkman T. 1976. Experiential knowledge: a new concept for the analysis of self-help groups. *Social Service Review* **50**(3): 445-456.

Brown R, Condor S, Mathews A, Wade G, Williams J. 1986. Explaining intergroup differentiation in an industrial organization. *Journal of Occupational Psychology* **59**: 273-286.

Brown R. 1988. *Group Processes: Dynamics within and between groups.* Oxford: Blackwell.

Chamberlin J. 1988. *On our own: patient-controlled alternatives to the mental health system.* London: MIND Publications.

Chamberlin J. 1990. The ex-patients' movement: where we've been and where we're going. *The Journal of Mind and Behavior* **11**(3-4): 323-336.

Chamberlin J. 1997. A working definition of empowerment. *Psychiatric Rehabilitation Journal*, **20**(4): 43-46.

Chesler MA. 1991. Mobilizing consumer activism in health care: the role of self-help groups. *Research in Social Movements, Conflicts and Change* **13**: 275-305.

de Cocq G. 1990. European and North American Self-Help Movements: Some Contrasts. In *Helping One Another: Self-Help Groups in a Changing World*, Katz AH, Bender EI (eds), Oakland, California: Third Party Publishing Company.

Emerick RE. 1991. The politics of psychiatric self-help: political factions, interactional support, and group longevity in a social movement. *Social Science and Medicine* **32**(10): 1121-1128.

Emerick RE. 1995. Clients as claim makers in the self-help movement: individual and social change ideologies in former mental patient self-help newsletters. *Psychosocial Rehabilitation Journal* **18**: 17-36.

Emerick RE. (1996). Mad liberation: The sociology of knowledge and the ultimate civil rights movement. *Journal of Mind and Behavior* **17**(2): 135-160.

Goldberg DP, Hillier VF. 1979. A scaled version of the General Health Questionnaire. *Psychological Medicine* **9**: 139-145.

Goldberg DP, Huxley P. 1980. *Mental Illness in the Community: The Pathway to Psychiatric Care*. London: Tavistock Publications.

Humphreys K, Rappaport J. 1994. Researching self-help/mutual aid groups and organizations: Many roads, one journey. *Applied and Preventive Psychology* **3**: 217-231.

Katz AH, Bender EI. 1976. *The Strength in Us: Self-help Groups in the Modern World*. New York: New Viewpoints.

Katz AH. 1981. Self-help and mutual aid: an emerging social movement? *Annual Review of Sociology* **7**: 129-155.

Kurtz LF, Chambon A. 1987. Comparison of self-help groups for mental health. *Health and Social Work* **13**: 275-283.

Kurtz LF. 1990. The self-help movement: review of the past decade of research. *Social Work with Groups* **13**(3): 101-115.

Kurtz LF. 1997. *Self-help and Support Groups: A Handbook for Practitioners*. Thousand Oaks, California: Sage Publications.

Levy LH. 1976. Self-help groups: types and psychological processes. *Journal of Applied Behavioral Science* **12**(3): 310-322.

Levy LH. 1982. Mutual support groups in Great Britain. *Social Science and Medicine* **16**: 1265-1275.

Lieberman MA, Snowden LR. 1994. Problems in assessing prevalence and membership characteristics in self-help group participants. In *Understanding the Self-Help Organization: Frameworks and Findings*, Powell T (ed). Thousand Oaks, CA: Sage Publications.

Lieberman MA. 1990. A group therapist perspective on self-help groups. *International Journal of Group Psychotherapy* **40**(3): 251-278.

Lubben JE. 1988. Assessing social networks among elderly populations. *Family Community Health* **11**(3): 42-52.

Maton KI. 1988. Social support, organisational characteristics, psychological wellbeing, and group appraisal in three self-help populations. *American Journal of Community Psychology* **16**(1): 53-77.

Orford J. 1992. *Community Psychology: Theory and Practice.* Chichester: John Wiley & Sons.

Rappaport J, Seidman E, Toro PA, McFadden LS, Reischl TM, Roberts LJ, Salem DA, Stein CH, Zimmerman MA. 1985. Collaborative research with a mutual help organization. *Social Policy* **15**(3): 12-24.

Riessman F, Bay T. 1992. The politics of self-help. *Social Policy* **23**(4): 28-38.

Riessman F, Carroll D. 1995. *Redefining Self-Help: Policy and Practice*. San Francisco: Jossey-Bass Publishers.

Sciarappa K, Rogers ES, Chamberlin J. 1994. A consumer constructed empowerment scale to measure empowerment among users of mental health services. *Psychiatric Services* **48**(8): 1042-1047.

Suurmeijer TPBM, Doeglas DM, Briancon S, Krijnen WP, Krol B, Sanderman R, Moum T, Bjelle A, van den Heuvel WJA. 1995. The measurement of social support in the `European research on incapacitating diseases and social support': the development of the social support questionnaire for transactions (SSQT). *Social Science and Medicine* **40**(9): 1221-1229.

Tajfel H, Turner JC. 1979. An integrative theory of intergroup conflict. In *The Social Psychology of Intergroup Relations*, Austin WG, Worchel S (eds). Monterey, California: Brooks/Cole.

Wann M. 1995. *Building Social Capital: Self help in a twenty-first century welfare state*. London: IPPR.

Williams J, Lindley P. 1996. Working with mental health service users to change mental health services. *Journal of Community and Applied Social Psychology* **6**(1): 1-14.

Wollert RW, Levy LH, Knight BG. 1982. Help-giving in behavioral control and stress coping self-help groups. *Small Group Behavior* **13**(2): 204-218.

Wollert RW. 1986. Psychosocial helping processes in a heterogeneous sample of self-help groups. *Canadian Journal of Community Mental Health* **5**(1): 63-76.

Yalom ID. 1995. *The theory and practice of group psychotherapy*. (4th ed.). New York: Basic Books.

Table 1: *Description of the 28 Helping Processes*

HELPING PROCESSES			
Behaviour-oriented	Supportive	Expressive	Confrontational
Behavioural prescription	Mutual affirmation	Self-disclosure	Confrontation
Behavioural proscription	Empathy	Sharing	Requesting
Behavioural rehearsal	Normalisation	Encouragement of sharing	Offering feedback
Positive reinforcement	Instillation of hope	Reflection	Group Cohesiveness
Punishment	Reassurance of competence	Catharsis	Group goal setting
Extinction	Justification	Insight-oriented	Assertion of group norms
Modelling		Functional analysis	Consensual validation
Personal goal setting		Discrimination training	
		Explanation	

Table 2: *Mean scores of Helping Processes for the total sample and by type of group*

HELPING PROCESSES	Total sample	Type of Group: *Conservative*	*Combined*	*Radical*
Sharing	4.55	4.81[2]	4.52[2]	3.92[2]
Empathy	4.42	4.53	4.35	4.27
Mutual affirmation	4.31	4.21	4.35	4.46
Behavioural prescription	4.14	4.16	4.04	4.29
Justification	3.92	3.87	4.03	3.83
Explanation	3.89	4.03	3.93	3.42
Instillation of hope	3.86	3.75	3.92	4.04
Self-disclosure	3.82	4.12[1]	3.68	3.27[1]
Reassurance of competence	3.73	3.81	3.74	3.52
Encouragement of sharing	3.70	3.65	3.85	3.52
Normalisation	3.67	3.81	3.66	3.29
Catharsis	3.56	3.84[6]	3.61[6]	2.69[6]
Behavioural proscription	3.31	3.42	3.11	3.37
Functional analysis	3.29	3.31	3.36	3.08
Discrimination training	3.20	3.03	3.54	3.02
Reflection	3.15	3.09	3.06	3.50
Modelling	3.09	3.25	2.95	2.96
Personal goal setting	3.01	3.06	3.02	2.85
Consensual validation	2.95	2.75	3.36	2.73
Establishing group goals	2.90	2.47[4]	2.96[4]	3.96[4]

Confrontation	2.81	2.71	3.12	2.46
Positive reinforcement	2.80	2.59	2.74	3.46
Extinction	2.57	2.64	2.28	2.92
Offering feedback	2.26	2.25	2.54	1.75
Requesting	2.14	2.15	2.04	2.29
Behavioural rehearsal	1.83	1.66	1.72	2.50
Assertion of group norms	1.81	1.78[5]	1.49[5]	2.48[5]
Punishment	1.80	1.44[3]	2.01	2.35[3]

Notes: Means ≥ 3.00 (processes occurring sometimes/frequently)
Means <3.00 (processes occurring rarely/never)

[1] Means difference significant at .05 level (Tukey HSD test) – Cons-Rad
[2] Means difference significant at .05 level (Tukey HSD test) – Cons-Rad, Comb-Rad
[3] Means difference significant at 05 level (Tukey HSD test) – Cons-Rad
[4] Means difference significant at .05 level (Tukey HSD test) – Cons-Rad, Comb-Rad
[5] Means difference significant at .05 level (Tukey HSD test) – Cons-Rad, Comb-Rad
[6] Means difference significant at .05 level (Tukey HSD test) – Cons-Rad, Comb-Rad

Table 3: *Mean scores (and standard deviations) of Empowerment and sub-scales for the total sample by type of group*

	Total sample	**Type of group**		
		Conservative	*Combined*	*Radical*
Empowerment	2.80 (.25)	2.74 (.22)	2.86 (.26)	2.85 (.31)
Sub-scales				
Optimism	2.61 (.44)	2.49 (.39)*	2.65 (.38)	2.86 (.57)*
Power	2.65 (.35)	2.55 (.31)*	2.78 (.37)*	2.64 (.35)
Self-esteem	2.76 (.36)	2.69 (.35)	2.83 (.36)	2.83 (.36)
Community Activism	3.19 (.33)	3.16 (.28)	3.22 (.33)	3.21 (.45)
Righteous Anger	2.70 (.49)	2.78 (.33)	2.59 (.65)	2.69 (.46)

*Means difference significant at .05 level (Tukey HSD test)