Self-Help Research and Policy Issues

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This article discusses some of the major research and policy issues in the area of self-help services. It emphasizes issues relevant to the articles in this special issue, which were first presented in a workshop on self-help research funded by the National Institute of Mental Health.[1]

The question often asked by those just turning their attention to self-help groups is, are they helpful? This is like asking, are mental health services helpful? What is the referent? Does it refer, for example, to medication, psychotherapy, or supported employment services? And to whom is the service to be administered? Does it refer to people facing a current stressor, to people with an ongoing anxiety disorder, or to people with a severe mental illness?

Similarly, asking about whether self-help works is also a complex question. Although self-help research has produced numerous positive findings, their interpretation is complicated by a number of factors. They are associated with loosely defined samples (e.g., people who have identified themselves as emotionally disturbed or mentally ill; Galanter, 1988; Raiff, 1982; see also Rappaport, this issue); people who are in a mental hospital aftercare program (Gordon, Edmunson, & Bedell, 1982); parents who have lost a child (Videka-Sherman & Lieberman, 1985); people with alcohol abuse problems (Emrick, Tonigan, Montgomery, & Little, 1993); and people with scoliosis (Hinrichsen, Revenson, & Shinn, 1985). Another factor complicating the interpretation of these positive findings is that much remains unknown about the "black box" self-help program that produced them. Even Alcoholics Anonymous (AA)

with the standardization built into its Twelve Steps and Twelve Traditions and its comprehensive and often cited General Service Conference-approved literature, varies greatly from one meeting to another. Inevitably, then, this leaves doubts about what varieties of AA the positive findings might generalize to (Emrick et al., 1993; Kurtz, 1993). The external validity of research on other less well standardized self-help programs is even more uncertain.

Still another factor raising doubts about the interpretability of positive findings is evident when they are produced by weak or flawed designs. The typical weakness of randomized controlled trials is that they assign people, such as aftercare patients (Gordon et al., 1982) and widows (Vachon, Lyall, Rogers, Freedman-Letofsky, & Freeman, 1980) to a self-help group of questionable authenticity, one that is created, and in some measure maintained, by professionals. The comment about experimental designs in the landmark 1976 special issue on self-help groups in this journal (and still a valuable conceptual resource) continues to hold: "The common 'pre-post' measurement of outcomes in treatment groups, in comparison with control groups is an awkward model to apply to self-help groups" (Lieberman & Borman, 1976, p. 459). Moreover, they leave doubt about the equivalence of the comparison groups. The studies of Compassionate Friends (Videka-Sherman & Lieberman, 1985) and the Scoliosis Groups (Hinrichsen et al., 1985) were quasi-experiments, leaving many unanswered questions about what "treatment" the experimental group was exposed to and about whether the experimental group and the nonequivalent comparison group were similar enough in the beginning to justify comparing outcomes. Furthermore, some benefit and some do not, and those who do benefit do so in some ways but not in others.

Last, there are the interpretability questions associated with "single group" or correlation design studies, such as those with Recovery, Inc. (Galanter, 1988; Raiff, 1982) and with the 20-odd AA studies reviewed by Emrick et al. (1993). These studies can only assess associations between outcome and involvement in self-help activities. Accordingly, they invite speculation about numerous factors other than self-help ones that might account for the improvement. This brief critique of a purposive sample of outcome studies raises the question about what conclusions can be drawn. Certainly, more studies need to be done with more tightly defined samples and with more carefully described interventions. And wherever possible, stronger experimental designs should be used short of distorting the nature of the self-help experience or intervention. Most important, and this further qualifies the above conclusion about stronger designs, more appropriate studies along the lines recommended by the authors of these special issue articles need to be undertaken. Some examples of their recommendations are that future studies must be guided by more complex ecological frameworks (see Maton), use more culturally diverse samples (see Humphreys & Woods), and employ more sensitive measures of the outcomes actually sought by self-help groups themselves (see Rappaport).

Shifting attention to the many other kinds of studies, such as those related to participation and process, the question is, should they be placed on hold until more outcome studies are done? Not reasonably so. Although much remains to be discovered about who benefits from what kinds of self-help and how they benefit, the

available evidence is consistent with an assumption that participants do benefit. However, this limited assumption does not imply meeting some ideal standard of effectiveness. Instead, it rests on meeting a real-world standard of probable and selective effectiveness—selective with respect to both who the person is and how the improvement manifests itself. This resembles standards operative in the professional services sphere. To insist on a uniquely strict standard for self-help would be to discount a set of experiences and services that seem likely to be beneficial and, in so doing, minimize the numbers who have access or can participate in them.

HOW MANY PARTICIPATE? HOW CULTURALLY DIVERSE ARE THEY? HOW DO THEY DISTRIBUTE THEMSELVES AMONG THE VARIOUS GROUPS?

Happily the era of "guesstimating" the number of self-help group members has given way to data-based estimates, albeit still in an early stage of development. These estimates will become increasingly trustworthy as more is learned about what kind of data is necessary to make them accurate. Jacobs and Goodman (1989) began the new era by extrapolating from actual community survey data. However, as their data were limited (to the state of Illinois) and indirect (the growth rate for individuals was estimated from changes in the number of groups in New Jersey), their national estimate was perforce very approximate. The next advance came with the availability of national probability samples, first in Canada (Gottlieb & Peters, 1991) and then in the United States (Narrow, Regier, Rae, Manderscheid, & Locke, 1993; Regier et al., 1993). Lieberman and Snowden (this issue) have analyzed the U.S. Epidemiological Catchment Area (ECA) database and reported the associations between self-help and diagnosis and the use of professional services. They also (this issue) and elsewhere examine the ethnicity of self-help members. Still, these studies are difficult to interpret and compare with one another. A simple difference is that the ECA study reports 6-month and lifetime prevalence, whereas their Canadian study reports 12-month prevalence.

But a more important difference concerns the questions asked: The U.S. question was "Have you ever gone to a self-help group, like Alcoholics Anonymous, etc.?," whereas the Canadian question was "Since last November [i.e., in the past 12 months], did you participate in a self-help mutual aid group such as a single parents group, bereaved parents or AA?" Although it is tempting to speculate on the effect of the extra elements in the Canadian question—the reference to "mutual aid" and to the examples of "single parents" and "bereaved parents" along with AA, which was mentioned in the ECA study—it would focus attention on a secondary point.

The primary point is that no single question is adequate to obtain the desired information. When asking about the use of professional services, the ECA study used upward of 20 items (NIMH, 1988a). This reflects the privileged position held by professional services relative to other ways in which people find help. Ignoring other ways, such as participation in self-help programs, has caused an imbalance in our research agenda. Some national organization (e.g., the National Institute of Mental

Health or the National Center for Health Statistics in the United States or Statistics Canada in that country) could begin to right the balance and advance their agenda by either asking, or funding others to ask, a set of questions about the use of self-help with a national probability sample. A number of separate questions (the actual number required is likely to be about the same as used for professional services) will be needed to elicit information that people variously categorize under the headings of support groups, advocacy groups, community groups, self-help, and mutual aid groups. Moreover, it will be necessary to distinguish between groups that are professionally facilitated and those that rely on the experiential wisdom of the self-help members. In terms of the nature of the activity, it will be necessary to separate the solitary from those that are social and imbued with the spirit of mutual aid and fellowship.

A next step would be to ask respondents about self-help groups in the various self-help areas, such as the addictions, mental health, physical health, family life, and so on. After that, they need to be asked about their connection to the problem. Caregivers typically have different concerns from the persons with the condition or actually in the situation. To parallel the ECA structure, additional questions would be required about frequency of use (e.g., in the past 6 months or over a lifetime). But this is more complex than asking about professional services, as knowledge about the use of self-help must include information about contacts and activities outside the formal sessions. Although these inquiries have no parallel in the ECA structure, they would be essential, as self-help groups encourage outside activities and often consider them necessary to benefit from the program.

Self-Help Clearinghouses

The foregoing could be a useful approach to answer questions related to who goes to self-help groups, with what kinds of conditions, or in what kinds of situations. It is not as well suited, however, to answer questions about the population ecology of these organizations (Maton, Leventhal, Madara, & Julien, 1989). What is the distribution of these organizations in particular geographic areas? What are the correlates of birth, survival, and disbandment for these organizations? For these questions, the self-help clearinghouses can be an invaluable aid to investigators searching for a suitable sampling frame and again when they need to obtain access to the members of these organizations who end up in the sample (Meissen, in press). A clearinghouse database would also enhance the opportunity to study interactions between individual, group, and community characteristics. By systematically sampling participants from different groups and different communities much can be learned about the important but mostly neglected interactions across these levels of analysis (see Maton, this issue).

Unfortunately, the capacity of clearinghouses to perform these research functions—not to mention their already underfunded referral and group development functions—is severely hampered by inadequate and unstable funding. Only a handful of state mental health agencies or other state agencies recognize the contribution that clearinghouses make, or could make, to a comprehensive system of care by providing significant funding. Federal agencies might also find it to their advantage to recognize the actual and potential contribution of clearinghouses to their missions by referring to clearing-

houses in their announcements and requests for proposals for demonstration and research programs. Clearinghouses have an important role to play in serving people with long-term mental illness and, more broadly, people who need or obtain support from a variety of community support systems. They should be routinely considered when initiatives are undertaken to improve access, develop resources, and coordinate services.

Through its Canadian Council on Social Development, Canada has been more supportive of self-help and the clearinghouse concept. In 1992 Ottawa energized the field by sponsoring the "International Conference on Self-Help and Mutual Aid." Earlier (1987), the U.S. Surgeon General sponsored a landmark meeting in Los Angeles. The *Surgeon General's Workshop on Self-Help and Public Health* (1988) developed an impressive agenda for the field of self-help. Unfortunately, this has been allowed to languish. A new national initiative is needed to recapture the enthusiasm generated by this workshop and to invigorate its far-reaching recommendations.

The Role of Professional Privilege

The number of people knowing about or using self-help is limited by the prevailing and not often commented on culture of professional privilege. This concept of cultural privilege echoes similar ones formulated by other disenfranchised minorities, such as those in the feminist, independent living, and gay movements. Yet some think the discrimination is more deliberate. They attribute the lack of recognition for self-help groups to deliberate efforts to marginalize them. For them, it goes beyond simply being socialized in a culture of professional privilege (Chamberlin, Rogers, & Sneed, 1989; Emerick, 1990).

Whether happenstance or not, the consequence is a policy imbalance. In the mental health area, for example, state mental health and human service agencies and their federal counterparts allocate the lion's share of their resources to the study and improvement of professional services, apparently little cognizant of the diverse ways by which people get help. The literature mirrors the near monopoly privilege of professionals. In what was heralded as a comprehensive position statement on the diagnosis and treatment of major depression, the American Psychiatric Association estimates that 20%-35% will experience persistent and severe residual symptoms (Karasu et al., 1993). Yet in this 1,600-line article, only 4 lines are related to "consumer oriented support groups," with nary an indication that people might want to investigate affiliates of the National Depressive and Manic-Depressive Association, a self-help organization with over 35,000 members. Until professionals, most probably through their preprofessional and continuing education experiences, become more aware of how their privileged position results in ignorance about self-help programs, their clients and patients will be denied access to them. Unless professionals convey this information, clients are unlikely to be sufficiently informed to make a decision about their potential usefulness. Professionals, after all, are well positioned in their roles as acute care specialists or as crisis regulators to open the gates to participation in these services. The role of the researchers is to develop valid information about self-help programs that will enable professionals to become better informed about the structural

characteristics, change processes, and probable outcomes for people who use these services. In this way, professionals can be transformed from, often unwitting, gateblockers to knowledgeable facilitators of self-help services.

One aspect of this research should be to address some of the professional biases head-on as Chesler (1990) did in his study of the dangers professionals associated with the use of self-help groups. Ninety percent of his health care professionals thought their colleagues believed there were serious risks, whereas only 24% of them had observed any evidence of dangerous behavior. Isn't this discrepancy another evidence of the bias associated with professional privilege?

Diversity in Membership

In this issue, new ground has been broken in terms of both the methodology used to study affiliation and the findings produced by these studies. This is so even considering the disappointing ECA findings about the low rates of participation by African Americans (see Lieberman & Snowden, this issue). Humphreys and Woods (this issue) direct attention to a neglected aspect of minority participation. They highlight the importance of contextual variables while challenging conventional wisdom about who joins and who continues in self-help organizations. They go beyond the important statewide study in Missouri, which suggested that both Blacks and Whites affiliated with (and benefited from) AA and NA (Narcotics Anonymous). Despite these encouraging findings, the Missouri study found that Blacks were referred less often (DenHartog, Homer, & Wilson, 1986). Humphreys and Woods go on to identify the conditions under which African Americans affiliate with AA and NA at rates equal to or exceeding that of Whites. African Americans affiliate at higher rates in urban areas where they are in the majority. Conversely, Whites affiliate at a higher rate in the suburban and small city areas where they are in the majority. This suggests that referrals are more apt to succeed when they are made to culturally compatible groups. This invites inquiry as to whether the cultural compatibility threshold varies in communities with varying levels of minority population. It might be that the cultural compatibility threshold is lower or more relaxed in communities that already have a definite, or perhaps even a predominant, African American character. In research terms, how is the percentage in the population of specific minority groups related to the success rate of referrals from that population? If it were found that the standard for cultural compatibility is more relaxed in minority communities, there would be important implications for national self-help organizations seeking to improve their cultural diversity. It would suggest that first consideration should be given to concentrating their recruitment efforts in predominantly minority communities instead of following what seems like the more common pattern of attempting to recruit prospective minority members to groups in majority communities.

Whereas Humphreys and Woods' data relate to the community context of participation, Luke deals with group context. Although group context can reflect community context, there is no necessary connection. It is perhaps not uncommon to have a predominantly White group in a predominantly Black community or vice versa.

Therefore, it is important to examine, as Luke does, the relationship between partici-
pation and group characteristics directly. Unfortunately, there was not enough ethnic
minority variation in his sample to study the ethnic context of the group. Fortunately,
he was able to examine gender context. He found that when women predominate in
the group, there is a higher rate of dropout for men and, even less expected, a higher
dropout rate for women. The generalizability of this startling finding about the
relationship between ongoing participation and the proportion of women in groups
invites further study.

Conventional wisdom about who participates has been challenged in another study
examining participation in an organization for people with manic depressive and major
depressive illness. The study, a report of which will appear in a companion volume to
this special issue (Powell, in press), challenges assumptions about presumed relation-
ships between participation and such factors as gender and age. For example, it
does not support the assumption that young males will not be interested self-help
groups.

Given the various ways in which gender can be related to participation and the
enormous practical significance of these relationships, it would be wise to encourage
such studies. Similarly, studies need to be encouraged of the color status of the host
community, of the self-help group, and of the prospective members. Important
relationships across these different levels of analysis and participation seem likely to
exist and remain to be discovered. Such studies might be suggested as potentially
high-payoff, organization-building, action research projects for major national self-
help organizations, such as NAMI or Recovery, Inc. (Israel, Schurman, &
Hugentobler, 1992). The project might begin with a survey of the members of these
national self-help organizations to further clarify the relationship between these
variables and participation. Next, longitudinal data might be collected on participation
from existing groups with contrasting patterns of participation. This could be followed
by quasi-experiments that follow those who are encouraged to participate, comparing
the experimental group with another group that does not have access to the particular
self-help group. As knowledge increases and the questions become increasingly sharp
and compelling, it might be appropriate to conduct true experiments in which prospec-
tive members would be randomly encouraged (assigned) to two or more groups. Based
on previous research and theory, one group would be presumed to be maximally
attractive and a best fit while the other groups would be presumed to vary in degree
of attraction and fit. Studies proceeding in this ascending order, and undertaken in the
context of a collaborative action research project with the self-help groups, could
provide important information about effective recruitment and retention strategies and
about the likely effects of participation.

With appropriate congressional and agency policy development, there are a number
of models that could be used to fund these projects. Using a model developed by the
Office of Rural Health Policy in the Health Research Services Administration,
consumer and self-help groups could be given contracts to conduct the surveys. Such
projects might also be supported by the Center for Mental Health Services within the
Substance Abuse and Mental Health Administration. This could be done via a specific

announcement that would have demonstration and evaluation components. It might follow the pattern of the service improvement grants, which are often focused on consumer and family self-help and advocacy projects. However, instead of restricting applicant eligibility to state departments of mental health, self-help organizations might also be made eligible applicants. In some instances, the current indirect route through the departments of mental health could cloud the self-help focus and complicate project management.

Other initiatives of the Center for Mental Health Services, such as Project Share (Philadelphia, PA) and the National Empowerment Center (Lawrence, MA), might be expanded to include a services research component. The marvelously productive conference on "Research on Alcoholics Anonymous" (Miller & McCrady, 1993), supported by a grant from the National Institute of Alcohol Abuse and Alcoholism, needs to be followed up with research funding if it is to have the impact it deserves. As far as direct federal agency involvements in self-help demonstrations and research, they have been too little and too few.

A current grant program of the National Institutes of Health could be used as a model for enabling self-help organizations to become applicants. The Small Business Technology Transfer Program requires the business to be the applicant but also requires the business applicant to collaborate with a research institution. The legislative intent is to "stimulate and foster scientific . . . and technological innovation through cooperative R&D carried out between small business and research institutions" (National Institutes of Health, 1993, p. 2). In this quote, substitute the words *services* for "technological" and *self-help* for "business" and—alas—an instrument has been created for empowering self-help organizations to conduct services research.

Another model could be created from the Public Academic Liaison (PAL) program sponsored by the NIMH (1988b). It would use the mechanism designed to contribute to the development of publicly supported professional services programs to focus more attention on mission-relevant self-help services. Continuing the parallel with professional services, it might be called the Self-Help (Consumer) Academic Liaison (SHAL) program. Such a program would have a number of benefits. It would contribute to increased professional awareness of self-help groups, to a better balance in the country's service development agenda, and to a better use of cost-free self-help services.

An unusual opportunity now exists to fund self-help services research. The ADAMHA Reorganization Act of 1992 transferring NIMH, NIAAA, and NIDA to the National Institutes of Health provides that "of the amounts appropriated . . . the Director[s] shall obligate not less than 15% to carry out health services research" (sec. 201). This represents a substantial increase in services research funding for all the institutes and it could be used to achieve a better balance between self-help and professional services research. These funding and programmatic policy developments might well be considered potential advocacy goals for self-help organizations and services researchers.

THE NEED FOR MORE COLLABORATIVE, CULTURALLY COMPATIBLE MODELS OF SELF-HELP RESEARCH

Alternatives to the Professional Services Model

Traditional models used in professional services research have a number of limitations for understanding the processes and outcome of self-help programs. The services model assumes a sharp dichotomy between those who are formally enrolled in a services program and those who are not. Self-help groups typically do not use such dichotomies. They neither screen in nor screen out potential members provided, of course, they present themselves as having the qualifying condition. (But even the term "qualifying condition" needs comment—as relatives and friends are often welcome, observers are welcome in open meetings, and, in some groups, such as Adult Children of Alcoholics, it is difficult to define who has the condition and there might be little interest in determining whether members meet the definition.)

Formal enrollment procedures are rare (although activities to recognize months or years of membership are not), and new people are accepted as members if they so regard themselves. Attendance at meetings is likely on an irregular, as-needed basis, with the definition of need controlled by the user rather than the provider. The services model, unlike a model that would be more appropriate to self-help, focuses almost exclusively on presence or absence at formal sessions. Even within this model, however, it is possible to devise acceptable research procedures. Yeaton (in press), for example, has devised an innovative method based on the use of partial social security numbers to measure attendance in self-help groups while still preserving the anonymity of members.

Still, the services model is not well suited to deal with those extrasession contacts that combine friendship with coping—an especially serious omission as it is precisely these kinds of activities that have been found to be related to benefiting from self-help group participation (Galanter, 1988; Videka-Sherman & Lieberman, 1985). Another fit problem with the services model is that outcomes are assessed using traditional scales that are more attuned to the worldview and therapeutic techniques of psychotherapy than to self-help.

Rappaport (this issue) describes a different model that can be used to understand self-help processes and outcomes. Participants begin to identify with the community narrative. The narrative is gradually used to organize the person's story. The structure of the community narrative is gradually adopted as the structure for the member's personal narrative. The personal narrative is closely linked to the member's personal identity, and both, in turn, are hypothesized to be closely related to the person's functioning. This raises a question whether research review groups will be receptive to such models. To be specific, will the Initial Review Groups of the NIMH (or NIAAA or NIDA) or will the Centers for Mental Health Services, Substance Abuse Prevention and Treatment of the Substance Abuse and Mental Health Services Administration be receptive to self-help and also to new conceptual models for dealing with the topic? The alternative view is that the culture of professional privilege as it is played out in

the application scoring process will be less receptive to these newer, more qualitative and naturalistic models. Yet these newer models are needed because they are more compatible with models that self-help members use to monitor their own progress. These models can be inferred from the way that members in 12-step groups tell stories about working a particular step, from the way that members in groups affiliated with the National Depressive and Manic Depressive Association members relate their ongoing battle to resist the temptation to deny their illness, or from the way that members, in a final illustration from Recovery, Inc., tell stories, which in their language means "give examples," attributing good outcomes to the conscientious practice of the Recovery method.

Collaboration

Kaufmann's article (in this issue) challenges us to think about how to conduct more collaborative research, a goal, incidentally, that would be furthered by greater respect for the community narrative model. Consumers or self-help leaders (using these terms synonymously for present purposes) are beginning to be recognized as stakeholders not only in self-help research but in all research that purports to benefit them. Simultaneously, large organizations, such as the National Depressive and Manic Depressive Association and the National Alliance for the Mentally Ill, have formulated ambitious and sophisticated neuroscience research agendas. Less attention, however, has been paid to the development of a psychosocial research agenda. Such an agenda would address the day-to-day issues their members face in terms of stigma, jobs, education, housing, and their satisfaction with mental health services. Even less attention has been paid to the kind of information that would empower their own organizations and the movement as a whole. An exception is the work of Sommer (1992) and his associates and the California Alliance for the Mentally Ill. Additional progress could be made if self-help leaders drew up a series of questions about their own organizations and their members. These questions might include who their members are, how their organization functions, who benefits, and how. The NAMI made progress along these lines when it used McArthur Foundation funding to sponsor a survey of its membership (Skinner, Steinwachs, & Kasper, 1992). It provided useful information about the membership, their representativeness in terms of the eligible population, and their satisfaction with professional services. Hopefully, later reports of this survey will include more information about the experiences, satisfactions, and desires of NAMI members with their own "grassroots, self-help support and advocacy organization of families and friends of people with serious mental illnesses and consumers themselves." Insofar as leaders seek information about the usefulness of their own organization to the members, they will demonstrate that they understand the importance of their own organization as well as the importance of professional services and neuroscience research.

   With more collaborative research under way and in the offing, a number of strategic and ethical issues are emerging. These issues will be all the more salient the longer studies remain in the field and the more they use longitudinal designs to pursue answers to complex and consequential questions. Before most of these studies collect their data

and issue their reports, their principal investigators are likely to be involved in discussions about whether one cohort of self-help leaders can commit the next cohort of self-help leaders and members to cooperation with outside researchers. These discussions could become more tense if they are associated with frequent, unplanned turnover among the self-help leaders. The implicit or explicit veto power that this decision about continuance gives to self-help leaders is a kind of absolute power that can be very intimidating. The mere threat might deter some investigators from even considering projects, especially with the more activist and critical-of-professional-services self-help groups. Others, perhaps more naive or committed than reckless, can expect to find themselves in potential conflict situations, some of which might simply be expressions of the legitimate tensions between research and the more direct organizational and movement building activities of self-help organizations. The tedious research procedures and the long delays inherent in research, especially when it is longitudinal, can be reason enough to want to abandon them for some other quicker payoff organizational development activities. However, it could also be the expression of a less generous impulse. The threat to revoke permission to complete a study can also be a power play. The irony is that it might signify that the time has come when it is not only professionals who have the potential to misuse the research process.

What is needed is a new vision of mutually beneficial organizational relationships between research and self-help organizations (Powell, 1990). Casual input from occasional focus groups is no longer enough. Research sponsors or funders must also assume some responsibility, perhaps through developing some guidelines for these collaborative relationships. In any event, they might reasonably expect to see letters of agreement that spell out the mechanisms that will be used to resolve the expectable difficulties. On the whole, they should expect more contractual relationships between the self-help and the research organizations, and along with this they should be prepared for the added costs of the negotiating and coordinating activities necessary to maintain understanding and support for these arrangements. Therefore, it might also be expected that services research will cost more in the self-help sector than in the professional sector because of the greater complexity of the self-help sector.

Referral Processes

Studies of referral have become an important research focus and, as noted above, the articles by Luke, Maton, and Humphreys and Woods have taken us beyond the domain of individual-level variables. They cross domains as they present data and theory about the importance of individual-group match and community context variables. The knowledge obtained by this approach will be useful to develop referral procedures and to construct a model of how the process works. A number of authors have discussed elements of effective referral processes (Farquharson, 1990; Levy & Derby, 1992; McCrady & Irvine, 1989; Medvene, Lin, Mendoza, Harris, & Miller, 1993; Nowinski & Baker, 1992; Powell, 1987). All agree that simply mentioning a group is insufficient. Referrals must be made by informed persons who are positive but realistic about the focal self-help group. Moreover, these authors contribute to an emerging norm that several partial or full sessions are desirable to impart information about the self-help

group and deal with any difficulties experienced by the prospective member in his or her early contacts with the self-help group.

Our own research with the Manic Depressive and Depressive Association of Metropolitan Detroit has produced promising findings about the effectiveness of a facilitation process that capitalizes on the referent power of veteran members to provide information about the group (French & Raven, 1959). In this study, veteran members, or sponsors as they were called, introduced prospective members to the self-help organization. They discussed how the organization helped them and then, after the prospective members gave their permission, accompanied them to a "rap group" meeting. This procedure resulted in more than half of the experimental group attending at least one meeting on their own in contrast to a very small proportion of the control group (Powell et al., 1992).

Noordsy, Schwab, Fox, and Drake (in press) found that aggressive promotion of Alcoholics Anonymous and Narcotics Anonymous by professional case managers (not self-helpers) among people with dual diagnoses also led to a similar high rate of attendance of at least one self-help meeting. However, ongoing affiliation occurred less often. An ethnographic analysis revealed that these techniques led to resentment among many consumers and the approach has since been modified to be less confrontive.

Another of our research studies, this time with dual recovery AA groups suggests that the organizational context of the referral makes a difference (Kurtz, Puscas, Harrison, Powell, & Garvin, 1992). People with dual diagnoses who appeared similar, except with respect to whether they received treatment in a substance abuse facility, differed in their response to referral. Those who had been treated in a substance abuse agency participated more often in the dual recovery AA groups designed for people with co-occurring problems. Noordsy et al. (in press) also found an association between inpatient addictions treatment and affiliation with community AA groups among people with dual diagnoses. Similar findings are reported by Humphreys and Woods (see this issue) for those with primary alcohol or drug diagnoses. People who had been treated in inpatient settings affiliated in higher proportion than those in outpatient settings. But, of course, future studies will need to rule out other unmeasured variables. Length of time a person has the problem could make a difference. And then there are a host of potentially important variables related to who makes the referral and how.

Some might argue that in light of the low rate of participation in professional services (Regier et al., 1993) people should not be expected to affiliate with self-help groups at any higher rates. There is likely to be a ceiling on self-help participation just as there seems to be on the use of professional services. Moreover, it would be inappropriate for self-help to substitute for professional care. Self-help should not be thought of as a "poor person's psychotherapy" or, perhaps more aptly, as "uninsured person's psychotherapy." Nonetheless, it is quite appropriate to discourage costly, excessive professional care by providing access to more appropriate self-help pro-grams. The budgetary advantage arises from the self-help system in which consumers become "prosumers," producers of what they consume (Gartner & Riessman, 1984). Note, however, this is a substitution policy only insofar as it discourages the substitu-tion of less appropriate, less effective, albeit more expensive, professional care for

self-help services. Moreover, it is a policy that might be especially appropriate for people in particular circumstances—for example, people who are recovering or are coping with long-term conditions or need to implement or maintain lifestyle changes to manage their conditions effectively.

Moreover, contrary to conventional wisdom, it would be wise to consider, based on evidence presented in this issue and elsewhere, that those assumed to be unresponsive to self-help (e.g., African Americans) simply have not been given the opportunity (DenHartog et al., 1986). Nash and Kramer (see this issue) describe a very substantial network of self-help groups established and maintained solely by African Americans. Surely, much remains to be done to investigate how these and other organizations attract those previously assumed to be difficult to attract. But such an undertaking will take more resources and stronger connections to the world of academic research than has characterized this field to date. Hopefully, efforts to make these connections will build on the important, informally developed, self-help/academic liaisons at the Universities of Illinois, Michigan, California (Berkeley), and Wichita State. Notwithstanding the many challenges still before us, when this journal issue together with the special issue of the *American Journal of Community Psychology* (Borkman, 1991) is compared with the 1976 issue of this journal, one is forced to conclude that the field has come a long way. These publications highlight many opportunities for researchers and self-help organizations and for the funding agencies who can do so much to foster creative partnerships between them.

NOTE

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