

Understanding the Development of Self Help Groups Empowering Roles for Social Workers

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Abstract-- Each year thousands of self-help groups are started. Many people starting these groups turn toward social workers for assistance. Better understanding of the satisfactions, frustrations, and tasks involved in starting groups would help social workers serve people starting groups. The current study explores 45 founders of self-help groups to better understand the satisfactions, frustrations, and tasks involved. Results show that founders are interested in helping others and find the relationships they develop rewarding. They struggle with the organizational aspects of starting a group. Insights regarding the development of self-help groups are provided, as well as how social workers can assist people starting self-help groups.

I. INTRODUCTION

Many professionals, particularly social workers, have supported the "self-help group movement". The ideas and principals of self-help groups are consistent with social work, including a strength-based approach, recognition of participants' experiences, and empowering others. At the same time, they faced by social workers is the extent to which they should be involved in self-help groups and in particular how they can support people starting self-help groups. Finding ways to empower people starting self-help groups could be particular useful, as it would allow self-help groups to remain peer-run, but have the support that social workers can provide. Better understanding of the development of self- help groups would be useful to social workers as they look for ways to assist people starting groups. With this in mind, the current study focuses on the initial development of self-help groups by examining:-

- (a) The reasons self-help groups are started;
- (b) The steps or tasks involved; and
- (c) The sources of satisfaction and frustration.

A. Initial Development of Self-Help Groups and Organizations

The initial development of several national self-help organizations has been well documented. Alcoholics Anonymous (Katz, 1993) and the National Alliance for the Mentally Ill (Kurtz, 1997) are examples of well-known self-help organizations. These self-help organizations have thousands of local self-help group chapters. They can advocate their concerns with legislatures and professionals, provide information on the most recent research and policy decisions, or in the case of Alcoholics Anonymous choose not to become politically or professionally affiliated, yet become the dominant model of "treatment." Although accounts of

these self-help organizations provide insight into the initial development of self-help groups, they are limited to highly successful organizations and do not represent the thousands of small, local, unaffiliated groups that focus exclusively on members' concerns. The initial development of self-help groups is critical to understanding them and how professionals can best be of assistance.

B. Reasons People Start Self-Help Groups

It is generally thought that self-help groups are started because people believe they could be helpful to others who share their concern. It is thought that once people reach a certain point with their own illness or problem, they are motivated to help others who may be in a similar circumstance. Having a better understanding of the motivations for starting a group could be useful in creating opportunities, addressing expectations, and providing assistance. Therefore, the first purpose of the current research is to examine why people start self-help groups.

C. Steps or Tasks in Starting Self-Help Groups

The tasks involved in maintaining existing self-help groups have been well documented. Yet little research has examined the tasks involved in starting self-help groups. In the only study that has included a representative sample of groups, reported that new groups lacked shared leadership between members. Better understanding of the tasks or steps involved in starting a self-help group would provide insight into the most useful roles for social workers. A second purpose of the current research is to assess the tasks involved in starting a self-help group and the issues surrounding those tasks.

D. Satisfactions & Frustrations in Starting Self-Help Groups

Riesman and Carroll (1995) described the "helpers high" as the satisfaction from helping others often found in self-help groups. Similarly, others have noted the sources of satisfaction among self-help group leaders included self-disclosure and helping others, while dissatisfactions included the inability to help, recruitment difficulties, and the lack of support from others. These sources of satisfaction and frustration can be important contributors to leadership burnout. The final purpose of the present research expands upon previous studies by exploring the satisfactions and frustrations among people starting self-help groups.

II. METHOD

A. Procedure

As a Center for Community Support and Research at Wichita State University, the Self-Help Network is a statewide organization dedicated to supporting grassroots and community partnerships, which includes the operation of a statewide self-help group clearinghouse. As part of these services, eighty-four people contacted the Self-Help Network over a 20-month period expressing interest in starting a group.

During the initial contact, Self-Help Network staff collected basic information, such as the type of group, materials requested, and location. Three months after the initial contact, those who expressed interest in starting a group were asked to complete a 20-minute telephone survey. Responses were voluntary and respondents could discontinue at any time. Five calls were made at various times of the day and week with messages left when possible. Individuals who were not contacted via telephone were sent a letter asking them to contact the Self-Help Network. Of the 110 people interested in starting a group, 42 could not be reached. Of the remaining 62 people, 45 were starting a group and completed surveys. These individuals were regarded as "group founders." Of the 45 group founders interviewed, the two most common types of groups were for physical illnesses (21%) and parenting (21%). Other types of concerns included addictions (12%), aging (12%), abuse (9%), and disability (9%). Half of the group founders had prior experiences in self-help groups (51%). Of those with prior experience, most had been a leader (58%). Most (63%) had been involved in one group, while others had been involved in two (25%) or three (12%). The average time of prior involvement in a group was 48 months, ranging from 14 to 120 months.

B. Instrument

The survey instrument was an 18-item telephone survey. A series of open-ended questions were designed to assess: (a) reasons for starting a group, (b) tasks involved, and (c) satisfactions and frustrations. Example questions included, "What are the reasons for becoming involved with the group you are starting?"; "What steps have you taken toward getting the self-help group started?" and "What has been most satisfying to you in starting the group." Other questions asked about prior experiences with self-help groups, including how they were involved; and the length of involvement.

C. Coding Group Founders' Responses

The current research utilized an approach to qualitative data analysis. The Self-Help Network research team coded participants' responses to open-ended questions. Rather than imposing a predetermined coding structure on the data set, categories or themes were generated from the data. Coding of participants' responses started with an examination of several respondents' answers to identify key concepts. The rest of

the responses were either coded according to the previously developed codes or new codes were developed. The research team discussed the codes and disagreements to arrive at logical themes.

III. RESULTS

A. Reasons People Start Self-Help Groups

People often start self-help groups because they want to connect with others who share their concern. Nearly 40% of group founders indicated the reason they started a group was that they believed there was a need in the community.

Participants recognized that self-help groups provided a type of support that other support systems (i.e., family members, clergy) could not. A person starting a group for parents of children with Attention Deficit Disorder stated, "I feel there is a real need in our community for supporting parents, especially those with low incomes and those who don't have access to other resources." Nearly 30% of respondents said they started a group because they thought sharing similar experiences would help others. More than 25% of group founders stated they hoped the group would help them personally.

B. Steps Taken In Starting a Group

Over 85% of group founders reported some type of organizational or programming efforts. The most common was finding a meeting location (50%). Founders contacted Temple, health departments, hospitals, and/or considered their home as an option. Others (36%) tried to provide educational opportunities for the group by arranging speakers who could present new advances or treatments. A handful of group founders tried to develop shared leadership (14%) by asking members to set-up the meeting room, provide refreshments, or other responsibilities.

Many founders (73%) were also trying to recruit members. Fifty percent outreached to the public through newspapers, notices, and TV and radio. Some founders (25%) contacted people they specifically knew who shared the group's concern. In these situations, founders wanted to personally invite individuals who they believed would be interested in a self-help group.

More than 30% of respondents contacted professionals who they believed would refer clients or patients to the group. As one person commented, "I've contacted a couple of people through the local hospital and the health department to find out who might be interested in attending the group. They were really helpful and said they would let their clients know that a group is forming."

C. Satisfactions in Starting a Group

Group founders enjoyed helping others and the relationships that developed between group members. The most frequently reported satisfaction of group founders (52%) was that the group helped other people. A person starting a smoking cessation group stated, "People have really been open and willing to share their

stories and lives. People are learning from each other." Other respondents (32%) stated that one of their sources of satisfaction was that people in the community were interested in attending the group. Respondents appeared to find satisfaction in that they had accurately perceived a need for the group in the community. Nearly 25% of founders stated that one of their sources of satisfaction was working with others to start the group.

D. Frustrations in Starting a Group

As indicated group founders were not without their frustrations. Nearly 40% of group founders stated that organizational tasks were the most frustrating part of starting a group. A person starting a parenting group commented, "The churches have not called back regarding whether they are available for a meeting place. It has also been difficult to provide childcare for members." Organizational tasks, while not overly complex can be burden some for one individual starting a group.

Founders' frustration with the organizational aspects of starting a group was fueled by feelings that they were not supported. They were discouraged in their attempts to find others to help. Nearly 30% of founders indicated they were frustrated by the lack of participation and involvement of others. A person starting an anorexia group stated, "The low membership is frustrating. We had several people come for one or two meetings, but they stopped coming." Twenty-five percent of group founders stated they had difficulties regarding leadership. A founder of a parenting group said, "It has been hard finding people who are willing to help. I haven't been able to find a core group."

IV. DISCUSSION

The current research is the first of its kind that examines a representative sample of people starting self-help groups. Findings indicate that people who start self-help groups want to help others and find it rewarding when they are able to help. On the other hand, starting a self-help group often involves organizational tasks, which can be unexpected and sometimes frustrating. Unfortunately, people starting self-help groups do not often develop shared leadership which could buffer their frustrations. Based on these findings, social workers could help people starting self-help groups in several significant ways.

A. Forming a Core Group of Leaders

One of the most important roles a social worker can play is to encourage the development of shared leadership in new groups. When someone expresses interest in starting a group, social workers might suggest finding others who would be interested in helping. Several people contributing to the development of a group creates shared responsibility and clarifies its purpose. One of the tenets of self-help groups is shared leadership which has also been found to predict successful groups. Perhaps most importantly, the organizational tasks of the group are no longer the responsibility of one individual, thus decreasing the potential for frustration and burn-out.

B. Setting Realistic Expectations

Group founders are motivated to start groups because they want to help others and believe that self-help groups provide the type of help that is needed. Yet, starting a group also involves a number of organizational tasks. There is likely incongruence between founders' expectations for starting a group and reality. Social workers are in a position to help founders recognize that starting a group involves both help giving and receiving, as well as organizational aspects. In many cases, it takes up to a year for a group to form and have regular group meetings. Founders can find more productive ways to develop the group with realistic expectations.

C. Assisting with Organizational Tasks

Several discussions prior to group meetings can be useful to clarify hopes, purpose, and format. Social workers' skills match nicely with helping facilitate these meetings without becoming the group leader. Regular discussions regarding the direction of the group can also be useful, as members have an opportunity to express their opinions about group topics, speakers, and structure.

A second organizational task identified by founders was finding adequate meeting locations. Social workers often are knowledgeable about accessible, cost-free meeting locations. With a limited amount of effort, social workers can suggest to founders a number of meeting locations, allowing them to decide which would fit their needs.

D. Connecting with Groups and the Local Community

Social workers are very knowledgeable about community resources. Self-help groups represent another resource for social workers' client and patients. By maintaining information about self-help groups, social workers can help new groups by referring clients and patients.

Newly developing groups often need to build strong, positive ties to the community. Strong relationships with community organizations and professional gatekeepers can help newly developing groups receive much needed referrals. Social workers are particularly well suited for helping group founders make these connections due to their knowledge of local social services, organizations, and professionals.

V. CONCLUSION

The current research provides a number of insights into the development of self-help groups. Self-help group founders started groups because they wanted to help and be helped and found the interpersonal relationships with other group members rewarding. At the same time, starting a group involves a number of tasks, including recruitment, organizing group meetings, and outreach to professionals. Founders find some of these tasks frustrating. Findings also provide a number of opportunities for social workers to assist people starting groups without becoming overly depended upon. If social workers capitalize on these opportunities, the outcome

may not be large, multi-chapter self-help organizations like Alcoholics Anonymous. Rather the potential outcome will be hundreds, if not thousands of local self-help groups with members who share their experiences and support one another.

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