I am reminded that someone said that human beings are constantly amazed at common sense and so am I, and this is the theme of what I should like to discuss. I think that the self-help movement must represent a tremendous social revolution in psychotherapy and how sick people can help themselves by helping each other, and this is all called the 'self-help group movement'. The subject is extensive and I will briefly make some essential comments.

The movement has many different cryptic titles: thus the literature speaks of mutual aid groups, mutual support groups, mutual help systems, a community support system, the fellowship of the afflicted, and expressions like 'banding together is the best way to cope', etc. There are a number of definitions of self-help groups and the one I like best is very simple — people with similar problems get together to share ways to overcome them, to trade experiences to lessen worries and to provide hope for each other.

Briefly I would like to review the explosive growth of this movement, especially in the USA and over the past 10 years. In the past 10 years the self-help movement seems to have spread from coast to coast. It now includes over 500,000 groups. These are not parent groups but separate distinct cells of a lesser number of parent groups. The groups now involve over 15 million people. The US Department of Health and Human Services predicts that by 1990 the number of people reached by such groups will have doubled. In 1974 the alarm was sounded for psychiatry and other professionals, I think. An article in the American Journal of Psychiatry said that if psychiatry does not catch up with this new group movement, psychiatry will be left behind. By 1975 a self-help clearing house designed to collect and exchange information just on self-help groups was started. They even have a national newsletter, The Self-help Recorder.

To give some idea of the extensiveness of this movement, the various areas of human concern, let me list a few of these self-help groups. You have all
heard of AA, Al-Anon, Al-Ateen. You may not have heard yet about the new group, The Adult Children of Alcoholics. You will have also heard of Narcotics Anonymous, Gamblers Anonymous, and Emotions Anonymous, but in addition there are self-help groups for almost all the chronic physical illnesses listed in the World Health Organization classification and I am not going to try to list them here. There are also self-help groups for a wide variety of psychosocial problems. Language like this — Cheques Anonymous for people in chronic debt, Crooks Anonymous, Delinquents Anonymous, Divorcees Anonymous, Fatties Anonymous, Sexual Child-Abusers Anonymous, Parents of Youth in Trouble Anonymous, Psychotics Anonymous, Recovery Incorporated, Recidivists Anonymous and it goes on and on and on — Abused Women, Parents Anonymous, Suicides Anonymous, The Widow to Widow Programme. There are a number of grief groups which handle any and all kinds of forms of grief that human beings become involved in. There are new groups for people doing human service work helping others, care givers, doing something to help them.

With all of these self-help groups, there are bound to be some jokes about them. An old one which comes to mind is about Paranoids Anonymous — I wanted to join the group but they wouldn’t tell me where the meetings were being held.

What are some characteristics these groups have in common? Here are some that are suggested in the literature. The groups always serve a perceived, yet unmet, need for many people. Groups seem to be of spontaneous origin — they come from the people up, rather than formal authority. They start from a condition of powerlessness and the members somehow get together and agree on some helpful action. Participation is always personal, always voluntary. There is face to face interaction in small groups, the focus is on mutual aid for common special problems and the goal is simply to improve one’s and the group’s psychological functioning and their effectiveness in living, but the major source of help is the group members’ efforts and skill, their combined mutual experience and their knowledge and concern. Now professionals may be asked to participate to lend their expertise — this occurs especially with chronic illnesses — but their role is always ancillary and they serve at the pleasure of the group. Professionals have even started a number of groups, but wisely they move aside and let the group take over control. I think the most important characteristic of such groups, however, is that they are inexpensive and they are productive. They appear to be directly helpful. When you talk to members of such groups they say that the groups help them. The groups are non-bureaucratic and there is no red tape; they are anti-authoritarian, their activities are based on real life experiences and common sense and it looks like these groups have found that banding together is the best way to cope.

With that taken care of, I should like to say something about self-help groups in historical perspective. Despite this rapid growth of the self-help group movement, self-help activities are not new — depending on how you define them, and that’s the rub. Efforts by people to provide mutual aid for