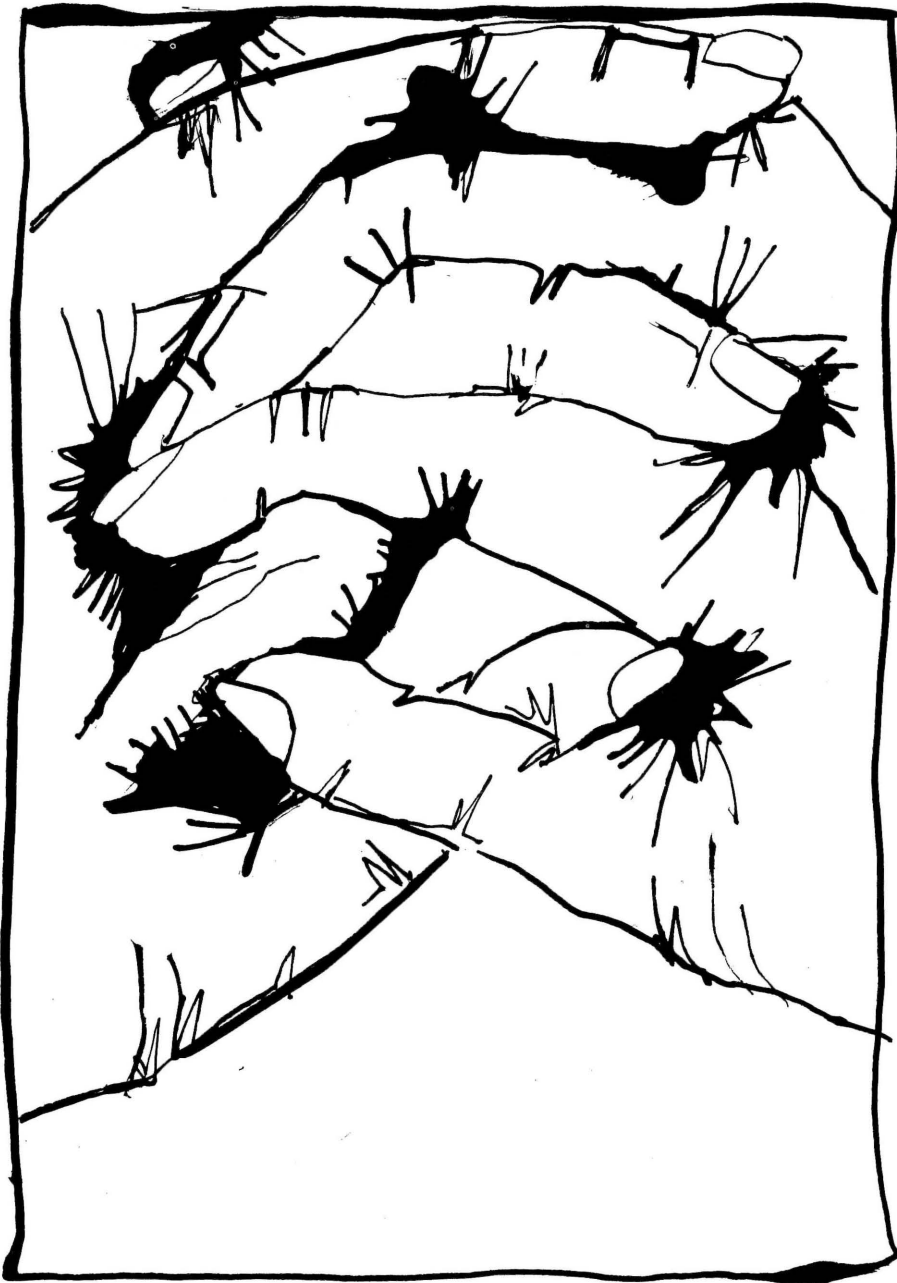


The Role of Ideology in Self-Help Groups

by John Suler



People joining together to solve some common problem is an enduring historical phenomenon. As Kropotkin (1914/1972) described in his classic study, mutual-aid has always been essential to human survival, although its form has evolved over time according to the social, economic, and political needs of different historical periods. The important common denominator is that most self-help groups develop to fulfill a common need that is not being met by existing social organizations.

Over the past several decades, the growth of large institutions and the rampant increase in mobility and industrialization have disrupted many traditional social groups, including the family and religious organizations. As a result, needs that were once satisfied by these groups are often left unfulfilled. The recent proliferation of self-help groups reflects the attempts of people to collectively resolve their own problems and to fill those voids left by society. Such groups have become an alternate source of information and social support, and a therapeutic resource that provides ideas and coping strategies that can be integrated into the member's everyday living.

Despite the ubiquity and significant therapeutic potential of such groups, there is a striking lack of systematic theorizing and research concerning them. Surveys have been conducted (Hatfield, 1979; Knight et al., 1980; Levy, 1981, 1982; Videka, 1979) and several typologies have been suggested as a means of categorizing the numer-

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ous groups that exist (Katz, 1981; Killilea, 1976; Levy, 1976), but a majority of the literature consists of descriptive case-histories and studies based on clinical observations or anecdotal evidence.

Undoubtedly, empirical studies of self-help groups are difficult due to the methodological complexities intrinsic to research in natural settings. Some groups which take the self-help philosophy very seriously are also wary of professionals, thereby making research precarious. But the problem is more than this. As Katz (1981) notes, the absence of a codified body of work seems to have encouraged scholars to proceed as if no previous work existed, and the wide variety of sometimes obscure journals in which relevant work appears has made bibliographic research difficult. Little help has been offered by the discipline of psychology to provide the coherent theoretical and research guidelines that are now needed.

The purpose of this article is to propose a conceptual framework for understanding the therapeutic potential of self-help groups. The major theoretical premise is that a self-help group is often founded on an ideology, a system of beliefs, attitudes, and values, that helps its members define their problem and how it should be alleviated. The ideology may be implicit or explicit, but in all cases it guides the intended purposes of the group and structures the self-help process. A thorough exploration of this theme is made possible by drawing on the extensive theory and research in psychology pertaining to attribution processes, attitude formation and change, and cognitive-behavior therapy. Using this conceptual framework, this paper will interpret and integrate the literature on the self-help movement and will demonstrate how the power of the concept of ideology lies in its flexible application to various aspects of the life of a self-help group: the therapeutic functions of its belief system, the basic issues it confronts when defining and resolving its members' problems, and the influence of its belief system on the group process and development. Most important, because the study of the role of ideology in self-help groups is readily

amenable to empirical investigation, important research issues and strategies can be identified.

THERAPEUTIC FUNCTIONS OF AN IDEOLOGY

In all forms of psychotherapy, the curative process parallels the client's adoption of a new belief system. The newly acquired attitudes and values derive therapeutic power from their potential to modify emotional states, as recognized in cognitive-behavior theory, and from their functional applications as a cognitive framework. Because the individual's sense of self is also grounded in the beliefs and values of the social groups to which he/she belongs, a self-help group's ideology can serve as a vehicle for engaging and shaping the individual's identity. On that dimension where the individual's problem is not being addressed by existing social institutions, where his/her identity is weak or poorly formulated, the self-help group's ideology can act as a foundation for developing a more unified and adaptive sense of self. This remedial quality of ideology can be evaluated on three levels: the general therapeutic function of ideology, the therapeutic function of the core self-help philosophy, and the specific therapeutic function of a particular ideology.

The general therapeutic function of any belief system is its ability to alleviate the anxiety associated with ambiguity and uncertainty. For those people experiencing a problem for which no help or information is offered by formal institutions, a self-help group may provide a cognitive structure that creates meaning and purpose. The ideology will consist of beliefs that define the nature and causes of the problem, and values that specify goals to strive for and courses of action to obtain those goals. The group constructs a social reality that acts as a shared basis for perceiving and acting in the world and that prescribes coping strategies and guidelines for everyday living. Carden (1974), for example, believes that a basic objective of consciousness-raising groups is to help women cope with their confusion—a confusion resulting from the breakdown of norms accompanying the drastic change in women's

roles over the past few decades.

The belief system of Recovery, a self-help group for ex-psychiatric patients, similarly sweeps away the bewilderment and mystification of the problems experienced by its members:

The Recovery method is characterized by a search for order amidst a labyrinth of complex psychological problems and processes. Personal experiences are restructured within a cognitive framework provided by Recovery so that events which may be anxiety-provoking and unfamiliar may be translated into a more familiar and understandable form (Wechsler, 1960, p. 305).

The therapeutic power of this basic life-structuring function of an ideology is most evident in those groups, such as Alcoholics Anonymous, that frequently attract people who have hit "rock bottom." For people who are helpless, who lack alternatives, who are confused about their life, the group's philosophy may be perceived as the road to salvation (Gartner, 1976). The ideology becomes a new way of living, with the transition to the group's philosophy resembling a religious conversion, and the group itself acting as a substitute or supplementary family.

The therapeutic quality of the *core* ideology intrinsic to the mutual-aid movement is revealed by an analysis of the term "self-help group." The word "self-help" connotes egalitarianism, grass-roots decision making, and the ability to change oneself by one's own efforts—an aprofessional philosophy that opposes the more authoritarian therapeutic model that is typical of traditional human-service institutions (Gartner and Riessman, 1977; Hurvitz, 1974; Riessman, 1965). The therapeutic potential of the self-help ideology is its ability to encourage people to overcome powerlessness, to feel and use their own strength to resolve problems. Zusman (1969) referred to this philosophy as "no-therapy," while Riessman (1965) coined the popular term "helper-therapy principle." The ideological assumption is that rather than passively relying on a higher-status professional to conduct a treatment, members of a group should

assume the responsibility of helping themselves and each other by shifting between the client and therapist roles—by helping others you help yourself. The core self-help ideology, therefore, is also a philosophy of group support and communality (Knight et al., 1980; Levy, 1981; Wollert, Levy, and Knight, 1982).

Emotional catharsis, the sharing of problems, and mutual criticism and identification, all within a peer group context, are the essential values of some of the prototypical self-help organizations such as Integrity Groups and A.A. and are strikingly reminiscent of the therapeutic effect of confession and expiation in religious groups. The ideology in formal professional relationships precludes these therapeutic ingredients. In addition, the core self-help philosophy often underplays the importance of psyche-probing insights into underlying causes as a primary objective, unlike professional philosophies, and instead strives for specific goals and concentrates on everyday needs and problems (Killilea, 1976; Zusman, 1969). As Gartner and Riessman (1977) suggested, the advantage of this core self-help philosophy over that of the professional model is its flexible, consumer-based approach that enables a much wider range of connections to people's world views, expectations, and beliefs than the more abstract professional philosophies, thereby creating a much wider range of possible interventions.

Antze (1976) has described an ideological mechanism that would explain how the self-help movement addresses a wide range of issues, yet each individual group is specifically adapted to one type of problem. The problem experienced by the people who join a particular group is often perpetuated by a specific set of beliefs and attitudes. The ideology proclaimed by the group, when adopted by the newcomer, counteracts the maladaptive beliefs, thereby undermining the problematic aspects of their lifestyle. The therapeutic results, therefore, are achieved by the cognitive exchange in which new attitudes and values act as a "cognitive antidote" for those that have been dysfunctional.

As an illustration, Antze (1976) contrasts the ideology of A.A. and Recov-

ery. Alcoholism, according to Antze, is perpetuated by alcoholics' beliefs that they are omnipotent, that they could easily stop drinking if they tried hard enough, that they could even take one more drink and successfully quit afterwards. This "last drink," however, typically precipitates an alcoholic binge, resulting in feelings of guilt and more binges to escape that guilt. The A.A. ideology halts this vicious cycle by encouraging individuals to accept alcoholism as a disease that is beyond their control and to rely on a "higher power" for the strength to change. By abandoning their omnipotence, by surrendering themselves and accepting their condition, they become able to confess their misdeeds to the group, to express guilt, and to avoid those maladaptive beliefs that perpetuated the drinking cycle. Similar ideological exchanges operate in Al-Anon (Ablon, 1974) and Gamblers Anonymous (Scodel, 1964), which were both derived from the A.A. model.

In Recovery the ideological interchange is the opposite of that in A.A. Ex-psychiatric patients tend to prolong their symptoms by attributing them to a sickness that is beyond their control. They are prone to using "sick language" about themselves, deny responsibility for their difficulties, and may even secretly indulge in their problems. Recovery's ideology, however, encourages them to believe that they can overcome their symptoms if they try hard enough to act as if they are healthy. The therapeutic process involves the substitution of an ideology stressing willpower in place of beliefs that emphasize helplessness. Because this exchange of beliefs is the reverse of that in A.A., Antze claims, it demonstrates how the particular ideology of a self-help group is tailored to resolve the specific problem of its members.

By analyzing the key pattern of attitudes and values underlying different problems, Antze (1976) suggests that a typology of afflictions could be constructed that would explain the similarities and differences found among ideologies of successful groups. Groups may even be distinguished by how they vary in their emphasis on different aspects of the core self-help ideology, as evident in the accentuation

of self-determination and self-control in Recovery, but not in A.A. However, few research studies have specifically investigated the belief systems that operate in self-help groups or that maintain the problems they address. There is insufficient information to construct such a classification system, but some fundamental ideological issues can be identified.

BASIC IDEOLOGICAL ISSUES

A comprehensive typology of belief systems must incorporate the basic ideological issues that are confronted in the self-help movement. Although groups fall along a continuum according to the degree of clarity and structure of their ideology, with some apparently not professing any specific belief system, many groups implicitly or explicitly grapple with these issues. How they are resolved will significantly affect the group's intentions and activities. These issues are interrelated, but individually can be described as: (1) the implications of the group making internal or external attributions about its members' problems; (2) how the identities of members are managed, including coping with stigmatized identities and transitions to new identities; (3) the extent to which social and expressive interactions within the group are emphasized; and (4) whether the group encourages integration or isolation from the outside world.

Internal or External Attributions

Whether a group makes an internal or external attribution concerning the cause of its members problems will determine the group's values about preferred plans of action. Some groups believe that the problem is *within* its members, resulting in the group's inner focus where energy is concentrated on coping with its members' difficulties. Other groups attribute the problem to the political and social structure, resulting in an outer focus emphasizing political and social change (Katz, 1978; Katz and Bender, 1976; Spiegel, 1976). This ideological choice often has a significant impact on the identity of the group members and on whether society's values are accepted or rejected. For example, groups for stigmatized people—such as homosexuals,

ex-convicts, and the obese—may either conform to societal beliefs about their abnormality and attempt to modify their members' deviance, or they may try to convince the world of the group's perspective, striving to change cultural norms to include acceptance of their deviance (Sagarin, 1969). Steinman and Traustein (1976) described this as the distinction between "ameliorator groups" that focus on admitting and resolving their problems and "redefiner groups" that reject social stigma and attempt to change society's definition of its members as abnormal.

The ideology of redefiner groups often includes a vehement denial of the need for therapeutic change of its members. Groups for homosexuals regarded social prejudice as the cause of their members' problems and consequently concluded that the goal of "curing" homosexuality is absurd (Sagarin, 1969). Because traditional consciousness-raising groups similarly believe that societal oppression is the source of the many difficulties women experience, their goal is to awaken women to this fact and to rally them to unite in challenging this oppression. This belief is accompanied by the idea that any group member is not sick, is not "in therapy," and should not expect that the group's primary aim is to help her with her own personal life difficulties (Cassell, 1977; Norman, 1976). They maintain that nothing a woman can do herself alone will solve the basic problem of being a female in a society that oppresses her: "consciousness raising looks for political not personal solutions" (Perl and Abarbanell, 1976, p. 13).

However, it should be noted that the ideological emphasis on "going public" in such redefiner groups may serve a therapeutic function. Making an open declaration about one's condition and then attempting to take political action induces strength, confidence, and self-respect (Spiegel, 1976). Shatan (1973) described how simply talking about their problems was not enough for Vietnam Vets Against the War: openly criticizing the war and taking political action against it was necessary to restore the sense of meaning, dignity, and control they had lost over their lives in Vietnam.

Identity Management

In those groups that make internal causal attributions about their members' problems, a belief system and related coping strategies must be developed to assist the members in managing what Goffman (1963) would describe as their "spoiled identity." They need to acquire ideological guidelines describing how to deal with the prejudice of outsiders, as well as with their own feelings of sin, guilt, and self-condemnation. Not all groups resolve these issues in the same way. In groups for dwarfs and midgets (Weinberg, 1968), alcoholics (Robinson, 1979), and ex-psychiatric patients (Wechsler, 1960), acknowledging and accepting one's deviance by identifying with other members is one of the major therapeutic benefits of the group. Gaudenzia helps drug addicts overcome negative self-evaluations by adopting an existential philosophy stating that there is no personal trait or essence dictating whether someone is good or bad; "you are what you do" and, therefore, can always change (Glaser, 1971).

On the other hand, some groups intentionally or unintentionally heighten guilt to motivate members to reduce deviant behavior. Some weight-loss organizations accept the cultural disdain for being obese and utilize ridicule and humiliation tactics to persuade members to diet (Gartner and Riessman, 1977). Parents Without Partners implicitly agrees with the belief that parents *with* partners are better, which creates a feeling of inferiority among its members that drives them back into the competition of dating and marriage (Katz and Bender, 1976). As Sagarin (1969) notes, those groups that view their deviance as immoral and sinful often accept middle-class values, turn to religious or pseudo-religious concepts for comfort, and function as a form of group therapy.

One ideological strategy is to attribute a problem to a psychological illness, as in Gamblers Anonymous and some obesity groups (Sagarin, 1969; Scodel, 1964; Wagonfeld and Wolowitz, 1968), or to a biological abnormality, as in A.A. and Schizophrenics Anonymous (Antze, 1976;

Robinson, 1979; Ryback, 1971). Biological attributions in particular help undercut the belief that a person is intrinsically bad or sinful, thereby alleviating guilt and shame. In A.A. the belief that this biological disease can never be cured also encourages members to maintain participation in the group, to learn how to control their drinking rather than analyzing "underlying causes," and to rely on a "higher power" for strength and motivation (Robinson, 1979).

Another therapeutic strategy is to highlight the creation of a new identity and the adoption of a new ideology associated with it. Al-Anon encourages the wives of alcoholics to clarify their own needs and to establish their own lifestyle rather than define themselves in terms of their husband (Ablon, 1974). In Gamblers Anonymous, distinct therapeutic stages involve the destruction of one's old identity and the creation of a new one by associating with non-gamblers (Cromer, 1978). Some groups specifically address the self-doubt, loss of confidence, and confusion about goals and values that accompany life transitions into new social roles.

Because many of the traditional rites of passage that assisted people in making these transitions are no longer functional, self-help groups have formed to act as temporary communities where identity problems can be resolved (Killilea, 1976; Weiss, 1976a). For example, La Leche League assists women in learning the techniques and philosophy of being a mother (Silverman and Murrow, 1976); Vietnam veterans groups ease soldiers into civilian roles (Shatan, 1973); and groups for the bereaved or divorced help people adapt to a new life without a mate (Kirschner, 1982; Silverman and Murrow, 1976).

Emphasis on Social and Expressive Interactions

An important ideological issue, especially for these groups making internal causal attributions, is whether the interactions among group members should itself serve as the primary therapeutic mechanism. Back and Taylor (1976) described "expressive" groups that strive for interpersonal development by encouraging commu-

nication and the sharing of feelings among members, as opposed to "pragmatic" groups that are basically educational, provide advice, and have some concrete objective. Because psychiatric social clubs and organizations for ex-patients believe social isolation and interpersonal skill deficits to be a primary problem of their members, they encourage socialization and the shaping of social skills within the group (Sanders, 1976).

Some groups for higher functioning populations, such as peer confrontation groups (Van Stone and Gilbert, 1972), men's groups (Wong, 1978), and Integrity Groups (Mowrer and Vattano, 1976), similarly stress group interactions as the context for developing the interpersonal sensitivities and fulfillment that their members lack. Antze (1976) describes how Synanon very clearly endorses an ideology stating that heroin addiction is maintained by the addict's need to withdraw from the stress associated with interpersonal relationships. The Synanon lifestyle counteracts the addict's social and emotional detachment by forcefully requiring members to confront each other, to express their feelings, and to mutually resolve their interpersonal conflicts. Some groups with an expressive orientation may even stress the need to vent specific emotions, as in those weight-control groups that attribute obesity to suppressed anger (Wagonfeld and Wolowitz, 1968).

Isolation or Integration

When members are attracted to the social relationships and the sense of community offered by a group, the ideology must resolve the issue of how much the members should rely on the group to fulfill their social needs. For some organizations the issue becomes an ideological dilemma. Parents Without Partners attracts people who want to meet members of the opposite sex, and Little People of America draws stigmatized people looking for friends; yet these organizations have policies stating that their primary purpose is not to satisfy social needs (Sagarin, 1969; Weiss, 1976b). In some cases, the ideology incorporates values specifically dictating whether the group should attempt to integrate its members into

society or to serve as a substitute community isolated and protected from outside influence, a choice that closely parallels whether society's values are accepted or rejected.

Some groups for stigmatized people such as ex-convicts, drug addicts, ex-psychiatric patients, and dwarfs clearly endorse cultural values and attempt to resocialize and reintegrate their members (Rosenthal and Biase, 1969; Sagarin, 1969; Sanders, 1976; Weinberg, 1968). Other groups, some serving similar populations, adopt the opposite perspective, as best illustrated by Synanon that urged isolation from the outside world, rejected prevailing cultural values, and provided its members a substitute world and lifestyle (Gartner and Riessman, 1977; Killilea, 1976). Alienation from society, therefore, may be regarded as a problem to be resolved or as a therapeutic solution.

GROUP PROCESSES AND DEVELOPMENT

In addition to studying the structure of the constellation of beliefs that constitute a group's ideology, research may also focus on the social-psychological processes involved in the management of that ideology. Investigations in this area would consider how the newcomer adopts the group's belief system, how the group sustains its members' faith in the belief system, and how ideological changes influence the development of the group.

The newcomer's adoption of the group's belief is an ideological conversion process that is subject to many of the principles of attitude-change theory (Cohen, 1964). By utilizing these principles, the impact of the conversion can be maximized. For example, people tend to seek help from and are more influenced by others they perceive as similar to themselves, a camaraderie that self-help groups typically accentuate. The old-timers of the group, if they visibly present themselves as knowledgeable and successful examples of how helpful the ideology can be, may serve as the type of ideal models who are powerful persuasive agents.

Although a group may strive to substitute its beliefs for those dysfunctional beliefs that underlie the newcomer's problems, according to

The therapeutic potential of the self-help ideology is its ability to encourage people to overcome powerlessness, to feel and use their own strength to resolve problems.

Antze's (1976) cognitive antedote hypothesis, any severe discrepancy between the group's and newcomer's ideology may hinder the conversion process. A belief system is most readily adopted when it includes novel ideas or insights, but can also be incorporated into the person's previous ideological structure. Finally, the group may attempt to heighten the newcomer's sensitivity to his/her problem, resulting in an increase in distress that can catalyze the conversion process (Toch, 1965; Weber, 1922/1968).

Once a person joins, the group must find ways of maintaining the newcomer's faith in its belief system. Written documents describing the group's ideology, such as A.A.'s "Big Book" and Low's (1950) work written for Recovery, may be ritually cited and applied in everyday living, as well as in times of doubt, confusion, and crisis. A group may even develop its own language or lingo to foster communication and application of its ideology; for example, group slogans and mottos can serve as handy cognitive tools for resolving everyday problems, as in Al-Anon's expressions "live and let live" and "easy does it," which remind the spouse not to be over-involved in the alcoholic's drinking problem.

If carried to extremes, however, group lingo may evolve into a form of non-thought that dampens critical thinking (Lifton, 1961). The attempt to strengthen faith by encouraging communality and group cohesion can similarly go awry if it leads to strict isolation and rigid rejection of the outside world. Protecting an ideology by screening out or distorting competing beliefs and values may lead to a closed-minded social system that lacks the vitality and flexibility of being able to

synthesize new ideas (Rokeach, 1960).

Devotion to the ideology can be preserved by building certain interpersonal dynamics into the life of the group. Some groups routinely require members to publicly confess their transgressions of the group's principles and to agree to a contract about their future behavior (Antze, 1976; Mowrer and Vattano, 1976; Scodel, 1964). Ridicule and shaming techniques may even be used to coerce members into cognitive and behavioral compliance (Sagarin, 1969).

These confession and expiation ceremonies, which exemplify Bem's (1970) "self-persuasion process," encourage members periodically to recast their experiences in terms of the group's ideology and to rejuvenate their dedication to that ideology. This self-persuasion process as a mechanism of maintaining faith is also evident in the tradition of well-established members acting as the sponsors for newcomers. To instruct novices about how to utilize the group's teachings, established members choose precisely those arguments they find most convincing; by playing the role of the successful member they renew their commitment to the group (Antze, 1976). For example, those members of A.A. who sponsor a newcomer, according to the tradition of "Twelfth-Stepping," are more likely to remain in the group than those who neglect this responsibility (Robinson, 1979).

The existence of people who have "made it" also sustains the faith of those who have not, encouraging them to endure in their attempts to change. In general, the mixture of old and new members helps strengthen faith because it creates an atmosphere of "ascending fellowship," a feeling of mutual support and identification that sustains everyone's striving for the state of perfection central to the group's beliefs (Levine, 1977).

When a group's ideology changes over time, the transition will be smooth and successful as long as all members endorse the new belief system. Such ideological transformations are sometimes dramatic, as in those groups that shift between internal and external attributions. Gamblers Anonymous, for example, once crusaded for laws

prohibiting gambling, but later redirected its efforts to concentrate on gambling as a personal illness (Sagarin, 1969; Scodel, 1964). Mutual-aid organizations for health related disorders, such as the Committee to Combat Huntington's Disease, often start out offering support, education, and the development of coping skills to their members; however, because such direct service to the afflicted does not always retard the disease process, the group may subsequently evolve into an organization involved in lobbying and fund-raising for medical research (Gussow and Tracy, 1976).

There is a high probability that ideological alterations in the course of a group's development will cause disruptions of group cohesion. Schisms arose in Parents Without Partners as a result of the conflict over whether the group's aim was to help members survive without a spouse or to find a new one (Gartner, 1976). Other groups have been torn by the basic ideological issue about whether they should emphasize resolving their members problems or changing the social-political causes of those problems (Katz and Bender, 1976; Sagarin, 1969). Such controversies over ideology may not always reflect a genuine concern for the group's teaching, but may be rationalizations to hide struggles for status and power within the group.

Conflicts can be resolved in several ways. Members may drop out of the group until ideological homogeneity is attained, as in those women's groups that struggled over having a political versus personal orientation (Cassell, 1977). Dissatisfied members may exit the group and found offshoot organizations. John Mayer, who objected to Synanon's emphasis on being an isolated utopian community, formed his own group that encouraged drug addicts to be socially and politically active (Sales, 1976). Similar events led to the formation of Gaudenzia and Daytop Village as outgrowths of Synanon (Glaser, 1971). By fragmenting and diversifying, consciousness-raising groups that once addressed a broad range of problems fanned out into subgroups, each focusing on specific women's issues.

For any self-help group, ideological

conflict may disrupt its integrity and therapeutic impact; but the collapse of that primary group may reflect the necessary evolution of secondary groups, each endorsing a distinct ideology that more effectively addresses the specific needs of its particular members.

Over the course of their development, some groups gradually clarify and codify their ideology, and may never experience any severe ideological clashes. The explicit formulation of the belief system may enhance its therapeutic application, but as groups increase in size and organization, they also confront the dangers of authoritarianism and bureaucratization. Similar to the routinization of religious communities as described by Weber (1922/1968), the need to secure the permanence of the group's teachings may result in the evolution of a rigid social system where dogma, ritual, and authority structures prevail, where the original vitality and spontaneity of the teaching is lost. Overly dependent members may almost deify the founders of the teaching, as some critics have construed Recovery's reverence for Abraham Low.

Some self-help groups even have been described as paramilitary because the participants must adhere to a specific code of conduct, are kept under strict surveillance, and are elevated in status only if they obey group norms (Caplan, 1976). In such highly cohesive organizations, a form of "group-think" may emerge in which extreme loyalty to the group's philosophy results in defective, biased, and sometimes anti-therapeutic decision making (Janis, 1972).

Finally, groups increasing in size and political influence face the dangers of being incorporated into or merged with professional organizations (Kleiman, Mantell, and Alexander, 1976; Lusky and Ingman, 1979)—a consolidation that may disrupt the therapeutic effect intrinsic to the core self-help philosophy of self-autonomy and egalitarianism.

STUDYING SELF-HELP GROUPS

Many parameters of the role of ideology in self-help groups require further investigation. If each group develops an explicit ideology that acts as a cognitive antidote for a particular

problem, then specific comparisons, contrasts, and predictions can be made concerning those groups. Understanding a group's ideology should enable predictions of the kinds of problems that could be resolved in that group, while understanding the maladaptive beliefs maintaining a particular problem should forecast what compensating group ideology would be most therapeutic. However, the cognitive-antidote hypothesis may only apply to groups that address a focused problem, and may not as powerfully explain those that work with multiple or vague issues.

The specificity and clarity of a group's ideology may parallel the specificity and clarity of the problem. Also, even though all groups at least implicitly uphold the core self-help ideology and address the basic ideological issues discussed earlier, not all groups openly profess a carefully delineated belief system, such as those in A.A. and Recovery. This leads to questions about whether groups are more successful if they are consciously aware of their ideology, if they clearly define and publicize it, and if they deliberately manipulate social psychological processes to promulgate the group's beliefs.

Undoubtedly, simply having an ideology, whether it is clearly formulated or not, is no panacea. Future research must evaluate the potential benefits of ideology, but must also investigate the possible pitfalls resulting in ineffective or anti-therapeutic belief systems.

To study these issues, methods for assessing ideologies must be developed. An examination of written documents used by groups, including books, pamphlets, and even advertisements, will reveal the group's beliefs and values. Leaders and old-timers, who often act as interpreters of the ideology, can share their understanding of its logic and how they successfully utilized it to resolve their difficulties. Because group mottos and slogans are stylized condensations of group values, an analysis of how they are applied to everyday living will disclose the practical dimensions of the group's belief system. Many aspects of the ideology will also be expressed in various group activities and ceremonies, especially confession, mutual criticism, and con-

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tracting processes. For those groups that are not fully aware of their ideology, or that have difficulty verbalizing it, a variety of value clarification techniques (Smith, 1977) can be adopted by the researcher.

A scale could be constructed that would assess the various beliefs and values underlying the core self-help philosophy and the basic ideological issues discussed earlier. This instrument could be used to examine the relationship between the ideological structure of different groups and the types of problems they address. Mental-health professionals might administer such a scale to their clients to determine whether they should be referred to a self-help group and what group in particular might best remedy the maladaptive beliefs underlying their problems.

Experimental studies of self-help groups may be inappropriate or impossible due to the difficulties controlling the complex variables in natural social settings; such studies may also alienate the group. Therefore, qualitative techniques (Diesing, 1972) may be more appropriate because they are unobtrusive and versatile. Participant observation, for example, would enable the researcher to draw on objective observations as well as personal reactions as data for understanding how the ideology functions in a group. A team of outsiders studying a group might include an "adversary" whose role is to provide criticisms and counterarguments for the conclusions proposed by the primary investigator (Levine, 1974). Because the investigator's own beliefs and values may distort the analysis of a group's ideology, the adversary's continual cross-examination will help steer the researcher toward

accuracy in evaluating data.

The relationship between mental-health professionals and the self-help group warrants special attention. In addition to studying groups as an outside observer, professionals may also act as facilitators in the creation of groups for the purpose of testing hypotheses. However, this strategy may produce groups that are qualitatively different from those that develop spontaneously, perhaps diluting the core self-help ideology.

Any strategy for studying self-help groups invokes the larger and more important issue of the professional's need for an effective synthesis of practical and research skills. Some professionals have acted as advisors to exigent self-help groups or have contributed to the creation of new ones (Dean, 1971; Gartner, 1976; Ryback, 1971; Weiss, 1976b); but as yet no coherent system of guidelines for conducting applied research have been developed.

There is also a need for efficient liaison and referral networks between the mental-health system and self-help organizations, especially since the self-help movement is gaining influence as a form of mental-health care (Levy, 1978, 1982; Rodolfa and Hungerford, 1982; Wollert, Knight, and Levy, 1980). The wide-scope goal of the professional, therefore, is to use empirical investigations to construct a model specifying how to coordinate the multiple roles of researcher, consultant, and colleague of self-help organizations. The study of ideology can serve as a foundation for this work because it provides an extensive understanding of group process and development, and of the therapeutic benefits offered by different self-help groups. ■

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