



Group Hope Mutual Help Discussion

Group Hope began and remains committed to “mutual aid/help” as our goal and mechanism that delivers reliable benefit to people suffering the pains of Major Depression or Bipolar Disorder. Just as support groups and Alcoholics Anonymous stand out as the methods that work among people with a malady in common, Group Hope would be faithful to its members by adhering to a proven method. We promise to give opportunity to be heard and understood. We promise to stimulate discussions of the painful nature of these physical illnesses. We promise to acknowledge the nature of the dangerous and painful feelings that so magnify the many triggering experiences of these illnesses.

The group process so empowered delivers validation and comfort as members respond back and forth with each other more than with a leader. Our facilitators promise to be there to enable the back and forth discussions. That is our work.

The incontrovertible evidence of the value of the group process and the results compiled by “AA” needs no re-invention. It is clear that behavioral/mental health providers believe in that model of AA. Not so clear may be Provider belief in Depression/Bipolar mutual help power. For potential Provider volunteers for Group Hope, we submit this discussion in order to keep our promise to members of the groups. Attendance at a few discussion meetings could provide useful orientation.

That said I offer some ideas about “mutual-help” from a six year experience, advice from local providers, experience from DBSA members and their literature and also from a resource book called The Mutual Aid Approach to Working with Groups. (By Dominique Moyses Steinberg)

As Group Hope evolves, facilitators including consumer facilitators (all of us) will need to study some of these ideas. Members of the groups need us to do it with sound belief in the power of the group to help individuals who suffer Depression and Bipolar Disorder. Sound belief in the group can be defined as the essential skill of a facilitator. In that spirit, the following:

Steinberg summarizes current circumstances that result in proliferation of (various types of) support/mutual aid groups saying, “Missing elements in the system of (mental health) care is causing proliferation of groups rather than any true understanding of or respect for the healing power of groups or skill in the group-work method.”

In addition, she says, “I continue to believe that there is a fundamental misunderstanding of mutual aid among those who are forming and leading all these groups.” No group is devoid of potential; mutual aid is the normal stuff of groups. It’s all in how we approach our work. “If a group is not acting as a mutual-aid system, then I believe that the most likely explanation is lack of skill on the practitioner’s part.”

Unadorned by professional jargon, mutual-aid simply refers to people helping one another as they think things through. Mutual-aid practice requires a certain vision. “It calls for a shift in the way we regard and use our authority, and it requires the purposeful use of group-specific skills.”

Group process needs the application of a whole body of skills that extend beyond those used in work with individuals. It’s a direct contrast to the “individual-work-in-a-group” style that overwhelms much of practice today. The process takes on many looks, not all of which promote mutual aid. For example, mutual aid relies on spontaneous communication and interaction among members and has little room to develop when they interact primarily with the worker while the others watch and listen. It has little room when the facilitator is regarded as the principle helper.

Steinberg says, “We need to be willing to consider ourselves as only one of many

possible helpers in the group.” Our facilitator is needed as a *worker rather than a leader*. All other participants have experiences which give them expertise that *forms the basis for mutual aid*.

Therefore says Ms. Steinberg, “The more we assume the role of the group’s only or even primary helper, the more difficult we make it for members to identify the strengths they might use to help themselves and one another.”

“Members need to have capacity to communicate and interact with one another.”

“Mutual aid requires group-specific skill.”

“Thus if we relinquish the role of sole or even primary helper, if we encourage a democratic-humanistic culture, if we work with persons who can interact with their peers, if the group has a common purpose, and if we have group specific skill, we can help any group actualize its particular mutual-aid potential.”

“One problem with many approaches to working with groups today is that they do not, in fact, attend specifically to group process.”

“Mutual aid is not a fabrication of social work; nor is it a modern passing notion. The idea of people helping one another has been acknowledged for a long time as a human dynamic of some biological and social import.”

“Mutual aid is not a process of problem identification followed by a gift of advice—an all too common phenomenon of so-called helping groups.”

“When workers talk primarily to members individually, one by one, these members are effectively denied any opportunity to talk with one another spontaneously and directly.”

“Draw them together and keep them invested in helping one another.”

“From the very first meeting, the facilitator thinks about working him/her self out of a job.”

“When we ask people to contribute their strengths to the group so that it may develop into a mutual-aid system, then, we are essentially asking for the full participation of each member in all aspects of group life.”

Group Hope members thrive on being heard, being understood and on the hope that comes when they discover that they are not alone. Identifying with others in similar circumstances brings hope to a person convinced that no human could feel as awful as them. Interacting with others with the same feelings may awaken their feelings of compassion. For many these experiences reduce painful numbness of feelings or worthless feelings. Every such shift and connection with other people is protecting.

For our future application of mutual-aid methods, submitted for consideration.

Charles Smith MD