



University of Richmond UR Scholarship Repository

Jepson School of Leadership Studies articles, book chapters and other publications

Jepson School of Leadership Studies

2010

Support Groups

Donelson R. Forsyth

University of Richmond, dforsyth@richmond.edu

Follow this and additional works at: <http://scholarship.richmond.edu/jepson-faculty-publications>



Part of the [Social Psychology Commons](#)

Recommended Citation

Forsyth, Donelson R. "Support Groups." *Encyclopedia of Group Processes & Intergroup Relations*. Edited by John M. Levine and Michael A. Hogg. Vol. 2. Thousand Oaks, CA: SAGE Publications, 2010. 872-76.

This Article is brought to you for free and open access by the Jepson School of Leadership Studies at UR Scholarship Repository. It has been accepted for inclusion in Jepson School of Leadership Studies articles, book chapters and other publications by an authorized administrator of UR Scholarship Repository. For more information, please contact scholarshiprepository@richmond.edu.

people who meet to exchange social support about a problem or situation that they all have experienced. Support groups, which are also known as *self-help groups*, exist for nearly every major medical, psychological, or stress-related problem. Each one is likely to be unique in some respects, but most such groups are practical in focus and interpersonal in method, for they usually strive to provide members with both emotional support and useful information. Support groups are usually organized and regulated by the members themselves, yet members often report benefits from participation that rival the gains of members of more formal and traditional treatment methods.

Features of Support Groups

In times of trouble, such as illness, divorce, loss, or crisis, people tend to join with others rather than cope alone. During their first semester in college, students may seek out social networks of peers and friends as they deal with new and stressful experiences. When people first learn they are suffering from some serious illness, they often turn to friends and family members for information, advice, and a sympathetic audience. When people feel stressed and burned out by work-related pressures, they often cope by joining gripe sessions with coworkers.

Families, friends, and professional caregivers such as physicians and therapists are excellent sources of help and information in stressful, difficult circumstances, but some individuals' social networks may be too worn, too fragile, or too inexperienced to provide them with the solace they require. Sometimes, too, individuals may not wish to reveal their problems and their needs to their intimates and would prefer to unburden themselves with others who are knowledgeable but more objective and therefore less likely to judge them harshly.

Support groups are based on this natural tendency to seek reassurance and help through membership in a group. The most fundamental feature of such groups is reflected in their name: They support group members as they cope with their specific problem or illness, as well as other difficulties that can be traced back to their basic problem. Given the pragmatic orientation of self-help groups, much of this support takes the form of direct

SUPPORT GROUPS

When people experience traumas, crises, or catastrophes, when they encounter medical or interpersonal difficulties that they cannot cope with by themselves, or if they simply need to find a sympathetic audience who will listen to their problems, they often turn to support groups: groups of

advice about the problem. More experienced members of the group may provide information, directions, advice, and suggestions regarding treatment or palliatives, demonstrate how to carry out the procedures recommended by medical authorities, or give general interpretations about symptoms that are often misunderstood or clear up uncertainties about remedies. But support groups also provide emotional support to members. They may encourage members to persevere and praise them for each achievement related to their problem. They allow members to express their fears and misgivings and so provide a receptive audience that responds positively rather than judgmentally. They respond to members in an emotionally positive and motivating way, rather than dispassionately or negatively. Support groups include the individual within the boundaries of the group, and this basic inclusion process minimizes new members' worries, tensions, and loneliness while increasing their sense of self-worth and efficacy.

How do support groups help their members, given that they usually have no formally designated leaders, no professionally trained staff, and no facility or budget? Although no two groups adopt identical procedures and structures, the hallmarks of a support group approach include focusing on a specific problem, encouraging members to form personal relations with one another, and stressing mutuality in helping. Support groups are also likely to remain independent of other sources of support that the members might be receiving, and they usually adopt an overarching perspective or worldview that provides a context for understanding the problem the group is designed to redress. These typical features of support groups are examined in more detail in the rest of this entry.

Support for a Specific Problem

Support group members may differ from one another in terms of age, sex, race, and wealth, but they share one important similarity: They are all coping with the same kind of problem. Unlike general therapeutic groups or social groups, support groups usually deal with one specific type of medical, psychological, stress-related, or social problem. So long as the population of an area is sufficiently large, support groups form for people diagnosed with physical illnesses such as heart

disease and AIDS; individuals who care for those suffering chronic disease, illness, and disability; those who are addicted to alcohol or other substances; people who are grieving for someone lost to death; individuals struggling to cope with a major life change, such as unemployment, divorce, or retirement; and individuals advocating for social and political change.

Support groups are, therefore, usually communities of similar sufferers. Members are all alike in terms of their experiences and needs, and so they are peers who are all "in the same boat." This common qualification not only increases the credibility of others in group but also reduces each member's sense of uniqueness and victimization. Lone individuals may blame themselves for their problem or feel that they have been unfairly singled out to suffer, but once surrounded by others who are similarly afflicted, they realize that their feelings and experiences are relatively common ones.

Relationships

Support groups tend to be personally and interpersonally involving. Even though individuals' identities are often masked within such groups (e.g., Alcoholics Anonymous), members nonetheless establish personal relationships with one another. Members are expected to engage in relatively high levels of self-disclosure, so that each person's unique experiences, background, and personal qualities are known by others in the group. Because this exchange of personal information is mutual, members learn to trust and rely on one another. Members are also expected to be respectful of one another and their needs and to treat people fairly. Yet because support groups take a very personal interest in their members, members are singled out for praise and commendation when they succeed in some way, but also criticized and urged to change if they fail.

Communalism

Most support groups develop a strong sense of community and sharing within the group. Each member of the group is valued as a member of the community and is cared for by the group in a personal way. Like most groups, support groups develop a degree of structure in which some members tend to be more influential than others. In

support groups, however, status is based on experience with the problem rather than other socially valued individual qualities such as educational background, wealth, or ethnicity. Most support groups include veteran individuals who have knowledge and experience with both the problem and the means of dealing with the problem, and these individuals serve as role models for others. It is expected, however, that the exchange of help among members will be mutual. Members of the group draw support and encouragement from the group, and they are expected to provide support and encouragement to others within the group. Each person, then, is both a provider and a recipient of help and support.

Autonomy

Most support groups are self-governing, with members rather than experts or mental health professionals determining activities. A physician in consultation with a patient suffering from a chronic illness, a psychologist seeing a client suffering from substance abuse and addiction, or a social worker helping a grieving family cope with the loss of a child may direct individuals to join a support group that is maintained by a hospital or community social service agency. But in most cases, support groups are autonomous groups that set their own standards and practices. Some local groups may be aligned with national organizations that mandate specific procedures for all their chapters, but even this standardization does not eliminate the emphasis on the local group's control of its methods.

Because support groups are autonomous, they often operate outside of, and even in opposition to, traditional health care delivery systems. People have long turned to groups for support in times of trouble, but the number of such groups and their diversity increased during the late 1960s and 1970s. The political and social changes of that era prompted people to question more openly the wisdom of traditional methods of treatment and to seek alternatives. Support groups provide this alternative, for members are qualified as experts not by training but by common experience, and because they receive no compensation for the success of their intervention, they can be trusted to share information openly. Support groups, then,

are sometimes viewed as a radical alternative to health care systems that are considered to be bureaucratic, impersonal, and ineffective.

Perspective

Support groups' independence from more traditional approaches is also manifested in their adoption of a novel perspective with regards to their problem domain. A grief group may adopt fervently a particular model of the stages of grieving and base its interventions and recommendations on that perspective. A support group for alcoholics may maintain that recovery is never permanent, and so one must abstain from all forms of alcohol to overcome the addiction. A group for parents of children with severe immune-system deficiencies may recommend using novel methods of treatment that are rarely recognized as therapeutic by professionals. These perspectives may not be complex, nor are they always explicitly recognized by members, but in many cases the group's perspective on its affliction may become the centerpiece of the group's discussions, with new members urged to adopt the group's worldview as a means of coping effectively with the problem.

Varieties of Support Groups

Because support groups tend to operate alongside traditional health care organizations and are coordinated by volunteers rather than professionals, statistics on their number and popularity are incomplete. Even conservative estimates, however, indicate that the number of support groups is increasing rapidly, with as many as 10 million currently operating in the United States alone. A representative sample would include groups that focus on mental and physical health (including weight loss and rehabilitation), family and life-transition support, advocacy, and addiction and recovery.

Mental and Physical Health Groups

Individuals dealing with mental and physical health issues, including psychological disorders, physical illness, and recovery from injury, generally require the services of professionals to diagnose the source of their problems and carry out treatment. Support groups, however, can supplement the

traditional services rendered by the health care community. In the supportive environment of a group of peers, members can learn about the procedures they must endure from people who have themselves experienced the procedures. Because members can remain in the group as long as they find it to be of value, such groups are well suited for problems that involve long-term recovery and adjustment, such as cancer, amputations, and stroke. Examples of such groups include the Cancer Aftercare and Rehabilitation Society, the National Peer Network of the Amputee Coalition of America, and Recovery, Inc. (a self-help mental health group).

One relatively common type of support group focuses on helping members achieve a change in their health-related behaviors such as food intake. Take Off Pounds Sensibly (TOPS), for example, is a worldwide organization that facilitates the formation of local clubs whose members are seeking ways to control their weight. TOPS meetings involve a private weigh-in, presentations designed to provide information about weight control, and supportive interaction that serves to motivate members to follow recommended dietary restrictions.

Family and Life Transition Support

Many of the difficulties people face in their lives are traumatic and stressful, yet they are not typically considered to be the kinds of problems that require the intervention of a health care professional. An individual who is divorcing, for example, may experience a range of negative psychological reactions to the experience, and by seeking out others who are going through this life transition, the individual may cope more effectively. Similarly, bereavement and grief groups help people adjust to the death of a family member or friend and adjust to life after the loss. Support groups can also help a family deal with a particular type of chronic problem, as when a family member is diagnosed with AIDS; an older family member begins to display symptoms of Alzheimer's; or a parent must learn to help a child with a learning disability, physical limitation, or psychological disorder. Examples include In Touch, for parents of children with mental handicaps; Parents Without Partners; and the Alzheimer's Disease Support and Information Group.

Advocacy

A number of support groups mix commitment to a specific social issue with support provided to individuals who are pursuing social change. Gay, lesbian, bisexual, and transgendered individuals may, for example, meet regularly to share information or discuss experiences of unfair treatment and ways to secure the privileges they are due as citizens (e.g., the Gay Activists' Alliance). Mothers Against Drunk Driving is a political movement, but it also provides support for members who have lost family members in automobile accidents involving alcohol.

Addictions

A number of support groups, including Alcoholics Anonymous (AA), Narcotics Anonymous, and Gamblers Anonymous, help members gain control over intemperate behaviors and maladaptive dependencies. Many of these groups help members work through various aspects of their addiction by following the 12-step program developed initially by Bill Wilson, the founder of AA. Wilson, a confirmed alcoholic, relapsed many times before he had a profound, mystical experience that forced him to recognize his own powerlessness over his alcoholism but also his oneness with the universe. After his experience, he worked closely with members of the Oxford Group, a group that was oriented toward spiritual growth and that stressed the importance of self-understanding, recognition of one's character flaws, acceptance of responsibility for one's wrongdoings, and restoration of harmony in one's relationships with others. Integrating his own experiences with the practices of that group, Wilson developed a group-based procedure aimed at alcoholics.

AA is a support group in which members give one another advice, encouragement, help, and guidance as they struggle with abstinence. AA makes use of peer influence, mediated through face-to-face interactions, structured group sessions, and testimonials by group members to help new members learn and assimilate the group's approach to controlling their drinking. AA recommends a series of stages, or steps, to take in dealing with addiction, and that general approach has been adopted by a number of other anti-addiction groups. These steps recommend

admitting one's powerlessness over alcohol; surrendering one's fate to a greater power; taking an inventory of personal strengths, weaknesses, and moral failings; and helping others fight their addiction. The AA philosophy considers alcoholism to be an illness that can never be cured, so the only solution is complete abstinence from alcohol consumption. Members are known to one another only by their first names in order to emphasize that they are all equals in the quest to remain sober. Even though AA is now an international organization and is more elaborately structured than most support groups, change is still achieved through local chapters of alcoholics who meet regularly to review their success in maintaining their sobriety.

Online Support Groups

Support groups, by tradition, meet face to face at designated locations, usually following a regular schedule and agenda. Increasingly, however, individuals have begun using the Internet as a means of meeting their needs for social and informational support. Some support groups use the Internet primarily to post information about the particular problem they address, as well as to refer interested individuals to local meetings. Others, however, create virtual support groups with members communicating with each other via e-mail, message boards, forums, and real-time chat protocols. No matter what problem an individual faces, an online group that can provide self-care information, support, and referral services likely exists somewhere on the Internet.

Advantages and Limitations

Many practicing professionals are uncertain of the value of support groups because they are unregulated and unsupervised. Because their membership changes over time, their procedures and results tend to be variable—very advantageous when the group includes individuals who are committed, experienced, and helpful but less effective when the attendance fluctuates and the preconditions for social support are not met. In some cases, too, groups may actually add to members' level of stress by stirring up conflicts, increasing responsibilities, and exposing members to criticism. Because

the groups may rely on personal experiences and assumptions rather than on research to guide their recommendations, they may provide members with misinformation.

Overall, however, support groups are more frequently therapeutic than harmful. Support groups are quite cost-effective because they do not require salaried personnel and members usually pay very little for the services they provide. Groups may charge dues or small fees to cover basic operating costs, but these charges are minimal compared with other treatment procedures. In addition, research suggests that while the consequences of participation are difficult to document, individuals who take part in such groups generally report that they gain substantially from the experience. AA, for example, is generally rated by members as the most effective treatment they have experienced for dealing with a drinking problem, even in comparison with more medically sophisticated interventions. Although the benefits of participation in a support group do not emerge in all studies, many find that people who become committed members of a cohesive, well-organized group of peers experience fewer of the physical and psychological effects of stress and report overall gains in life-satisfaction and mental health.

Donelson R. Forsyth

See also Common-Identity/Common-Bond Groups; Computer-Mediated Communication; Families; Group Cohesiveness; Identification and Commitment; Sensitivity Training Groups; Social Networks; Therapy Groups

Further Readings

- Flores, P. J. (1997). *Group psychotherapy with addicted populations: An integration of twelve-step and psychodynamic theory*. Binghamton, NY: Haworth Press.
- Levy, L. H. (2000). Self-help groups. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 591–613). Dordrecht, the Netherlands: Kluwer Academic.
- Lieberman, M. A. (1993). Self-help groups. In H. I. Kaplan & M. J. Sadock (Eds.), *Comprehensive group psychotherapy* (3rd ed., pp. 292–304). Baltimore: Williams & Wilkins.