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SELF-HELP GROUPS IN MENTAL HEALTH IN GERMANY

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Self-help groups are widespread in some western countries, especially in the Anglo-Saxon world. Their appearance corresponded to a social movement; they became fashionable and attracted more and more citizens (KATZ 1993). Obviously the model for such groups was the Alcoholics Anonymous (AA) movement, which started in 1938 in the United States for alcoholics who decided to stop drinking and recover to a sober life. Within a couple of years a large number of such groups began to work and succeeded in helping many chronic drinkers. The results of AA groups were better than the effects of medical or psychotherapy treatment. It is hard work to be a member of an AA group, a long series of meetings has to be attended and a new way of thinking has to be adopted by taking over the twelve principles of the group in twelve steps of transformation to a realistic confrontation with the drinking and the underlying problems behind it. The main paradox of the AA groups for helping professionals as well as for the public opinion is that people are able to change their behaviour, even being addicted to alcohol (or to other substances) with the support of a group of similarly addicted peers, without medicaments or psychological therapies (MÄKELÄ 1996). The AA movement has relied upon a religious tradition. In 19th-century England people with similar troubles began to form groups and tried to deal with their problems by supporting each other (this was called the Oxford Group tradition, but several other British cities are also mentioned in relation with such groups). After the Second World War a wide variety of such groups arose, trying to cope with different life problems and chronic illnesses through self-help, through the efforts of the members. Not only people directly concerned participated in such groups, but also their parents, relatives, spouses or children. The basis for such groups was usually a chronic health detriment, a state of disability or some stigma or handicap which could not be cured or changed and which impaired the life quality and perspectives. The groups which were formed by people sharing the same illness or fate did not change the underlying problems but were found to be very useful for the participants; their activity and emotional states were improved, and their coping abilities were improved.

Self-help groups were frequently studied by social scientists. Their usefulness and positive effect were proved beyond doubt and therefore in many countries they were supported by communities, health care institutes and social services. They were and are very popular in the United States and Canada, and also conquered the Northern part of Europe (KATZ et al. 1992). A particular case was Germany (the Federal Re-

public of Germany), where the importance of such groups was recognised, and self-help group activity was systematically promoted by state and community agencies. Local units or centres for self-help support and organisation were established; groups were provided with meeting rooms and could ask for consultations by experts if they wanted to. In general, the spontaneous nature of group formation and work was respected and supported, because it became clear very early that the power of such groups lies in their autonomy, democratic operation and self-reliance. As studies showed, chronically ill or disabled persons usually felt themselves isolated, they did not get enough emotional understanding and help from the treating personnel and institutions, and could not communicate about their problems with their family or friends. Together with others who shared their troubles, they were able to cope better with their feelings, suffering and losses. It was observed that in many cases even the most severely affected persons could give a lot of input to the group through their experiences, while they could get a lot of attention and understanding from the group at the same time. It is a sort of miracle that Germany created an organisational framework for self-help group support in the form of the nation-wide network of local centres (NAKOS is the abbreviation for such centres, which stands for a more complicated German expression: Nationale Kontakt- und Informationsstelle zur Anregung und Unterstützung von Selbsthilfegruppen), and that this network survived many political and organisational changes. After the reunification of Germany the system was extended to the provinces of the former GDR, and now 266 such centres operate in the country. Experts and activists of the self-help groups have a strong national organisation (DAS = Deutsche Arbeitsgemeinschaft für Selbsthilfegruppen), and represent the issue in professional conferences as well as at political events.¹ The historical centre for the self-help group movement has been in Giessen, where Michael Lucas Moeller, a psychoanalyst of the Justus-Liebig University became a leading figure for the issue (MATZAT 2007). Giessen was also the birthplace of an initiative; another influential psychoanalyst, Horst-Eberhard Richter launched an activity of mental health promotion, first trying to improve family dynamics in the population by casting light on manifestations of family pathology (which may frequently cause family dysfunction or symptoms in some family members), later he increased solidarity in underprivileged living areas, introducing principles of group dynamics into their daily life. These initiatives stirred a nation-wide interest, and similarly to this, attention was also directed at self-help groups, partly by the writings and charismatic public presentations of Moeller. The era was favourable for such innovations in thinking in Germany; this happened in the seventies, when psychological therapies became very popular (this was the time of the 'psycho-boom' as it was called in the press), a major mental health reform was in preparation (which was propelled at the end of the decade by the very radical Italian mental health act, which closed down mental hospitals in the country). Due to the impact of the liberal political theories (partly as a consequence of the stu-

¹ A lot of publications in German could be cited, incl. MATZAT (2000). The DAS publishes yearbooks for the general public, e.g., JAKUBOWSKI et al. (2007).

dent revolts in 1968), issues of personal freedom, autonomy, and self-reliance became very important. Probably this kind of public mentality corresponded to the opportunities provided by the NAKOS and by the overall self-help climate also propagated by the media, which caused the spectacular success of self-help groups in Germany. The German standards in numbers and thematic variety in self-help groups were not paralleled in any other country in Western Europe, not even in Great Britain, probably due to lack of proper self-help group promotion, which continued in Germany relentlessly.

The German success in the field of self-help groups promotion reached a new peak when a deal was made with the German health insurance system (in Germany a great number of independent health insurance groups – ‘Krankenkassen’ – operate locally or for some categories of workers or employees, whereby for each person who is publicly insured, a German mark (c. ½ Euro) is granted for support of self-help activity (BORGETTO & TROSCHKE 2001). German insurance companies also financed self-help formerly, but the amounts were settled by yearly negotiations; now the financial basis is there for the NAKOS centres. In Germany, however, a strong social service network is in place in addition to the retirement and disability insurance system, which is also an important player in the different fields of health and social services (for example rehabilitation is almost exclusively financed through this system, and it is the owner and provider of the addiction treatment programs), and the bulk of self-help groups consists of the disabled, handicapped, and chronically ill, thus boundaries are not clear cut, and probably there are also discussions about the location of support sources. It has to be mentioned that AA and similar kinds of so-called twelve step groups are entirely self-supporting, members cover the costs of the group work, but in Germany there are self-help groups for addicted, which do not adopt the strict rules of the AA but operate as ‘talking groups’ (*Gesprächsgruppen*), a term coined for the typical self-help groups where the main issue is communication, emotional support and exchange, in contrast with a wide variety of group formats, which mix ‘talking’, i.e. free interaction with mutual aid, community activity for the sake of people being in the same trouble, or organising services for the group members. The variety of self-help group life is made even more diverse by the Internet, which makes contact and communication easier and available to persons who are not able to leave their homes.

Research is ongoing in Germany concerning the impact and effects of the self-help groups, and probably it is the increased financial involvement of the health insurance companies that made the question timely, how self-help groups work in psychological and psychosomatic illnesses, that is, states of chronically ill health without disability. The issue is important, because for a long while, even at the height of the self-help culture, many doctors and health care institutions were not accommodating towards self-help groups, fearing non-compliance, alternative therapy approaches, or even conflicts in the doctor–patient relationship. Such fears were strong in respect of psychotherapy where the healing forces were similar to forces manifesting themselves in self-help groups: talking about problems, working on coping skills, exchanging emotional support, experiencing aspects of personal relationships, etc. This is the context in which

this book can be evaluated. It is a summary of a survey of a relatively large sample of 4,447 patients treated in German psychotherapy and rehabilitation clinics. The patients were contacted after one year and were evaluated based on the same questionnaires and scales which had been used after the termination of the treatment. The aim of the study was to find out how many of them participated in self-help groups during the year and which factors were connected with participation in, and satisfaction with, the groups. The ambitious survey was preceded by seminars about self-help groups for the patients and for the staff of the clinics. Concurrent to the study the research team tried to measure the number of self-help groups operating in Germany for those who have psychological problems. About 7,500 such groups were located, and former data showed that 5–10% of the population is or has been participating in such groups during their lifetime. The study tried to evaluate the impact of the self-help groups in relation to psychotherapy. The result was that 217 patients were participating in self-help groups, which roughly corresponds to the percentage of the population which is or has been a member of such groups. It turned out that many of those who participated in self-help groups also received psychotherapy treatment, mainly individual psychotherapy, and even they were referred to self-help groups by their psychotherapists. The study proved thereby that there is no contradiction between psychotherapy and self-help groups for 'psychics', but rather a synergistic relationship can be observed. Psychotherapists probably realise the benefits of being in a group of peers with respect to problems, similarly to doctors or psychologists treating incurable, disabled, elderly patients or people suffering from incapacitating chronic diseases who discover the effects of the self-help groups, and now they actively promote them. The study showed that participants in self-help groups had fewer symptoms and coped better with their remaining problems. Self-help group participants were in general more educated, had slightly different personality profiles (the study used a battery of questionnaires) and came more frequently from psychosomatic clinics than psychological rehabilitation treatment programs. Overeating, anxiety, loss and grief, overall emotional problems, somatisation, etc. were the main symptoms which groups were formed about, but, interestingly, relatively large percentage of groups did not have the aim to overcome specific life difficulties, but they strived to reach more harmony, self-knowledge, life skills, etc.

Despite the large sample, not all research questions could be answered because of the sample number of cases belonging to specific groups and their controls. It was an interesting finding that the promotion campaigns or seminars held before the start of the study for the patients and the treating staff did not have effects on the recruitment of self-help group members. The authors speculate that maybe patients or professionals specifically interested should have been approached, but it is possible that the one-year period between the seminars and the end of study was too short for such kind of effects. Another difficulty in the study was the fact that after one year of the treatment period only about half of the sample, all volunteering for participation, responded to the researchers' call, thereby reducing the size of the sample.

It is a remarkable fact that there are psychotherapy-like self-help groups in such a great number in a country where opportunities for psychotherapy are exceptionally

good, with the health insurance paying for psychotherapy services. This is again a sign that self-help groups play an important role in the mental health promotion field, and that they are worthy of organised support and propagation. Other research conducted in the last couple of decades in different self-help group promotion centres and health sociology institutes shows that self-help groups are also formed for non-health issues, for example there are groups for persons who have terminated their prison terms, or for people coping with unemployment and debt, for minorities, for sufferers from abandonment and divorce, or for people who have difficulties with child rearing, etc. In some studies the variety of self-help groups is estimated to exceed 1,500 different types. Varieties are multiplied by the tendency that some groups are formed about extended similarity, for example there are groups of middle-aged lesbian females who are diabetics, belong to the same religion or to the same colour of skin and have a higher education. The most frequent chronic diseases offer many opportunities to form different self-help groups; these groups co-operate regularly with medical specialists and special institutions and are usually members of regional and national umbrella organisations (such as the Rheuma League, diabetic, cancer, gambling, etc. associations). There are sometimes waves of new group formats, for example in the early nineties an influential book, a sort of reportage titled *Women Who Love Too Much* inspired a large number of self-help groups for women who felt they could not regulate their love relationships and therefore suffered a lot of abandonment and disappointment (NORWOOD 1993). In the seventies and eighties, both in North America and in Germany, many groups of 'heart neurotics' worked and tried to demand more attention for this symptom which they felt had been neglected and misunderstood (and in truth, this symptom was later declared a special disease entity called 'panic syndrome', becoming the focus of many research and treatment attempts).

In Germany (but also in Northern Europe) people suffering from rare chronic diseases, birth defects and incapacitating disabilities are now members of self-help groups, in much greater proportion than in the case of other chronic disorders. Studies show that sufferers from rare conditions are inclined to overcome more difficulties (for example distances) to reach self-help groups than the average self-help group members. This study also showed that a portion of the sample wanted to contact self-help groups but did not find a suitable group in the local community. In 'psychic' self-help groups thresholds to enter a group are probably lower than in other problem areas.

This book brings us an important message. If we want to promote health in general and mental health in particular, self-help groups are suitable frameworks and targets to proceed with. The German system should be adopted. Costs are low, and aims can be linked with the aims of the health and social services. From the eighties on, national institutes or larger local centres for chronic disorders support self-help groups in form of clubs or regular meetings held in the premises of treatment facilities. These groups have beneficial effects but are not autonomous enough. Real health promotion programs were started, but both political changes and financial cutbacks always made them impossible. Just in the 2000s, two major health promotion campaigns were aborted, after having been heralded in the media and hailed as a new opportunity to

improve the nation's bad health status. Instead of large campaigns, which the country is obviously unable to afford, it would be better to push towards a more concrete direction. Self-help group promotion could enhance mental health as well as chronic diseases and could approach lifestyle problems, for example could promote physical movement, meetings for widows or lonely men, not to speak about people affected by behavioural or substance addictions, dependents and relatives at the same time.

This book can serve as an introduction to the German model; the interested reader can find the most relevant literature of the field in it (and if somebody is interested, the research instruments could also be found in the appendix of the book).

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