Self-help groups

Groups that support communities of peers with a similar interest or illness.

Since the advent of managed health care and the cost-controls that have accompanied it, self-help groups have grown in popularity. Individuals who are offered limited mental health coverage through their healthcare plan often find self-help a positive and economical way to gain emotional support.

Overview

Twelve-step groups, one of the most popular types of self-help organizations, have been active in the United States since the founding of Alcoholics Anonymous (AA) in 1935. AA and other 12-step programs are based on the spiritual premise that turning one’s life and will over to “a higher power” (i.e., God, another spiritual entity, or the group itself) for guidance and self-evaluation is the key to recovery. Outside of AA and its sister organizations (Narcotics Anonymous, or NA; Cocaine Anonymous, or CA), a number of 12-step programs have sprung up to treat a range of mental disorders, such as Gambler’s Anonymous (GA), Schizophrenics Anonymous (SA), and Overeaters Anonymous (OA).

Self-help organizations also provide support for individuals who are ill or have health issues. Support exists for people dealing with weight management, HIV, multiple sclerosis, muscular dystrophy, cancer, and incontinence, and for the families of individuals who suffer from these conditions. Self-help has moved beyond what are considered “problem” conditions to assist people who share interests or circumstances, including support groups for women who breast-feed (LaLeche league), singles, older adults, and new parents.

Family self-help groups are also available. Al-Anon, an organization for friends and family of alcoholics, is a companion organization to AA, as is Alateen, a program for teenagers who have been affected by alcoholics. Support groups for caregivers of individuals with life-threatening illnesses, such as cancer, often meet at treatment centers and hospitals that specialize or treat the illness in question.

A growing trend in self-help is the creation of online support communities. Chat-rooms, bulletin boards, and electronic mailing lists all provide convenient, around-the-clock access to peer support. Many large-scale consumer healthcare web sites provide forums for discussion on countless diseases and disorders, and major online commercial services such as America Online (AOL) provide sites for healthcare and patient support. In some cases, these groups may be moderated by a healthcare professional, although many are exclusively peer organized and populated. Some long-established self-help groups such as the LaLeche league now hold some of their meetings online, often out of their own web site.

Benefits

The accessibility of self-help groups is one of their most attractive features. Since no dues or fees are required, except for small voluntary contributions to cover meeting expenses, organizations such as AA are the most cost-effective treatment option available. In addition, meetings are usually easy to locate through local hospitals, healthcare centers, churches, and other community organizations. For AA and sister organizations, where daily attendance is encouraged if possible, the number of meetings held each week often number in the hundreds in large metropolitan areas. And with the proliferation of new online support communities and rapid growth of access to the Internet, self-help groups are becoming as accessible to individuals in rural areas as they are to those in large cities. Online self-help also offers the added benefit of anonymity and breaks down any barriers of age discrepancies, physical disabilities, race and culture differences, or other possible inhibiting factors in a face-to-face encounter.

Participation in self-help groups provides an essential sense of community and belonging. For individuals suffering from mental and organic illnesses, who may be lacking emotional support and empathy from their friends and family, this environment is a critical part of recovery. In addition to relieving emotional isolation, self-help groups tend to empower an individual and promote self-esteem. For example, AA encourages sponsorship (building a mentor relationship with another member), speaking at meetings, and other positive interactions with peers.

Introspection is another essential feature of many self-help groups, particularly in organizations that follow a 12-step program of recovery. For example, the fourth step of AA is for members to make “a searching and fearless moral inventory” of themselves, and the tenth step mandates that members continue “to take personal inventory” and admit wrongdoings. Such introspection may be beneficial to individuals who are having difficulties coming to terms with their thoughts and emotions that may be guiding their behavior. In this respect, a 12-step program may resemble cognitive therapy to a degree, in
that recognition of maladaptive thoughts can ideally lead to a change in negative behavior.

**Results**

Several major studies have shown that 12-step programs can be just as, if not more, effective in treating alcohol- and drug-dependent patients as a regime of cognitive-behavioral therapy or *psychotherapy*. Further, if an inpatient is started on a 12-step program while in a traditional treatment or therapy, setting and the program is encouraged by the patient’s healthcare provider, then the patient is more likely to remain in the 12-step program after traditional treatment has ended.

*See also* Alcohol abuse and dependence; Drugs/Drug abuse

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**Further Reading**


**Further Information**


National Self-Help Clearinghouse. Graduate School and University Center of The City University of New York, 365 5th Avenue, Suite 3300, New York, NY, USA. 10016, 212-817-1822. Email: info@selfhelpweb.org. [www.selfhelpweb.org](http://www.selfhelpweb.org).

**Semantic memory**

The part of long-term memory dealing with words, their symbols, and meanings.

Semantic memory allows humans to communicate with language. In semantic memory, the brain stores information about words, what they look like and represent, and how they are used in an organized way. It is unusual for a person to forget the meaning of the word “dictionary,” or to be unable to conjure up a visual image of a refrigerator when the word is heard or read. Semantic memory contrasts with episodic memory, where memories are dependent upon a relationship in time. An example of an episodic memory is “I played in a piano recital at the end of my senior year in high school.”

The “tip of the tongue” phenomenon provides some insight into the way information is stored in semantic memory. Most people have experienced this situation where they are trying to recall a person’s name. As the person searches through his or her memory for the name Stern, for example, he or she will recall other similar names—Stone, Stein—but not Douglas or Zimmer. Semantic memory appears to categorize information that has similar meaning (in this case, surnames), that begins with the same letter, and has the same number of syllables.

Words and other memories that are stored in semantic memory contribute to episodic memory and the two work together to function as an effective long-term memory system.

**Further Reading**