Self-Help/ Mutual Aid/ Peer support/ Adult Education/ Empowerment
And
(Return to) the Workplace

A Review of the Literature 1995-2003

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Introduction

What follows is an annotated review of academic literature published after 1995 on self-help, mutual aid, peer support, empowerment, adult education and (return to) the workplace. Literature includes peer reviewed academic journal articles both in print and on-line published in Canada, the US and Europe. Literature was limited to those sources printed in English and available through the University of Toronto library system. A full bibliography of all 38 entries can be found at the end of the review.

For the purposes of this review, self-help/ mutual aid was defined as;

a process of learning with and from each other (similar to adult education). Participants provide each other with mutual aid/ peer support in dealing with a problem, issue, condition or need. Participants learn to work together while acknowledging the diversity of their personal situation among the similarities of their shared issue. Together they investigate alternative solutions and are empowered by this process.

(Rabbani 2002)

Journal articles were limited to those that explored the above with respect to the 1. workplace and 2. re-entry or return to the workplace 3. recovery from various conditions.

The literature review has been divided up into sections. In each section, literature has been organized by date of publication with the most recent articles appearing first.

Search Terms

In searching the literature, the following terms were used:

- Addiction
- Adult education
- Alcohol abuse
- Chronic illness
- Diabetes
- Diet
- Disability
- Drug abuse
- Employment
- Empowerment
- Health
- Hypertension
- Job
- Lifestyle
- Mental health
- Mutual aid
- Mutual help
- Mutual support
- Nutrition
- Obesity
- On-line support
- Peer support
- Physical inactivity
- Recovery
- Re-entry
- Rehabilitation
- Return to work
- Risk
- Self-care
- Self-help*
- Smoking
- Social determinants of health
- Social support
- Stress
- Support Group
- Weight
- Work
- Work-site
- Worker
- Working
- Workplace

*Note: In the health literature, the term self-help was frequently associated with information or manuals rather than the sharing of mutual support.

Indexes

For this review, search indexes (or databases) used include:

- Ageline, CINAHL, Cochrane Collaboration, Embase, ERIC, Expanded Academic Index, HAPI, Health Star, Medline, Psychinfo, Pubmed, Risk (abstracts), Sociofile, Sociological Abstracts, Social service abstracts, Social work Abstracts, Women’s Studies International

Other limits

Literature was limited to that published in English between 1995-2003 in Canada, the US and other International sources.
General Findings/Highlights

Based on this short review of the literature, there appears to be strong evidence that social support plays a powerful role in preventing, mitigating and reducing stress, absenteeism, sick leave, depression and health issues in the workplace. As an avenue or source of social support, self-help/mutual aid and other peer support interventions in the workplace are more than worthy of further application and exploration. With respect to self-help/mutual aid and recovery from various conditions such as cardiac events, brain injury or alcohol abuse, the case is equally as strong. However, with respect to the use of self-help/mutual aid and/or peer support and return to work, only a handful of studies have explored how this intervention might facilitate re-entry. It would appear that more work needs to be conducted on how self-help/mutual aid groups and programs can play a role in helping people recover from health issues and ‘get back to work’.

- Low job control and empowerment are directly related to poor health and early death in workers (Amick et al 2002).
- Members of peer groups and ‘cliques’ are effective in teaching fellow workers how to improve diet and nutrition in African American communities (Buller et al. 1999).
- Women with more decision making freedom and social support at work are less likely to suffer from fatigue and depression (Bultmann et al. 2002, Paterniti et al 2002).
- Nurses who feel more empowered at work will be more productive (Spence Laschinger et al 2001). However, this perception may be mitigated by their type of personal affectivity (or how they instinctively perceive events as inherently negative or positive) (Roderick et al. 1998).
- The creation of mutual aid networks for American nurses relieves tension and helps educate novice nurses (Beck and Utz 1996).
- Men with poor social support at work take longer sick leaves for back pain (Tubach et al 2002).
- Male doctors who make fatal mistakes in their practice are least likely to receive support from their peers at work, but are most in need of it in order to process the circumstances leading up to the mistake (Newman 1996).
- Rural workers need more emotional support from managers than their urban counterparts (MacPhee and Scott 2002). They also rely more on informal than formal supports to cope with work pressures (Burnard et al. 2000).
- The only thing able to moderate symptoms reported by office workers near the site of the World Trade Center bombing (post attack) was social support both at home and at work (Trout et al. 2002).
- Using information and peer support concurrently will help more workers quit smoking than using either intervention separately (McMahon et al 2001). Those who are trying to quit as well as recover from cardiac surgery in the UK cite mutual aid/peer support as central to their rehabilitation (Moore and Andrews 2000).
- Quebec cardiac patients who were visited by ‘surgery survivors’ prior to their bypass are less anxious and more active during their recovery (Parent and Fortin 2000).
- Cardiac patients who participated in a 12 week self-help group with their spouses reported better coping skills and improved relationships during the recovery process (Stewart et al. 2001).
- Women in cardiac rehabilitation programs originally designed for men need much more emotional support from staff than men do (Moore 1996).
- Women who are heavy users of on-line groups for depression are most likely to recover (Houston et al. 2002).
- Humour, prayer and the sharing of personal experience are all important components of on-line cancer groups (Klemm et al. 1998).
- Higher education is positively related to attendance and volunteering to help in Narcotics Anonymous groups (Toumborou et al. 2002).
- Patients with chronic disease who participate in the seven week ‘Chronic Disease Self-Management Program report significant improvements in health status and fewer visits to the emergency room (Lorig et al. 2001).
- There is a strong link between participation in self-help groups for the dually diagnosed and recovery from addiction (Laudet et al. 2000).
• Using a combination of contracting, nurses-only self-help groups and Narcotics Anonymous, it is possible for drug dependent nurses to return to work as part of their recovery (Smith and Hughes 1996).

Setting the Stage-An Overview of Workplace Stress


The author outlines the main issues in workplace stress and its affect on employee health.

What triggers work stress?

“Stressors are the agents which trigger the various stress reactions. Today's environment provides physical, emotional, and mental stressors that set off the initial alarm reaction. Physical stressors in factories are usually linked to noise and physical and chemical hazards. Emotional or mental stressors can be unpleasant or pleasant. A promotion can be just as stressful as the loss of a position. Stressors are additive and can build up. The way in which people are affected depends on their values, experience, and adaptability. A single stressor can become compounded if elements of the established support system fail - for example, if a car breaks down on the way to an important meeting.”

What are the stages of stress?

“Physically, mentally, and emotionally, the body goes through three stages in response to stressful situations.

1 Alarm reaction: This is the immediate response to a challenge or threat. Mobilization of the autonomic nervous system triggers the stress response “fight or flight”. The various body systems involved coordinate the readiness for action, influencing mood (limbic system), the regulation of the cardiovascular system, breathing, muscle tension, and fine motor activities.

2 Resistance stage: The alarm reaction cannot be maintained indefinitely, and longer exposure to stressors causes people to reach the resistance stage. In this phase people develop a "survival" strategy and a way of fighting against the response the stressor has initiated. Coping mechanisms may be adequate or inadequate. People tend to prefer short term relief to long term solutions and try to escape uncomfortable situations with a quick remedy. Unfortunately, most easy, short term measures are inadequate because they usually lead to secondary problems such as long term reduction in performance. People need help to identify measures that can lead to long term benefit.

3 Exhaustion stage: The stress response is healthy in origin and is necessary to keep a person motivated and adaptable. It is when the demands on body and mind are too high or cannot be met in an appropriate way that the person becomes "distressed." Prolonged stress can lead to chronic problems, ultimately an exhaustion of all reserves and energies and even frank depression. Physical symptoms of impending exhaustion may present with a general feeling of tiredness, lack of energy, and weakness. Non-specific signs can be visual blurring, dizziness, chest tightness, discomfort in breathing, and gastrointestinal symptoms ranging from chronic constipation to diarrhea and cramps. Sleeping patterns may be disturbed, with difficulty in getting off to sleep and early morning waking accompanied by nightmares. Weight gain or loss is common. Changes in eating patterns range from lack of appetite to overeating or indulging in chocolates. In the workplace people may be able to hide their symptoms unless they become overwhelming, in which case absence from work ensues and the problems present elsewhere (at home or in the doctor's surgery).

Emotional symptoms of stress in the exhaustion stage relate to depression and frustration. These may be manifested in uncontrollable crying; lack of interest in friends, hobbies, and family; and general indifference and reduced attention to personal issues such as exercise, clothes, and eating. In extreme cases self destructive and suicidal tendencies are present. Irritability, coldness, and harshness towards others are often accompanied by extreme guilt. Panic attacks and restlessness can make work difficult and increase stress at work as they are more apparent to colleagues.
Mental dysfunction in the exhaustion stage presents as a lack of concentration and coordination. This leads to impaired performance and judgment as well as a negative attitude towards work and indecisiveness. In the workplace signs of mental dysfunction are usually noticed more easily than signs of physical illness because they are directly related to performance and thus more apparent to colleagues. The resulting loss of confidence and control disturbs the individual, further reducing performance. Misuse of alcohol, cigarettes, tranquillizers, and other drugs is often observed.

What is Burnout?

“Burnout - This term describes the emotional and psychological results of long continued stress and is based on studies of the social professions, teachers, social workers, and medical staff. Idealistic enthusiasm, conflicting roles, and extreme commitment are typical starting points for the development of this condition, in which mental and emotional exhaustion ultimately lead to apathy and revulsion against everything and everybody.”

What is post-traumatic stress disorder?

“Post-traumatic stress disorder is a specific form of anxiety disorder following exposure to an extraordinary stressor outside the usual realm of human experience (such as witnessing an armed robbery or fatal accident at work). Sub-acute or chronic, it is characterized by intrusive psychological re-experiencing of the traumatic event, mental numbness, and symptoms of increased arousal. Emergency services and organizations that experience traumatic incidents (such as intensive care units, banks) often use post-traumatic stress debriefing techniques to prevent development of the disorder. However, their value has not yet been proved. Established post-traumatic stress disorder needs specialized help.”

Solutions

“Identifying the specific stress source may be difficult. The amount of stress a person experiences may depend on attitude, hereditary factors, lifestyle, and coping strategies. Successful coping strategies provide long-term solutions to stressful problems. Support groups, counselors, and occupational health experts may help relieve the stress workers experience in the workplace.”
Social Support and the Workplace


Exploring the relationship between work and death, the authors collected information on psychosocial and physical work conditions for US workers between 1968 through 1991. They found that working in low-control jobs was associated with a 43% increase in the chance of death. Although no significant effect was found for high-strain work (i.e., high psychosocial job demands and low job control), they did see a relationship between passive work (i.e., low psychosocial job demands and low job control) and mortality. No significant risk of death was found for psychosocial or physical job demands, job security, or work-related social support. Retirement, unemployment and disability did predict mortality. In short, results support the importance of job control to health. The passive work effect suggests that job content may be important in shaping a worker's health over the life course.

Keywords: life course work exposures, job strain, mortality.


Prolonged fatigue, the authors claim, may lead to sickness absenteeism and work disability, but little is known about the influence of psychosocial work characteristics on the origins of fatigue. Seeking to rectify that lacuna, this study is based on data collected from 8833 employees participating in the Maastricht Cohort Study of 'Fatigue at Work'. Results demonstrate that psychological, physical and emotional demands at work increase the risk for fatigue in men, but for women, decision latitude and co-worker social support were protective against fatigue. Regarding psychological distress, no association was found with decision latitude, but for women especially, conflicts at work increased the risk of psychological distress. The authors conclude that psychosocial work characteristics were significant predictors for the onset of fatigue in the working population especially the incidence of conflict, low decision latitude and poor social support.

Keywords: fatigue, effect of workplace on, effect of decision making and social support on


The authors explore the importance of social support for rural nurses in Colorado, finding that informal, rather than formal support is key to nurses' job satisfaction and retention. Nurses' networks were predominantly peer-based, but managers also provided significant functional support including guidance, emotional support, assistance with tasks, feedback, physical comfort and appreciation. The authors find that rural nurses expect and need more of this kind of support from management than do their urban counterparts.

Keywords: rural nursing, social support at work, forms of, role of management in


The authors attempt to find out whether an association between stressful job conditions and depression could be explained by personality traits. They evaluate occupational characteristics, psychosocial stress and personality traits in 7729 men and 2790 women working at the French National Electricity and Gas Company and conclude that in men, high decision latitude is predictive of a decrease in depression. For men and women, high job demands and low social support at work were predictive of increased scores, irrespective of personality traits.

Keywords: depression, workplace stress, effect of personality and low social support on

Looking at French workers, the authors compared factors associated with sick leave of 8 days or more due to low back pain (LBSL) and pain with no or very short sick leave (LB). They found that LBSL could be predicted by past history, low employment status, heavy smoking, required bending backward or forward at work and low social support at work and at home. **Keywords:** sick leave from work, back pain, effect of low level of social support on
Self-help/ mutual aid/ peer support/ adult education/ empowerment and the workplace

The authors went into two companies in Chicago (n=160) and implemented a combined smoking cessation program. In this paper, they describe the process. Usually, they explain, workplace interventions are modeled along the stages of change model and one tool is implemented at a time. However, in this study, the research team used three tools at the same time: 1. expert systems (individual computerized program) 2. self-help manual (information and education tool commonly used in smoking cessation) and 3. peer support groups which met once a week for 6 months. Participants rated the support groups as most useful to them overall, but also note that it was easier to quit with all three interventions available to them concurrently. **Keywords:** smoking cessation in the workplace, peer support, self-help manual

The authors used a “predictive, nonexperimental design” to test Kanter's work empowerment theory with a random sample of 412 staff nurses in Ontario. According to Kanter, work environments that provide access to information, support, resources, and learning opportunities are empowering and positively influence employee work attitudes, productivity, and organizational effectiveness. Testing this theory with their sample, the authors’ results suggest that fostering environments that enhance perceptions of empowerment will have positive effects on organizational members and increase organizational effectiveness. **Keywords:** workplace, empowerment, nurses in Ontario

The authors reviewed questionnaires given to all community mental health nurses in Wales and following a content analysis, cite the most common stressors as paperwork, workload and administration. Coping strategies included a belief in self and good supervision, but most important to nurses were informal peer support networks both in the workplace and outside it. The authors argue nurses need informal rather than more formal social support networks to manage the effects of their workplace stress. **Keywords:** nursing, informal peer support, importance in managing workplace stress

To better understand how social support operates in worksite smoking cessation, three models of support were tested in this study: main effect, stress-buffering, and indirect. Employees from 61 worksites received self-help manuals; self-help manuals and incentives; or self-help manuals, incentives, and support groups. After 2 years, results suggest social support had a direct influence on smoking cessation. The support groups significantly enhanced positive partner support which in turn made quitting easier for participants. The beneficial effects of social support were sustained throughout the process of quitting and long-term maintenance. **Keywords:** social support, support group, effects on smoking cessation at work

The authors report on the results of a study that included more than a 1000 employees in ten companies in the southwest USA. Directed primarily at low-income minority workers at higher risk for cancer, the study first identified workplace cliques and their leaders, before training those leaders to use peer support and education in promotion of a five-a-day program (five servings of fruits and vegetables a day). Statistical analyses indicated significant increases in overall fruit and vegetable intake. The authors conclude that peer education with social support appears to be an effective means of achieving an increase in fruit and vegetable intake among lower socioeconomic, multicultural adult employees. *Key words*: peer support, cancer prevention in the workplace, ses, use of cliques


The authors sought to investigate how affectivity (or the way people perceive events as inherently ‘negative’ or ‘positive’) influences peer support, burnout and absenteeism at work. Data on role stress, workload, autonomy, social support, and job satisfaction were collected from 487 healthcare workers in Australia. Results indicated that positive (PA) and negative (NA) affectivity differentially affected these variables: NA predicted low social support, low job satisfaction and high emotional exhaustion. Positive affectivity showed the reverse pattern. Also, whereas NA was associated with increased workload, PA resulted in higher personal accomplishment, greater autonomy and lower absenteeism. These results have implications for broad strategies such as stress management programs, which may have differential outcomes depending on dispositional affect. *Key words*: workplace burnout, absenteeism, social support, affect of affectivity on


The authors report on a networking/mutual aid group for perioperative nurses in Michigan. Much like a self-help/mutual aid group, the network is member-led, informal, meets monthly and has gone through a number of phases in its development. Members share information, problem-solve, network, discuss policy and share peer support with each other. "Group members benefit by knowing that other members share the same problems, and venting frustrations with an understanding group of peers not only relieves tension but revitalizes members. This peer support helps each perioperative nurse educator maintain a fresh outlook and continue to be a positive role model. Although all members in the group benefit from this peer support, support from veteran educators is especially heartening for novice nurse educators". *Key words*: nurses, self-help/mutual aid network for, peer support


In this study, the author and two medical sociologists analyzed interviews with randomly selected family doctors in the Midwestern United States to find out what each considered his/her ‘worst’ mistake and how they coped (or would have liked to cope) with it. Findings demonstrated that 77% of the 30 physicians admitted to making a mistake, and all of these doctors experienced emotional adversity. Having someone to talk to was the support that 12 (44%) of the 27 physicians valued most—especially if that ‘someone’ was one of their peers in family medicine. Yet, this kind of peer support was least likely to be available to doctors and least likely to be given by them to others in a similar situation. *Key words*: family doctors, mistakes at work, need for peer support
Social support and return to work/ re-entry/ rehabilitation/ recovery

In this article, the authors compare workers in high rise buildings to determine how the World Trade Centre bombing affected their health status/ability to return to work. Looking at close to 200 hundred workers in Dallas and in the WTC area 4 months after the attack, the authors report significantly higher physical and mental health issues in the New York population including “bad taste in mouth, shortness of breath, chest tightness, nausea/vomiting, eye irritation, wheezing, nose/throat irritation, severe headache, rash or skin irritation, diarrhea, cough, head or sinus congestion and indigestion”. The authors note that although some of these symptoms are ‘usual’ in high rise office workers, such high levels in the NYC population point to asbestos in the area post attack as well as a preponderance of mental health issues including bereavement, panic/ anxiety and depression. The authors note that the only thing able to mitigate these physical and mental symptoms and enable return to work was the presence of social support both at home and at work. Keywords: world trade centre attack, high rise office workers, return to work, importance of social support

The authors explored whether the presence of social support had a positive effect on the self-care of adults diagnosed with diabetes. Data was collected in Northern Finland with a response rate of 76%. Statistical analysis (ANOVA, logistic regression analysis, contingency and Pearson’s correlation) demonstrated 20% of respondents were neglecting their self-care, especially if they had poor metabolic control, smoked and lived alone. However, if patients had social support from family and friends, living alone was not a predictor of neglect of self-care. Keywords: diabetes, rehabilitation, self-care, social support.

In this article the author describes women’s perceptions of a cardiac rehab program, initially set up to treat men. Ten women (average age of 72) participated in this time-limited professionally led program for information, social support and exercise. Participants noted many positive aspects including; supervision during exercise, information and the peer support from other members. However, most felt they needed much more emotional support from staff to deal with their life crises. The author argues that cardiac rehabilitation programs need to be changed to meet women’s needs for more support during recovery. Keywords: social support, needs for from women, cardiac rehabilitation/recovery
Self-help/ mutual aid/ peer support/ adult education/ empowerment and return to work/ recovery/ rehabilitation


Eleven individuals with traumatic brain injury and nine family members participated in a peer support program as part of the recovery process. Interviews assessed impacts of the program on quality of life, skills and social supports. In addition a subgroup of family members was interviewed on the specific benefits/ limitations of the peer support program. Participants generally reported positive impacts of peer support on increasing their knowledge of TBI, enhancing their overall quality of life, improving their general outlook, and enhancing their ability to cope with depression post TBI. The peer support program was reported to have had a minimal impact on enhancing social support with friends and family. Keywords: peer support, positive impact on recovery from traumatic brain injury


The research team studied users of Internet-based depression mutual aid groups and assessed whether use predicts change in depression symptoms and social support. Following 103 members over 12 months, they found that most were, on average, 40 year old unmarried women with low levels of social support. Over 50% of participants heavily used the support group (5 or more hours in 2 weeks), and 37.9% preferred online communication to face-to-face counseling. During follow-up, 72.6% of responders still participated in the online group and 81.0% were still receiving face-to-face depression care. The researchers’ most interesting finding was that heavy users of the Internet groups were more likely to have resolution of depression (CES-D Scale score). Keywords: depression, on-line mutual aid group for recovery


This study investigated levels of social support and self-efficacy related to abstinence in recovering substance abusers (57 men, 43 women) residing in Oxford Houses (self-help support homes across North America). Length of residence in an Oxford House and 12-step participation were related to increased levels of both social support and self-efficacy for abstinence. Residents who were parents (73%) reported lower levels of abstinence self-efficacy. Results of this study have important treatment implications for our understanding of social support and self-efficacy within ongoing recovery. Keywords: social support, recovery from alcohol and drug abuse, peer-led residential support programs for


The authors explore the experience of new members in Australian Narcotics Anonymous groups. Following interviews, three measures of participation were developed: service role involvement, step work, and stable meeting attendance. They found that less previous involvement in treatment and greater participation in self-help predicted subsequent self-help participation. Higher levels of secondary school education predicted service role involvement (taking up a voluntary role in the group) and longer periods of attendance. Higher self-help participation through the 12 months prior to follow-up was associated with lower levels of alcohol use and higher emotional support. Analyses also suggested meeting attendance and 12-step work continued to predict reductions in alcohol use and improvements in social support. Keywords: drug dependency, Narcotics Anonymous, recovery
To measure abstinence following hospital stay, 314 alcoholic patients hospitalized with alcohol related injuries were randomly divided into two groups. The first received usual care and a 5- to 15-minute physician-delivered message. The second received the physician message plus a 30- to 60-minute visit by a recovering alcoholic/12 step member (peer support/self-help) during their stay. Of the 140 patients available for follow-up, the first group reported an abstinence rate of 34%, and the second was at 59%. The authors conclude that for alcoholics with trauma injuries severe enough to require hospital admission, brief advice from a physician followed by a visit with a recovering alcoholic appears to be an effective intervention for problem drinking.
Keywords: alcohol abuse, trauma, recovery, self-help/mutual aid, AA

This study assessed the value of participating in an open support group for adolescent burn patients (both in and outpatient). Although professionally-led, participants cited peer support as most valuable as well the opportunity to define for others and selves how a person copes with being burned (65%), meeting others who had similar experiences (60%), expression of feelings about having been burned (50%), and learning new coping skills (45%). Ninety percent of the respondents would recommend the group to others and stated they would attend a similar group again. “In fact, the participants strongly recommended increasing such services to inpatients and outpatients via another weekly group or by telephone contact”. Keywords: burn rehabilitation, open support group for, peer support

Hildingh C. and Fridlund, B. (2001). Patient participation in peer support groups after a cardiac event. British Journal of Nursing, 10(20):1357-63
The authors explored patient participation in self-help groups following heart attack/bypass surgery to compare group attenders and non-attenders in terms of health conditions, personal traits, lifestyle and available social support. Of the 197 patients who participated, attenders reported more health problems than non-attenders, but scored higher on several dimensions of social support. Non-attenders, however, seemed to have a somewhat more relaxed attitude to life than attenders. The authors suggest more work needs to be done to encourage patients to attend these groups.
Keywords: self-help group, cardiac patient, recovery

The authors set out to study the Chronic Disease Self-Management Program and its effect on approximately 500 patients with chronic conditions. The program is a 7-week, self-help/mutual aid intervention taught largely by peer instructors using a structured manual. It is based on self-efficacy theory and emphasizes problem solving, decision making, and confidence building. Patients enrolled in the self-management program experienced small but statistically significant improvements in health status, health behaviors, and self-efficacy. In addition, patient use of the program was associated with fewer emergency department visits. Because both early trials and "real-world" studies suggest their effectiveness, health systems should consider implementing peer-led self-management programs for patients with chronic conditions.
Keywords: chronic disease, recovery/rehabilitation, self-help/mutual aid intervention, peer support/education program
In this unique study, the author reports on the use of ‘circles of support’ for individuals with TBI. The circle concept puts the client or ‘focus person’ at the centre and surrounds him/her with enlisted friends, family members and acquaintances for assistance with daily living and the fulfillment of ‘dreams’ (which for one woman was canoeing). Co-ordinating it all is a professional who holds regular meetings with circle members. The author argues that the circle provides empowerment not only for the focus person as he/she recovers but the members as well. Keywords empowerment, brain injury rehabilitation

Due to a paucity of research on the subject, Dr Stewart (a noted self-help researcher) and her team explored the impact of a self-help group on couples (in which one member was recovering from a first heart attack). The group was co-led by a peer and a professional and over the 12 weeks it met, members kept a diary and the facilitators recorded field notes. At the end of the group, participants and facilitators were also interviewed. According to members, all were satisfied with the intervention and referred to the positive effect on their coping, confidence, outlook, and spousal relationship. Factors that influenced the intervention effect were participant input, co-facilitation, similarity of group members, and the provision of information and support. Keywords cardiac rehabilitation, affect on spousal relationship, self-help group for

The authors compared the process of recovery from alcohol dependence for those who just ‘naturally’ got better (n=93) and those who went to self-help groups (42). Both sets met the criteria for recovery in the DSM-IV. Following a series of interviews, analysis demonstrated that the only major difference in the two sets were that self-help group attendees informed more individuals about their former alcohol problems and sought social support more often as a coping strategy to deal with craving. Keywords alcohol abuse, recovery, participation in self-help groups for

Citing rising rates in testicular cancer among British working men, the authors describe the process of setting up a self-help group for these individuals. They tell the story of how 4 men and three professionals came together to found a group for support and education and how difficult some of the men found it to ‘talk’ openly. Although the group has developed slowly, the authors note that it has learnt about working collaboratively and in liaison, and alliance, with other agencies. Keywords cancer, recovery from, use of self-help for men

The authors conducted interviews with more than 300 members of Double Trouble self-help groups in New York to explore the relationship between mutual aid support and their recovery from both addictions and mental health issues. The authors conclude that there is a strong and direct link between levels of social support and mutual aid and recovery from addiction. With respect to mental health, the authors suggest members perceived level, type and extent of support and mutual aid was the key to their recovery. Keywords mutual aid, dual diagnosis, mental health, addiction, recovery from
The authors explain a smoking cessation program for cardiac patients in the UK. They note the central feature of the program is a six week professionally-facilitated support group that meets 1/week for 6 weeks. Patients who participated in the program cited peer support received from other patients as central to smoking cessation and recovery from cardiac surgery. "The effect of peer support was encouraging and motivating, thus fostering a sense of belonging and camaraderie". "Peer support was further evident with regard to the issue of relapse. Group support and cohesion in the event of this was immense. Facilitators witnessed the self-supporting structure of the groups in counseling individuals who had relapsed and the motivation and encouragement bestowed on them." Keywords: smoking cessation, cardiac rehabilitation, recovery, peer support

56 patients awaiting bypass surgery in Quebec were divided into two groups. Half (the experimental group) were paired up with peers who had had the surgery and were living 'active' lives. The other half were not. The matched patients expressed significantly less anxiety before and after surgery as well as more activity and 'self-efficacy' post surgery. The authors argue that peer support and matching should be an intrinsic part of cardiac treatment and recovery. Keywords: cardiac rehab, peer support/matching for

The authors report on a unique telephone group for women with breast cancer living in rural Newfoundland (average age of 40). Noting that only between 1% and 10% of patients with breast cancer participate in group interventions, they claim that for rural communities, practical hurdles often predominate. These include lack of health services, small population and geographic isolation. For many, this leads to a perception of "being alone" on the long road to recovery. In collaboration with Cansurmount, a rural teleconferencing program for peer support and information was set up at Memorial to enable women with breast cancer to talk to each other twice a month. Participation at each session ranged from a high of 48 women in 21 separate communities to a low of 17 participants in 7 communities. Results suggest a large majority strongly agreed the sessions addressed their need for social support and information on breast cancer. As well, many indicated strong interest in attending future teleconferencing sessions and strongly agreed that it would be important for the teleconferencing sessions to continue. Keywords: breast cancer, recovery, use of teleconferencing/telephone peer support for

The purpose of this study was to describe categories of information shared on an on-line cancer self-help/mutual aid group (ICSG), determine how many people used the list, and how frequently they posted on it. Using content analysis, 300 messages were analyzed and eight categories of responses were identified: (1) information giving/seeking; (2) personal opinions; (3) encouragement/support; (4) personal experience; (5) thanks; (6) humor; (7) prayer; and (8)
miscellaneous. The authors conclude that these kinds of groups are important sources of support for cancer patients, their families, and caretakers in a nontraditional format. Nurses need to become more familiar with them to better serve patients. Keywords: cancer, on-line support groups for

The author reports on drug abuse trends in American nurses, arguing that 1 in 12 will battle chemical dependency during their career. Citing a case study of how 'Jacob', a male nurse was caught, rehabilitated and returned to work in a hospital, she outlines a way for staff and management to facilitate nurse recovery and reintegration into the workplace using nurses-only self-help groups, 'recovery contracts' and random drug testing. In a recent study of close to 30 recovering nurses in Florida, she also notes that most important to re-entry was "workplace support by supervisors and co-workers." After that came the state intervention program, support groups, friends and family, and 12-step programs. Keywords: nursing recovery from drug dependency, reentry into workplace, role of support groups in
Other Articles of Note/ Interest

Self-Help: Time for a new definition?


In the spirit of sociologists Katz and Bender and Borkman, the authors reflect on the role of self-help in contemporary society using the theories of Giddens and Bauman. Reviewing self-help literature, they ask whether self-help groups potentially suppress or liberate the individual (the answer is both), but their central concern lies with the growing involvement of professionals in self-help groups in Europe. Citing a good deal of research on this trend as well as the professionalization of self-help, they suggest it is time to redefine and reconceptualize self-help as the old definition which excludes professional involvement does not seem to have any more relevance. Keywords: self-help, meaning of, professionalization of, theoretical analyses of

Self-help for breast feeding?


Most mothers stop breast-feeding before the recommended 6 months post partum, so the authors conducted a randomized controlled trial to evaluate whether peer (mother-to-mother) support improved that for first time mothers. 256 breast-feeding mothers from 2 semi-urban community hospitals near Toronto were recruited and randomly assigned them to a control group (conventional care) or a peer support group (conventional care plus telephone-based support from a trained woman experienced with breast-feeding). The findings suggest that many more mothers in the peer support group continued to breast-feed at 3 and 6 months post partum. Of the 130 mothers who evaluated the peer support intervention, 81.6% were satisfied with their peer volunteer experience and 100% felt that all new breast-feeding mothers should be offered this peer support intervention. Keywords: breast feeding, peer support for

Self-help for On-the-job training?


The training of workers has received increasing recognition as a key component in ensuring the health and safety of the US workforce. The authors wanted to know whether peer or professional trainers would be more effective in this role. Questionnaires were given to 426 workers at a United Automobile Worker's Union health and safety training program. Participants received training from one of three trainers: (1) local union discussion leaders (LUDLs), (2) professional staff trainers, or (3) LUDLs with professional staff trainers. Data were collected before and after the training. Findings show that subjects trained by LUDLs identify most closely with their instructors, whereas subjects trained by staff trainers identify least closely with them. In addition, workers trained by LUDLs reported changing behavior as a result of training more often than workers trained by others. Keywords: workplace health and safety, use of peer training in
Bibliography


