

The power and potentiality of peer-led self-help groups in comparison with professional-led support groups: self-help experiences in Japan

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The purpose of this article is to discuss the power and potentiality of peer-led self-help groups compared with professional-led support groups, using self-help experiences in Japan.

Recently in Japan many people have become more interested in self-help groups, partly because of the serious decrease in financial resources for human services, and partly because more people are realizing that users' involvement is crucial to improving the quality of human services. Nevertheless, many human service professionals in Japan still fail to clearly distinguish between peer-led self-help groups and professional-led support groups. They continue to stress only mutual help and the sharing of experiences among members, and they ignore the voluntary and pro-social activities of self-help groups. As a consequence, many patients are encouraged to join small groups for patients, called patient clubs (*kanja-kai*), which are organized by hospitals, clinics and public health centers. These patient clubs are often considered in Japanese literature as being equal to self-help groups when clearly they are quite different. This difference was ignored in a 2008 amendment of the law governing certified social workers, and self-help groups are now supposed to be taught as a method of social work using groups in social work curriculums in Japan (Ministry of Health, Labor and Welfare, 2008).

Differences between self-help groups and support groups

As mentioned above, among the majority of Japanese human service professionals the boundary between peer-led self-help groups and professional-led support groups is not

clear. But how do these two groups differ? Kurtz (1997, pp. 4-5) defines and describes peer-led self-help groups and professional-led support groups as follows:

- A self-help group is a supportive, educational, usually change-oriented mutual-aid group that addresses a single life problem or condition shared by all members. . . . Its leadership is indigenous to the group's members; participation and contributions are voluntary Professionals rarely have an active role in the group's activities. . . . Boundaries include all who qualify for membership by having a problem, situation, or an identity in common with other members.
- Support groups meet for the purpose of giving emotional support and information to persons with a common problem. They are often facilitated by professionals and linked to a social agency or a larger, formal organization. Membership criteria often exclude individuals not served by the sponsoring organization.

After doing research on the involvement of professionals in self-help groups, Shepherd et al. (1999) have concluded that "the dichotomous view of comparing peer-led 'self-help groups' versus professional-led 'support groups' is artificial" (p. 39). Nevertheless this distinction is still important in an area like Japan where professional authority is socially respected, and where it is hard to keep an egalitarian relationship between professionals and service users.

In fact some people, including professionals, prefer support groups to self-help groups, because they believe that professional knowledge and the "experiential knowledge" (Borkman, 1999) of self-helpers are both available to members in support groups. Nevertheless, while not wishing to suggest that support groups are inferior to self-help groups, we must bear in mind that peer-led self-help groups do have important features that professional-led support groups lack.

Limitations of support groups and potentialities of self-help groups

In comparison with self-help groups, support groups have some serious limitations, because their activities and services are restricted to those who come within the boundary of their sponsors (hospitals, clinics, public health centers, etc). This “encapsulated” relationship between a support group and its sponsoring professional agency has many implications:

First, group members often find it difficult to consult with other professionals unrelated to their group’s sponsor, which can cause problems for patients with chronic diseases who need to consult with several professionals with different areas of expertise. This tendency might be exacerbated in Japan by the cultural value, reciprocity (Lebra, 1976).

Second, it is possible that the sponsors of some support groups could use them for the purpose of collecting clients. In fact some hospitals avoid referring their patients to outside groups for fear that they might leave their hospitals. Self-help groups, on the other hand, are beyond such boundaries. They provide voluntary services to people regardless of whether they are members or not. Also, because they work completely independently of hospitals, clinics and public health centers, self-help groups for ill people often take the initiative to arrange meetings involving doctors who belong to different organizations (Oka, 2003, p. 159).

Third, self-help groups develop valuable bodies of knowledge on how to live with particular disabilities and/or chronic diseases within local communities using various professional services. In contrast, members of support groups have few professional services available to them except for those provided by and through their sponsors.

Fourth, if self-help groups work in collaboration with other groups, their social action is available nationwide. This is very seldom the case with a support group whose activities are limited by its sponsoring agency.

Finally, whereas support-group members are directly or indirectly guided by professionals and are encouraged to see their problems within the professional frameworks, self-help group members have the potentiality for developing their own worldview (Kennedy & Humphreys, 1994) that is based on their indigenous cultures (Oka & Chenhall, 2010).

Implications for human service professionals

In Japan many professionals working with self-help groups make a common error: they try to set up new self-help/support groups among their own clients without first making any attempt to collaborate with existing self-help groups, and they then find that the members of these new groups are too passive and timid to become independent from the professionals. We should therefore remember two points: those who first seek professional help are not necessarily the best people for initiating self-help groups; and self-help group are not helpful for everyone.

Most professionals apparently feel daunted by the idea of cooperating with self-help groups that are already established because professionals and self-help groups belong to quite different cultures. Moreover, if we talk about Asian cultures the problem might be even more acute, because Asian authoritarianism and paternalism (see a Japanese example given by Hayashi et al., 2000) can impede cooperation between self-help groups and professionals. Nevertheless, I believe there is another typically Asian characteristic that will help us solve this great challenge, and that is humility.

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