AN ANALYSIS OF INTERACTION IN A SELF-HELP GROUP

A Thesis

Presented to

the Faculty of the Department of Sociology

University of Houston

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Mary

Eva Imig Wallis

August 1970

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ABSTRACT

The interaction process was studied intensively in a self-help group - Recovery, Inc. - and analyzed using concepts of symbolic-interaction theory. Group meetings were observed following which eleven leaders and ten assistant leaders were interviewed using a structured questionnaire. Some insights were gained from the study. Members tend to use the group over long periods of times to confirm their view of mental health. Participants are chiefly those with histories of mental disorders and emotional problems although there are others who have not had professional care. Members are more concerned with obtaining relief from emotional symptoms than with understanding underlying reasons for these symptoms. Some of the values stressed by Recovery, Inc. are adopted by the members such as that of self control which is preferred to expression of feeling. Insofar as these values are accepted Recovery becomes the basis for social control of the member.

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CHAPTER I

THE PROBLEM

In recent years self-help lay groups have become popular. The prototype of these groups, Alcoholics Anonymous, is well known and effective. Gliedman says of Alcoholics Anonymous that "Not only has this lay organization transformed the outlook for many alcoholics from one of despair to one of hope, but it has demonstrated the therapeutic value of the group in their recovery. [1]Another group structured along lines similar to Alcoholics Anonymous is Recovery, Inc., the Association of Nervous and Former Mental Patients, which was founded in 1937, the same year as Alcoholics Anonymous. Wechsler regards this group as the largest self-help group in the area of mental health. [2]Other than Alcoholics Anonymous such self-help groups have been little studied. Better understanding of such groups through study is of great importance not only to evaluate their usefulness as an adjunct to

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[1]Lester Gliedman, David Rosenthal, Jerome D. Frank, and Helen T. Nash, "Group Therapy of Alcoholics with Concurrent Group Meetings of their Wives." Quarterly Journal of Studies on Alcohol. Vol. 17, No. 4, December 1956, pp. 655-670.

[2]Henry Wechsler, "The Self-Help Organization in the Mental Health Field: Recovery, Inc., A Case Study. Journal of Nervous and Mental Diseases 130, 1960, pp. 297-314.

psychotherapy, but also to understand just how such groups function. Recovery, Inc. has been the subject of only one extensive study to date.[3]

The purpose of the present study is to describe and analyse the interaction process from a sociological perspective focusing on one local group of Recovery, Inc. and to relate this interaction to the orientations of the leaders and assistant leaders of all the groups in this area. Wechsler's study is based on a self-administered questionnaire of the national membership, a questionnaire survey of psychiatrists' opinions about Recovery, Inc., Recovery literature and visits to various groups by the author and four consultants.[4] His study, then presents an overall view of Recovery, Inc. The present study is concerned with the interaction process studied intensively in one group and the leadership of all the local groups; and with analyzing the interaction with respect to the concepts of symbolic interaction theory.

I. THE RECOVERY, INC. ORGANIZATION

The late Dr. Abraham A. Low founded Recovery, Inc. in 1937, for thirty patients who had received shock treatments at the Psychiatric

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[3] Ibid.

[4] Ibid.

Institute of the University of Illinois Medical School - Dr. Low was assistant director of the Institute. Although at first concerned with after-care for former mental patients exclusively, by 1940, Recovery included psychoneurotic patients from the out-patient department of the Institute. Dr. Low was particularly concerned with the problem of the former mental patient whose "residual symptoms" often resulted in relapses. Because similar symptoms were seen in chronic psychoneurotic patients, they were later included in the group. Often these "experienced sufferers" had symptoms of two to twenty years duration. In 1941, Recovery, Inc. severed its connections with the University of Illinois Medical School and moved to its present offices in the Chicago Loop. It remained a professionally supervised organization, the bulk of the members being from Dr. Low's private practice, He was, however, developing techniques that would allow the organization to become a self-help lay group without such professional supervision.[5] By 1952, the panel example method was established, and Recovery, Inc. became a self-help organization. Since Dr. Low's death in 1954, the organization has been non-profit, and non-sectarian. It is supported by membership

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[5]Abraham A. Low, Mental Health through Will-Training. The Christopher Publishing House, Boston, U. S. A., 15th Edition, 1967, p. 16 - 19.

dues, sale of literature and records and by individual "good will" donations.[6] The organization does not offer diagnosis, medical treatment or counseling. Each member is expected to follow the authority of his own professional as the organization provides self-help after-care only.[7] There are over 700 groups nationally at this time, with eleven such groups in Houston.[8] Leaders must participate for six months and have approval of the organization before they may serve as volunteer leaders. Meetings are open to the public and usually held in community buildings, churches or synagogues.[9] It is not necessary to be a paid member in order to attend. Regular membership is $5.00 per year paid to the National Headquarters. Applications may be channeled through the leader or forwarded directly to National Headquarters. Records of membership are not kept by leaders.

The Mental Health Association of Houston and Harris County

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[6]Wechsler, loc. cit.

[7]Recovery, Inc. "Facts About Recovery, Inc." 1967.

[8]Theodore Berland, "Dear Doctor: A Brief Explanation of the Recovery, Inc. System of Techniques." 1969.

[9]Recovery, Inc., loc. cit.

does make referrals to the organization. Recovery, Inc. also offers one hour demonstration panels to interested groups on request.[10] Recovery members often appear on television or radio programs as well. There are eleven groups in Houston, the first of which was established here nine years ago. Several have been recently organized. Most of these groups meet in the evening - however, there is one meeting in the morning and one meeting on Saturday afternoon. The morning group is attended primarily by women - there is one evening group which is attended primarily by men, but more often attendance is by both sexes. Thirty members is the maximum size for each group.[11] There are meetings every day of the week except Sunday. Some of the individuals attending have been under psychiatric care, some are under care at the present time, but still others have never seen a professional. In some cases individuals began attending with a family member who had an emotional problem and stayed on because they found participation of value. There are no prerequisites for participants and no screening of participants; attendance is voluntary on the part of the individual. Occasionally someone may be referred by a professional - more often

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[10] Ibid.

[11] Ibid.

they seem to come in response to recent publicity about Recovery. Each group meets weekly, and leaders' meetings are held monthly. Social activities are not encouraged; Low is said to have preferred to emphasize training in the self-help method rather than the social aspects.[12]

II. FORMAT OF THE MEETING

Recovery, Inc. meetings follow a standardized format. The meetings open with introductions usually by first name only, but this practice is optional. The leader then makes a few remarks about Recovery, Inc. and its purpose. Next the participants read aloud from a chapter in Mental Health through Will-Training by Dr. Abraham A. Low.[13] Records or tape recordings of Dr. Low are occasionally substituted for the reading. Following this is the panel example portion of the meeting in which volunteers give examples of how they have used Recovery techniques successfully. The examples must be drawn from the "trivialities of everyday life." The individual mentions when the incident took place, what happened, what symptoms he experienced, how

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[12] Ibid.

[13] Abraham A. Low, Mental Health through Will-Training. The Christopher Publishing House, Boston, U. S. A., 15th Edition, 1967.

he handled the situation, the specific Recovery techniques that were used, and the way he might have handled the incident before learning of Recovery techniques.[14] When the leader gives an example, he generally asks an assistant leader or veteran member to "take his example" which means to moderate the comments on an example. Following presentation of the example, the other panel members comment on the use of Recovery techniques; those taking part are expected to raise their hand before offering a comment. The member presenting the example does not participate in this discussion; there is a time limit of fifteen minutes for each example - five minutes to present, ten to discuss.[15] One member may present only one example at a time and one at each meeting. Following these panel examples, there is a brief question and answer period, and then the meeting breaks up into informal "mutual aid" groups for discussion of difficulties and Recovery applications. Sometimes this is combined with a refreshment period. In some cases several members routinely go on to a nearby restaurant following the meeting. Between meetings, those feeling a need for personal help may telephone another member. This phone call is limited to five minutes and takes

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[14](Mrs.) Abraham A. Low, "How a Panel Example Should be Constructed", 1955.

[15]Berland, loc. cit.

the form of an example.[16]

III. THEORETICAL ORIENTATION

According to Herbert Blumer, Mead "identified two forms or levels of social interaction - non-symbolic interaction and symbolic interaction. In non-symbolic interaction human beings respond directly to one another's gestures or actions; in symbolic interaction they interpret each other's gestures and act on the basis of the meaning yielded by the interpretation..."[17] Human beings develop a "self" because through language they can share the points of view of others including the views of others toward themselves. This makes it possible to see themselves as others see them - that is, to see themselves as an object. "Mead starts with an objective social process and works inward through the importation of the social process of communication into the individual by the medium of the vocal gesture."[18] The individual himself as well as those responding to him must be able

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[16]Wechsler, loc. cit.

[17]Herbert Blumer, "Sociological Implications of the Thought of George Herbert Mead." American Journal of Sociology, 71, March 1966, pp. 535-44.

[18]Charles W. Morris, "Introduction" Mind, Self, and Society, George H. Mead, The University of Chicago Press, Chicago and London, 1934, p. xxii.

to interpret the meaning of his gesture, and he must utilize the response of the other to control his own behavior. Such gestures, then, are spoken of as "significant symbols."[19] Because he utilizes the response of the other to control his own behavior, the individual is said to be "taking the role of the other."

> "Language as such is simply a process by means of which the individual who is engaged in co-operative activity can get the attitude of others involved in the same activity. Through gestures, that is, through the part of his act which calls out the response of others, he can arouse in himself the attitude of the others. Language as a set of significant symbols is simply the set of gestures which the organism employs in calling out the response of others. Those gestures primarily are nothing but parts of the act which do naturally stimulate others engaged in the co-operative process to carry out their parts."[20]

Thus, the individual from the time he is born learns through language the meanings and attitudes of those around him. By the process of role-taking, he shares the point of view of other. In this way a self develops - from the organization of particular perspectives to the generalization of these perspectives to that of the group as a whole. This development of the

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[19] Ibid., p. xxi

[20] Mead, op. cit., p. 335

self is described by Mead as follows:

> "I have pointed out, then, that there are two general stages in full development of the self. At the first of these stages, the individual's self is constituted simply by an organization of the particular attitudes of other individuals toward himself and toward one another in the specific social acts in which he participates with them. But at the second stage in the full development of the individual's self that self is constituted not only by an organization of these particular individual attitudes, but also by an organization of the social attitudes of the generalized other or the social group as a whole to which he belongs. These social or group attitudes are brought within the individual's field of direct experience, and are included as elements in the structure or constitution of his self, in the same way that the attitudes of particular other individuals are; and the individual arrives at them, or succeeds in taking them, by means of further organizing, and then generalizing, the attitudes of particular other individuals in terms of their organized social bearings and implications. So the self reaches its full development by organizing these individual attitudes of others into the organized social or group attitudes, and by thus becoming an individual reflection of the general systematic pattern of social or group behavior in which it and the others are all involved - a pattern which enters as a whole into the individuals experience in terms of these organized group attitudes, which, through the mechanism of his central nervous system, he takes toward himself, just as he takes the individual attitudes of others."[21]

Meltzer speaks of the self for Mead as a social process within the individual involving two phases - the "I" and the "me". The "I" is the impulsive tendency of the individual to act spontaneously and without direction. The "me" represents the "generalized other" or the organized set of attitudes and definitions common to the group. The "I" represents the initiation of the act before taking into consideration the "me."

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[21] Ibid., p. 158.

> "The 'I', being spontaneous and propulsive, offers the potentiality for new, creative activity. The 'me', being regulatory, disposes the individual to both goal-directed activity and conformity. In the operation of these aspects of the self, we have the basis for, on the one hand, social control, and on the other, novelty and innovation. We are thus provided with a basis for understanding the mutuality of the relationship between the individual and society."[22]

Meltzer[23] states that mind originates - for Mead - in the social process and is itself a process which manifests itself whenever the individual is interacting with himself by using significant symbols, or as Mead puts it - thinking is simply the reasoning of the individual, the carrying on of a conversation between the "I" and the "me."[24]

Blumer speaks more specifically of the interaction process itself. It is, he says, a formative process in which the participants build up their respective lines of conduct by constant interpretation of each other's ongoing lines of action.

> "As participants take account of each other's ongoing acts, they have to arrest, reorganize, or adjust their own intentions, wishes, feelings and attitudes; similarly, they have to judge the fitness of norms, values and group prescriptions for the situation being formed by the acts of others. Factors of psychological equipment

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[22]Bernard N. Meltzer, "Mead's Social Psychology" in Symbolic Interaction, A Reader in Social Psychology ed. Jerome G. Manis and Bernard N. Meltzer, Boston, Allyn and Bacon, 1967, pp. 5-24.

[23]Ibid.

[24]Mead, op. cit., p. 335.

> and social organization are not substitutes for the interpretative process. Symbolic interaction has to be seen and studied in its own right."[25]

Human group life takes on the character of an ongoing process - one of definition and interpretation. He speaks of the "dependency of interpretation on the defining acts of others" stating that established patterns of group life exist and persist only through the continued use of the same schemes of interpretation and that such schemes of interpretation are maintained only through their continued confirmation by the defining acts of others. However, if disruptions occur - redefinition may occur giving rise to new objects, new conceptions, new relations, and new types of behavior.

Objects, Blumer says, are in Mead's scheme "human constructs" whose nature is dependent on the orientation and action of people toward them. The meaning of an object is not intrinsic but is determined by the defining process in social interaction - by the way such objects are referred to and by the ways in which individuals act toward them. Thus, one's actions can be organized toward an object rather than responding to it immediately. Meltzer, in speaking of objects says that they change

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[25]Herbert Blumer, "Sociological Implications of the Thought of George Herbert Mead." American Journal of Sociology, 71, March 1966, pp. 535-44.

as activities toward them change. Objects, too, are largely shared objects. That is, he states, the perspective from which one indicates an object implicates definitions by others - definitions involving significant symbols. Individuals acquire like perspectives by learning the symbols by which others designate aspects of the world.[26] Through language - the Recovery vocabulary - in this instance - the individual comes to regard himself and his behavior from the perspective of Recovery, Inc. For the newcomer, this might at first be mediated through particular others, but in time these perspectives are internalized so that the individual can view himself from the perspective of the generalized other which is the Recovery group. The "I" represents spontaneous, impulsive tendencies and corresponds to uncontrolled and undirected emotional behavior on the part of the Recovery participant. The "me" represents the organized set of attitudes and definitions of the Recovery group and corresponds to social control of the participant by the group and to conformity to its norms and values. The Recovery group schemes of interpretation are maintained and confirmed by the "defining acts of others."[27]

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[26]Meltzer, loc. cit.

[27]Blumer, loc. cit.

Through this defining process the meaning of objects of importance to Recovery is established by the ways they are referred to and by the way Recovery considers it appropriate to act toward them. Thus, for example, a person experiencing a response of apprehension reacts initially according to his own temperament. However, Recovery teaches the individual not to entertain hysterical anticipations in response to situations of "average danger." The individual is expected to be tolerant of his responses such as worry, embarrassments, misgivings and forebodings and not to "process" them into vehement, immoderate, excessive and explosive responses.[28] Thus, over a period of time in Recovery such objects as responses change in that they are regarded more objectively than before. Another more inclusive object for the group - that of mental health - is defined and maintained by the group. The structured format which discourages disruptions makes for maintenance of this definition rather than redefinition.

Thus, for Recovery, Inc. a specific vocabulary is used to refer to objects of concern to members in the area of mental health. This vocabulary becomes a set of "significant symbols" for the participants making for greater specificity of meaning within the group

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[28] Low, op. cit., pp. 166-167.

and giving rise to similar points of view regarding objects. During the meeting the individual actively practices "taking the role of the other" when he participates verbally, he practices passively as well when he practices looking at himself and his behavior from the point of view of Recovery, Inc. Recovery, Inc. becomes the "generalized other" in guiding his attitudes toward mental health.

IV. PURPOSE OF STUDY

The problem for study was presented in Chapter I. It is to analyze the interaction in Recovery, Inc. using the theoretical orientation of symbolic interaction. Chapter II covers the research methods used in the study. Chapter III is concerned with the analysis of the interaction process and the derived impressions. Chapter IV presents the results of the questionnaire. Chapter V is a discussion of the results in terms of their relation to the problem and also contains the summary and conclusions.

CHAPTER II

RESEARCH METHODS

Two methods were used to obtain data for this study - the method of participant observation and the method of interviewing. This chapter describes the application of these methods.

I. OBSERVATION OF THE GROUP

The area leader of the local group was contacted and his consent obtained to make a study of Recovery, Inc., in the Houston Area, and to observe the meetings over a period of time. The ongoing interaction process was observed to gain insights into the format of the meeting, the attendance patterns of the members and their personal values as well as into the content of the meeting. These observations of weekly meetings extended over approximately a three-month period focusing on one specific group. Since note-taking is never permitted at the meetings, recording of observations was done after each meeting. There are several advantages to the method of participant observation as outlined by Becker. For example, "the meaning of words can be learned with great precision through study of their use in context, exploration through continuous interviews of their implications and nuances and the use of them oneself under the scrutiny of capable speakers of the

language."[1] This was important in the present study as Recovery, Inc. make use of a unique vocabulary. Further, Becker states that the participant observer operates in a social context rich is cues and information of all kinds, and this is of particular value when participant observation is used with interviewing. Interviewing, he states, may lead to errors which are primarily "errors of inference, errors which arise from the necessity of making assumptions about the relation of interview statements to actual events which may or may not be true."[2] Similarly, it seemed that a background of extended observation of a Recovery group would make for more accurate interpretation of interview data, as well as to suggest areas suitable for investigation. In general, observation centered around these areas - the use of the Recovery vocabulary; the development of an objective attitude toward the individual's problems and his symptoms such as depression, anxiety, anger and fears; and the outlook toward mental health maintained by the group. The terms of the Recovery vocabulary used to discuss symptoms and the techniques used to cope with these symptoms correspond to Mead's significant symbols - that is,

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[1]Howard S. Becker and Blanche Geer, "Participant Observation and Interviewing: A Comparison" in Symbolic Interaction: A Reader in Social Psychology ed. Jerome G. Manis and Bernard N. Meltzer, Boston, Allyn and Bacon, 1967, pp. 109-119.

[2]Ibid.

they have a similar meaning for all members, and this meaning is related to the type of behavior considered appropriate with respect to these symptoms. Through role-taking - especially by taking the tole of the "generalized other," participants practice taking an objective attitude toward themselves and their difficulties. In the group an outlook toward mental health is defined and maintained in each meeting by the characteristic interaction.

QUESTIONNAIRE

A questionnaire was developed to elicit data to support same of the impressions gained from this period of observation. Permission was denied by the area leader to question the entire membership at the meetings. Also, since leaders do not keep records of members or of attendance, and since members are often known only by first name, there was no means of contacting them away from the meetings. Permission was given, however, to approach the individual leaders of each of the eleven local groups and their assistant leaders for an interview. By interviewing these leaders and assistant leaders, who are also observers of the group in a sense, it would be possible to substantiate or refute impressions gained from observing the group. And, as representative members of the group, they could furnish information as to the membership. Eleven group leaders were interviewed, as well

as ten assistant leaders, with a structured questionnaire. The interviews took place in the interviewees' homes except in two instances. One leader was interviewed at his meeting place and another leader at this place of business. The interviews lasted from forty-five minutes to one and one-half hours each.

The questionnaire covers several general areas. The first question, however, is not specific for any one area but asks what leaders themselves feel is important about Recovery as an object for study.

> "First of all, what would you as a Recovery leader want to ask questions about if you were to study Recovery groups and how they operate?"

Questions two to fourteen cover patterns of participation in Recovery, Inc., including one which asks "why Recovery" rather than some other group.

> "Are there any particular reasons why you think people with emotional problems or mental disorders choose to join a Recovery group rather than some other group?"

Many members have participated for long periods of time - several years, for example. Frequently, members attend several groups during the course of a week. Newcomers may attend daily except Sunday if having difficulties, and others may come back to the group as a "refresher." Several questions are directed at determining more specifically just what the attendance patterns were. Several questions ask the leaders to estimate the attendance at different groups on the basis of whether

all, most or some of the members attend regularly, occasionally, or rarely. In addition, questions cover contacts outside the structured partion of the meeting to determine their importance in the overall patterns of participation. The leaders rank three channels available for personal help in the order of use. These three channels are:

A. Five-minute telephone calls.
B. By conversation during the "mutual aid" portion of the meeting.
C. Informally outside of the meeting itself.

Leadership selection is also covered in the questionnaire to see how this comes about.

> "How long had you been attending Recovery when you were asked or you decided to become a leader?"

Question thirteen asks what the leaders feel the benefits derived from the group association may be to see what emphasis these things receive.

> "Besides learning about Recovery methods and getting help with their problems, do you think people get any other specific benefits from meeting with the group?"

Question fourteen inquires about close friendships formed through the group.

> "Have you personally made at least one or two friends through Recovery? (If yes) Are these as close as friends outside Recovery? That is, whould you say that they are more close, less close or equally close."

Questions fifteen and sixteen have to do with the emotional and mental health status of members prior to and during Recovery

membership. Observation led to the impression that many members have experienced serious mental disorders. One question asks about the mental health status of persons before Recovery membership as indicated by leaders' estimates as to whether all, most, some or none of the group have had hospitalization for some mental disorder, psychiatric care or no professional help. Another question is concerned with the present sources of help utilized by Recovery members. The leaders are asked to estimate whether all, most, some or none of their groups are using drugs, a psychiatrist or psychologist, group therapy, pastoral counseling, or some other source of help.

The third area covered by the questionnaire is designed to determine to what extent the values emphasized by Recovery are accepted by the members of the group. The values of Recovery are described below.

A. Self-discipline valued over emotional release. In Question seventeen leaders are asked to compare another group which encourages expression of feelings to Recovery, Inc. which emphasizes control of feelings. Also members are asked how they feel about expression of feelings in general.

> "Generally speaking, how do you feel about allowing emotions to be freely expressed. On the whole, would you say that this is very valuable, somewhat valuable, very harmful, or somewhat harmful...For certain situations would you say that free expression

> of feelings is of any value? Yes, or no. (If yes,) What situations, for example. (If no) Why not?

B. Recovery stresses "averageness" over excellence and striving for perfection. Question nineteen asks how important it is to strive to realize one's potential and responses are rated as very important, somewhat important, not too important, or undesirable. Question twenty selects five values emphasized by Recovery and five that receive little or no emphasis. The respondent is asked to rate each of these according to how close these are to his own personal values, very close, somewhat close or not very close at all.

C. Group benefit is stressed over individual benefit by Recovery. In one instance there seems to be a conflict in that one is advised to be "group-minded" but also is advised to "put one's own mental health first." Respondents are questioned about this to determine if a conflict is acknowledged and how it is resolved.

> "Suppose you find that one course of action is better for you personally while another is better for the other people concerned. How would you be apt to make a choice in such a situation?"

D. In the area of mental health, Recovery members learn to regard control of emotional symptoms as essential to mental health. There is less concern for insight and understanding of the "why" of behavior. Leaders are questioned about the importance of understanding "how" rather than "why."

"Which of the following would you say is more important in the long run."

A. Understanding your feelings and the reasons behind them.
B. Knowing how to get relief from the distress these feelings may bring about.
C. Both equally important.

In addition, they are questioned to see if they tend to attribute failure of Recovery to help an individual to a "lack of will-power" or determination.

"Suppose someone were to say that Recovery methods didn't help him to overcome some troublesome symptom. What would you be apt to say or to suggest to him?"

E. Attitudes toward the authority of the group are elicited by questioning the leaders about problems centering around the procedure of the meetings. In addition, they are asked about other leaders as to their rigorousness or flexibility.

"As a leader you are called upon to interpret Recovery methods to the group. Do you feel that some of the leaders and assistant leaders are more rigorous in interpreting this to the group than others? ...Are there some who are more flexible?"

They are then asked to characterize each leader as rigorous or flexible.

Finally, demographic data is obtained in Questions twenty six through thirty four in order to determine the characteristics of the modal member.

It seems that this is a group of people who because of past mental and emotional difficulties value emotional control, and feel that for themselves it is essential to good mental health. They are trying to

maintain objectivity toward their problems - in order to cope with them, and, for most long-term participants, the group provides the means to this objectivity through Recovery language and Recovery techniques for dealing with symptoms. This objectivity comes about through assuming the perspective of the 'generalized other." Further, the group is important in maintaining this perspective for the individual through the "defining acts of others."[3] By means of questions about the members, their ways of participating, and the values of Recovery as reflected by the members, it is intended to demonstrate how this takes place in Recovery, Inc. The interaction process involves a vocabulary of significant symbols which gives rise to shared meaning with respect to objects important to the group, role-taking which gives rise to objectivity, and a definition of mental health which is maintained by group interaction.

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[3]Herbert Blumer, "Sociological Implications of the Thought of George Herbert Mead." American Journal of Sociology, 71, March 1966, pp. 535-44.

CHAPTER III

ANALYSIS OF THE INTERACTION PROCESS

The interaction process as it takes place in Recovery, Inc. is analyzed using the concepts of symbolic interaction theory in this chapter. Subdivisions of the chapter are as follows: (1) the format of the meeting (2) the Recovery vocabulary (3) the role of the generalized other (4) confirmation of the view of mental health and (5) impressions derived from observations. The Recovery, Inc. meetings are in a sense a microcosm of the ongoing social process in the outside world. By means of a language, the participant becomes aware of the attitude of others involved in the same cooperative activity.[1] Through this awareness of the attitude of the entire social group (Recovery, Inc.), he learns to take the "role of the generalized other."[2] Because he learns to take the "role of the generalized other," the group exercises social control insofar as its perspective enters as a determining factor into the individual's thinking. The individual identifies himself with the attitudes of Recovery, Inc. which make up a perspective toward mental health and problems relating to it

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[1]George H. Mead, Mind, Self, and Society. The University of Chicago Press, Chicago and London, 1934, p. 335.

[2]Ibid, pp. 154-155.

because of the fact that the participants can bring the reasoning process to bear, they can change or redirect the set of responses associated with an emotional symptom and bring such responses in line with the common response of the group.[3] So., old habits of reacting to symptoms may be changed due to the influence of the Recovery group, and the participant act toward these symptoms in a new way.

The set of responses associated with a symptom relating to mental health, does tend to be limited in the case of Recovery, Inc. This is accomplished by the predominance of pairs of opposites in its terminology which suggest only two ways of responding to a symptom, or two aspects of a situation which may be relevant. In part, these pairs of opposites stem from the remarks of Low regarding habits who states that it is in the very nature of human habits that they range themselves in pairs, the one member of which is antagonistic to the other...once a person has matured the antagonistic habits have attained their balance. Thus, he says, we have two varieties of persons, the one is mature and realistic - the other is infantilistic and emotional when the negative features prevail. Examples mentioned by Low are such pairs of habits as optimism and pessimism, endurance and self-

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[3]Ibid., pp. 71-73.

indulgence and courage and fearful anticipations.[4] There tend to be two responses, one of which is considered desirable - the other not - which are given consideration by Recovery.

I. FORMAT OF THE MEETING

As previously mentioned there is a structured format for the meetings, and this is consistently followed. The meetings are smooth and orderly; no serious problems of maintaining order were observed. Newcomers unfamiliar with the procedure may talk out of turn, bring up questions which they are asked to reserve for the mutual aid portion of the meeting, or present an example not in accordance with the prescribed form. However, these things are handled without difficulty by the leader who makes such corrections as necessary. Newcomers also on one or two occasions brought up personal problems but were told that Recovery did not advise, counsel or treat. On one occasion a veteran member was corrected by the leader for presenting two examples as one. Because examples report successes with using Recovery techniques primarily, the meeting takes on a positive tone. On several occasions there were joking references to the times when

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[4]Abraham A. Low, Mental Health through Will-Training. The Christopher Publishing House, Boston, U. S. A., 15th Edition, 1967, p. 96-97.

members failed to use these techniques with success. A "need help" example may be presented in the "mutual aid" portion of the meeting if a member does not know how to handle a particular situation. He presents his example and asks the members how they would advise him to handle it, that is, what Recovery techniques might be used. This was done on three occasions during the period of observation.

Participants are expected to "endorse" themselves for every effort on their part to handle a situation and control an emotion even though not altogether successful. Perhaps the most serious criticism ever offered during a meeting was that a member failed to "endorse himself." In fact, one new member remarked that this was the only group he'd been in where he was expected to think of what he had done that was right rather than what he had done wrong.

Emotional or uncontrolled behavior was not observed at the meetings; on only one occasion was a member somewhat tearful when giving a "need help" example. On another occasion a member questioned the wisdom of a decision made by another, but an older member pointed out that the group was to be concerned only with the Recovery techniques used in making the decision. Another time a newcomer made some derogatory remarks about a psychiatrist but was told that the group did not discuss professionals. This person also suggested that the group was "masking feelings," but the

limitations of Recovery were calmly pointed out to him.

Thus, because of the structured format and the avoidance of consideration of serious and personal problems, discussions do not get out of hand but proceed in an orderly manner, Participants exhibit stable behavior, and no extremes of appearance or dress were observed.

II. THE RECOVERY VOCABULARY

Feeling that ordinary language because of its "defeatist insinuations" may "engender tenseness which reinforces and perpetuates symptoms," Low supplied a terminology of his own for use by Recovery groups.[5] This vocabulary is never explicity set forth but is learned through its use at the meetings and through reading Low's book Mental Health through Will-Training. It consists of terms, phrases and slogans which involve simple methods of interpreting and manipulating symptoms.[6] One member remarked she used to think the vocabulary "ridiculous" but now thinks it is good "because you can go from group to group with it."

> "Common language speaks of 'irresistable' impulses, emotions, tantrums and spells. Recovery denies emphatically that any inner experience of the nervous patients is irresistable. It knows of situations only that were not resisted. This refers to common

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[5] Ibid., p. 21

[6] Ibid., p. 304

> everyday experiences, the common tantrum, the common crying spell, the common anger and common fear. All of these can be resisted, none are irresistable."[7]

Thus, Recovery members speak of "self-blame" rather than "guilt", "lowered feelings" rather than depression, and "crying habit" rather than "crying spell." Examples of the slogans are the "courage to make mistakes," "putting one's mental health first" and "feelings are not facts." The vocabulary abounds in pairs of extremes one of which is regarded positively, the other negatively. Some of these are "averageness versus exceptionality," "self-centered versus group-centered" and "subjective feelings versus objective thoughts."

According to Shibutani[8] the responses of other people give rise to progressive restriction in the process of language learning. So, too, in Recovery, the participant learns to speak of his experience using the terms of the Recovery vocabulary as they are used in context by members of the group. Other terms simply do not elicit the desired response, are ignored or may be actively corrected by others. The leader may correct the use of the term and supply the preferred term, or in discussion and comments the correct term may be substituted

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[7] Ibid., p. 175

[8] Tamotsu Shibutani, Society and Personality, Englewood Cliffs, New Jersey, Prentice-Hall, 1961, p. 486-487.

without comment for the one used by a newcomer. At one meeting a new member used the phrase "determined to go on" - another member broke in and supplied the Recovery term "will to effort." Later in the meeting the member used the phrase "determined effort." Another new member in one case appealed to the group - saying "what's the word" - and the group supplied "processing" in this case which means the same as "working oneself up."

Because of his notion of the therapeutic effect of the use of language, Low's Recovery groups have been compared with general semantic methods. General semanticists, according to Luchins, feel that patterns of emotions and behavior are related to patterns of thought and language communication, and that people with emotional and behavioral disorders may therefore be helped by semantic analysis and training.[9] Harry L. Weinberg also discusses those aspects Recovery relevant to general semantics. He mentions in particular the notion a "first-order fear" can proceed because humans have a verbal level to a "second-order fear" - the fear of fear and accompanying symptoms. This second order fear is open to conscious control, being closer to the verbal level than the first-order fear, and it is here,

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[9]Abraham S. Luchins, Group Therapy, A Guide, New York, Random House, 1964, p. 41-44.

says, Weinberg, that Low and general semanticists make the attack. Second-order fear can be described in terms of the interaction of two factors, the idea of danger and the feelings which accompany it. The feelings cannot be controlled, but one can learn not to make unverifiable inferences about the significance of the symptoms and can learn not to fear his fears. Essentially, he says, Low's patients learn to distinguish between factual and inferential statements.[10]

According to Low, the nervous fear is the fear of discomfort and he recommends that one have the "will to bear discomfort" as a technique to overcome such nervous fear. Low expresses this as follows and in this quotation are embodied many of the values of Recovery, Inc.

> "The cult of comfort is recommended as the royal road to superior culture. The pursuit of comfort is glorified and the facing of discomfort is discouraged. In this modern scheme of life the Will to bear discomfort has no place. If comfort is raised to the level of a value or ideal, discomfort is necessarily looked upon as something not to be tolerated and endured, as something that is definitely not part of life, certainly no necessary part of our 'modern life'....If you want to maintain the values of health and self-respect, of initiative and determination, of character and self-discipline, what you will have to learn is to bear the discomfort of controlling your impulses, of steeling your will, of curbing your temper. This calls for an attitude which far from exalting the virtues of

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[10] Harry L. Weinberg, Levels of Knowing and Existence, Studies in General Semantics, New York, Evanston and London, Harper and Row, 1959, pp. 182-188.

comfort places the emphasis where it belongs: on THE WILL TO BEAR DISCOMFORT."[11]

For Weinberg somati-therapy is a rational approach primarily concerned with changing those patterns of behavior open to conscious control and change. By controlling the secondary symptoms they are kept from reinforcing the primary ones, and this, in turn, over a long period of time, greatly reduces the potency of the unconscious patterns of mis-evaluation."[12] Low speaks of this as the" method of attack on the weakest point."[13] Behavior, then, is subject to rational and deliberate control even though feelings and responses may arise spontaneously. Impulsive action is not compelled, but one can direct his action because through language he can communicate about it and determine what that action should be.

The words and phrases of the Recovery vocabulary function as a set of significant symbols for those things of particular importance to the group. The term "fearful temper" for example represents a set of related behaviors associated with feelings of self-blame and inadequacy which come to be understood as members relate "examples" of such behavior and so label it. In this way it becomes meaningful to the

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[11]Low, op. cit., p. 144

[12]Weinberg, op. cit., p. 178

[13]Low, op. cit., p. 344

group, and calls for a particular type of action. According to Mead if a particular symbol has a common meaning for all members of a group. it is the basis for communication because it tends to arouse in others the same attitude as it does in the individual using the symbol.[14] So, too, in Recovery, the use of specific terms to describe feelings and the kinds of behavior associated with those feelings makes communication simpler. Certain terms describe certain symptoms or emotional states and call for certain patterns of action. This in many instances means changing old unsatisfactory habits of action in relation to these symptoms. The meaning of the symptom tends to be gradually changed, and new patterns of action are tried in relation to old symptoms. For example, depression in the past resulted for some members in days spent in bed whereas now the term "lowered feelings" suggests something less serious, and some physical action is expected of the person even though it requires great effort. Since most of these old habits are of long-standing in many of the individuals, it seems to take a great deal of effort and practice to develop the new habits. Previously behavior for the individual may have been dominated by the impulsive "I" with little capacity for controlling behavior, or with preoccupation with emotional responses. Through interaction, the "me"

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[14]Mead, op. cit., p. 57.

representing Recovery attitudes assumes new importance.[15] The terms employed make for conciseness and serve to avoid lengthy recitals of symptoms, situations and feelings. They make it easier for individuals to recognize categories of behavior rather than only individual instances. In Recovery the meanings of the group and corresponding patterns of action are learned by the member through such significant symbols.

Buckley speaks of meanings as being generated in a process of social interaction of a number of individuals dealing with a more or less common environment.[16] He goes on to say that an ensemble of symbols represents mappings of possible behavioral relations with the environment - relations which are otherwise not given in nature but which may be continually created by the mutual stimulations and responses of gesturing individuals interacting in an environment. So, too, Recovery by means of its special vocabulary and preferred ways of dealing with symptoms sets up such an ensemble of symbols representing behavioral relations with the environment - and these are reaffirmed and sustained at every meeting. The symbols have become significant because they "call out the meaning in the experience of one individual

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[15]Mead, op. cit., pp. 173-178.

[16]Walter Buckley, Sociology and Modern Systems Theory. Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1967, p. 94.

and also call out that same meaning in the second individual."[17]

III. THE ROLE OF THE GENERALIZED OTHER

To some extent the Recovery meeting serves as a means of enabling the individual to practice "taking the role of the other" through the panel example method and by so doing to learn the "role of the generalized other" toward his problem or a similar one. In general the meeting makes it possible for him to develop an objective attitude toward his own feelings to take the place of the highly personal point of view that may have given him difficulty in the past. He may have been governed chiefly by the impulsive "I" in the past. He learns how the "generalized other" - Recovery in this instance - will regard his behavior and endeavors to incorporate this into the "me" of his self. As an example is presented the individual describes an event but must withhold his own comments and interpretation. The latter is provided by the group members, and he can get the reactions of outsiders to his handling of specific situations. Through the feedback of their comments, he has a means of checking his own responses against the responses of the others. Then, later in the meeting, he may play the role of commentator on another's example and in so doing represents the

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[17]Mead, op. cit., pp. 54-55

group's viewpoint. In the case of Recovery, Inc. the attitude of the "generalized other" is the attitude of the group insofar as it enters into the experience of any one of the individual members and insofar as he regulates his behavior accordingly.[18] The individual considers the "generalized other" in selecting an example as suitable for presentation to the group, and in the terminology used to present it. Those offering comments take the "generalized other" into consideration in presenting their comments offering those which would be appropriate from the viewpoint of the Recovery group. The individual learns the preferred attitude toward different behaviors in different situations by merely being present. He learns that many of his fears and anxieties are shared by others, and he learns techniques of coping with them which have the sanction of the group. He becomes aware of expectations of others regarding his behavior and can guide his own behavior in light of this. He is able to anticipate responses to his own behavior in terms of the"generalized other" which is the group. Because the format does not allow for unlimited preoccupation with his own problems but requires a regulated, controlled participation it enforces the individual to practice taking the role of the group.

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[18] Ibid., p. 154

IV. CONFIRMATION OF VIEW OF MENTAL HEALTH

Referring again to Blumer who states that established patterns of group life exist and persist only through the continued use of the same schemes of interpretation and that such schemes of interpretation are maintained only through their continued confirmation by the defining acts of others - Recovery schemes of interpretation of mental health and the importance of self-control are confirmed at each meeting by the defining acts of others.[19] The interaction at each meeting through the use of prescribed terminology, format and adherence to Recovery recommendations confirms this scheme of interpretation. This is perhaps why many continue attendance for long periods of time and also attend frequently during the week. Somehow they need the support of the group to confirm the correctness of this interpretation. It may also be why others return during crisis periods - to reaffirm this particular scheme of interpretation. Several persons mentioned the stability and sameness of the Recovery meeting as reasons for attending and found this aspect of Recovery a distinct asset. One member attended a meeting in another area of the country and felt at home

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[19]Herbert Blumer, "Sociological Implications of the Thought of George Herbert Mead." American Journal of Sociology, 71, March 1966, pp. 535-44.

because the meetings followed the same pattern as his own group.

Emphasis is on adjusting to the status quo with little or no emphasis on changing objective conditions. A balanced type of life is held in esteem. Self-control and a realistic rather than a romantic philosophy of life are deemed important.[20] Recovery seems to be a means of learning coping behavior, and this is reflected in the values upheld by Recovery, Inc. and in the values of the participants.

V. IMPRESSIONS DERIVED FROM OBSERVATION

The general impression derived from observation of the Recovery group was that the Recovery vocabulary as a set of significant symbols gives rise to shared meanings with respect to emotional symptoms and shared viewpoints about the appropriate action to be taken in coping with these symptoms. Taken as a whole these shared meanings represent a perspective toward mental health. More specifically, the following impressions guided the construction of the questionnaire.

A. The individual depends on the Recovery group to maintain and confirm his perspective toward mental health. This is the principal motive for attendance over long periods of time and at frequent intervals.

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[20] Low., op. cit., pp. 74-78.

B. Participants are primarily those with histories of mental disorders and emotional problems. Many are utilizing sources of help other than Recovery, Inc. at the present time.

C. Participants are less concerned with understanding the reasons for emotional symptoms than with obtaining relief from these symptoms. Recovery stresses the "how" rather than the "why" of behavior.

D. The individual, tends to accept the values of the organization because Recovery, Inc. as the "generalized other" is an agent of social control.

Six other points dealing with such values are as follows:

1. Free expression of feelings is regarded less favorably than self-discipline and emotional control by participants.

2. Participants tend to be moderate in their ambitions and goals. This is related to the fact that Recovery values "averageness" rather than "exceptionality."

3. Such values as stability, reason, practicality, discipline and conformity emphasized by Recovery are close to the personal values of participants.

4. Recovery is regarded as a method of self-help effective for everyone, and the possibility of its failure does not seem to be acknowledged by participants.

5. The authority of Recovery, Inc. is highly respected and the format of the meetings is followed without significant deviation.

6. Little difference in interpretation of the methods by individual leaders would be expected because the Recovery method is regarded as correct and complete as it stands.

CHAPTER IV

RESULTS OF QUESTIONNAIRE

This chapter pertains to the results obtained from the interviews with those in leadership positions using a structured questionnaire. This data was elicited to determine if some of the impressions resulting from observation of the interaction in one of the local groups could be substantiated. All of the leaders of the eleven local groups were interviewed, and ten of the assistant leaders. Most were enthusiastic and regarded the interview as a means of letting more people know about Recovery, Inc. First, the leadership characteristics are described. Next, the characteristics of the groups as perceived by the leaders and assistant leaders are discussed. Finally, the values of the participants as represented by the leadership are described.

I. LEADERSHIP

Personal characteristics

Combining leaders and assistant leaders six are men and fifteen are women. The distribution of ages of these people is concentrated in the 30-39 and 40-49 age groups about equally. Seventeen of these people are married, two are widowed, one is separated, and one is single. These figures are shown in Table 1, page 43.

TABLE I

PERSONAL CHARACTERISTICS OF LEADERSHIP

	Leaders										Assistants										Total
	20-29		30-39		40-49		50-59		60-69		20-29		30-39		40-49		50-59		60-69		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Married		1	2	2	3	1		2						2	1	3					17
Single														1							1
Widowed																1				1	2
Divorced																					
Separated														1							1
Total		1	2	2	3	1		2						4	1	4				1	21

The children of those in leadership positions are primarily of school age as below:

	Pre-school	School age (6-18)	Over 18.
Actual number of children	2	32	18

Religious preferences and regularity of attendance of the leadership is as follows:

Protestant, attends regularly	Protestant, does not attend regularly	Catholic, attends regularly	Jewish does not attend regularly	"Personal religion" does not attend regularly
12	3	3	2	1

Social class

This is indicated by occupation, education and income in Table II, page 45. The majority interviewed have at least partial college education, incomes which are above average, and none are bluecollar workers. Further, most of the members live in and attend meetings in the southwestern part of Houston, in general the most affluent area.

Membership in other organizations

Of those in leadership positions one-third are not active in any clubs and are more than one-half are active in no more than two clubs,

TABLE II

SOCIAL CLASS AS INDICATED

BY

OCCUPATION, EDUCATION AND INCOME

Occupation				Education				Income			
Profes-sional	White-collar	House-wife	Unem-ployed	High school	Partial college	College graduate	Post-graduate	$6000-7999	8000-9999	Over 10,000	Not stated
5	7	8	1	4	7	6	4	3	1	14	3

Number of clubs in which active	Number of leaders and assistants
0	7
1	5
2	4
3	1
4	3
5	0
6	1

Time in Recovery and time as a leader or assistant leader

The duration of membership in Recovery and duration of time in a leadership position is shown in Table III, page 47. The average leader has been a Recovery member 40.7 months and has been a leader 24.2 months having been in Recovery 16.4 months before assuming a leadership position. The average assistant leader has been a Recovery member 21.9 months, and has served so 12.5 months as assistant leader having been in Recovery 9 months before assuming this position.

Leadership selection

This is as shown below:

	Leaders	Assistants	Total
Asked to be leader	8	8	16
Decided on own	1	0	1
"Unloaded on him"	1		1
First leader in area	1		1

TABLE III

DURATION OF MEMBERSHIP IN RECOVERY AND DURATION

OF TIME IN LEADERSHIP POSITION

Leader No.	Months in Recovery	Months as leader	Months in Recovery before becoming leader	Assistant leader No.	Months in Recovery	Months as assistant to leader	Months in Recovery before becoming assistant
01	24	12	12	01	12	7	5
02	36	24	12	02	48	36	12
03	48	36	12	03	36	12	24
04	108	84	24	04*	--	--	--
05	11	5	6	05	12	11	1
06	39	31	8	06	11	5	6
07	48	6	42	07	9	2	7
08	90	48	42	08	48	30	18
09	18	9	9	09	11	5	6
10	12	4	8	10	18	9	9
11	14	8	6	11	14	8	6
Average number of months	40.7	24.2	16.4	Average number of months	21.9	12.5	9.4

*Assistant not interviewed

"Drifted into it"		1	1
"Partner with one who opened new group"		1	1
	11	10	21

This indicates that individuals are approached and asked to become a leader in sixteen out of twenty-one cases.

Attendance of leadership at other groups

As shown in Table IV, page 49, nine out of twenty-one of thosein leadership positions attend other groups regularly, six attend occasionally and six attend rarely. Attendance habits of leaders as compared to assistants are similar. In addition, the leader and assistant of each group have similar patterns of attendance except in the case of Groups 06 and 08 whose leaders attend other groups rarely and whose assistants attends such groups regularly.

II. CHARACTERISTICS OF GROUPS

Age of groups

The leaders' estimates of the ages of their groups are shown below. The leaders' estimates only were used because the assistants had not been with the group as long and seemed unable to give estimates in some cases. Six groups are of long-standing, and five are less than one year old.

TABLE IV

ATTENDANCE OF LEADERSHIP

AT OTHER GROUPS

Group Leaders	Attend regularly	Attend occasionally	Attend rarely
Leader 01	X		
Asst. 01	X		
Leader 02			X
Asst. 02			X
Leader 03			X
Asst. 03			X
Leader 04	X		
Asst. 04*			
Leader 05		X	
Asst. 05	X		
Leader 06			X
Asst. 06	X		
Leader 07	X		
Asst. 07	X		
Leader 08			X
Asst. 08	X		
Leader 09	X		
Asst. 09		X	
Leader 10		X	
Asst. 10		X	
Leader 11		X	
Asst. 11		X	
No. leaders estimated	4	3	4
No. assts. estimates	5	3	2
Total	9	6	6

*Assistant not interviewed

Age of group	Number of groups
Less than 6 mos.	2
6 mos. - 1 yr.	3
1 - 4 yrs.	5
Over 4 yrs.	1
Total	11

Participation and attendance patterns

Ways of participating in Recovery and attendance patterns are discussed in regard to (1) duration of membership (2) consistency of attendance (3) "drop-outs" (4) estimates of attendance of own group (5) estimates of attendance at other groups. (6) means used for securing personal help and (7) friendships with other members.

Duration of membership. Leaders and assistant leaders found it difficult to state how long members had been with the groups but, nevertheless, designated at least some members in most categories ranging from those who had attended less than six months to those with the group since it was formed. This is shown in Table V, page 51.

Consistency of attendance. Twenty of the leaders and assistants estimated that most or some of the members of their groups had been consistent in their attendance pattern since they started with Recovery. One estimated that all had been consistent. Variations in the pattern

TABLE V

LEADERS' COMBINED ESTIMATES OF DURATION OF MEMBERSHIP IN THEIR GROUPS

Number of Members Estimated	Less than 6 mos.	6 mos. - 1 year	More than 1 year but not since group was formed	Since group was formed
All	1	0	0	0
Most	4	2	1	5
Some	14	10	6	13
None or don't know	2	9	14	3

of attendance of those not consistent as perceived by the leaders and assistant leaders are as follows:

	Were there any previously regular in attendance but not now?	Were there any not regular at first but regular in attendance now?
	Number of estimates	Number of estimates
Yes	15	9
No	4	7
Don't know	2	5
Total	21	21

Reasons suggested for members no longer attending regularly after previous regular attendance were as follows:

Reason	Number of times given
May not feel need	10
Found Recovery unsuitable	5
Don't know or no answer	4
With another group	3
Illness, or other problems	2
Not our business	1

Reasons given for regular attendance at present following previous irregular attendance.

Reason	Number of times given
Feel need at this time	10
Don't know or no answer	8
Depends on determination, trust	3
Changed groups	1

"Drop-outs." Eleven of the leaders and assistant leaders estimated that at least some of the "drop-outs" from their group were with another group. In nine cases it was not known if they were with another group. Five of those in leadership positions stated that reasons were given for individuals dropping out, in sixteen cases reasons were not given. When asked about these reasons given for dropping out, the leaders gave their own opinions so these responses were not considered. The reasons actually given by leaders when asked for their opinions were as follows:

Reasons given by leaders	Number of times given
Don't like or understand the methods	11
Felt they don't need Recovery	9
Ill, or wasn't "ready"	7
Don't know, don't contact	4
Outside reasons	2
Recovery doesn't work for them	1
Afraid of stigma	1

Leadership estimates of attendance at own group. Leaders and assistants estimated attendance of members at their own groups as shown in Table VI, page 55. One assistant and one leader estimated that all of their members attended regularly. Five leaders and six assistants thought most of their members attended regularly, while five leaders and three assistants thought that at least some of their members attended regularly. Eight leaders and eight assistants indicated that some of their members attended occasionally. Nine leaders and eight assistants estimated that some of their members attended only rarely. Leaders and assistants agreed on their estimate of group attendance only two times. However, estimates were concentrated in the "most" and "some" areas so that a similar picture of attendance emerged from both leaders and assistants.

Leadership estimates of attendance at other groups. Leaders and assistants estimated attendance of their group members at other groups as shown in Table VII, page 56. Six leaders and five assistants indicated that some of the members attended regularly. Seven leaders and eight assistants thought that some members attended just occasionally, while nine leaders and eight assistants thought that there were some who attended rarely. Leaders and assistants agreed on their estimates only in the case of one group, but the overall pattern of estimates

TABLE VI

LEADERSHIP ESTIMATES OF ATTENDANCE OF MEMBERS AT THEIR OWN GROUPS

Leaders				Assistants		
Group No.	Regularly	Occasionally	Rarely	Regularly	Occasionally	Rarely
01	Some	Most	Some	Some	Some	Some
02	Most	Some	Some	Most	Some	Some
03	Most	Some	Some	Most	Some	Some
04	Most	Some	Some	*		
05	Most	Some	None	All	None	None
06	Some	Most	Some	Most	Some	Some
07	Most	Some	Some	Some	Some	Some
08	Some	Some	Some	Some	Most	Some
09	Some	Some	Some	Most	Some	None
10	All	None	None	Most	Some	Some
11	Some	Some	Some	Most	Some	Some

*Assistant not interviewed

TABLE VII

LEADERSHIP ESTIMATES OF ATTENDANCE OF THEIR GROUP MEMBERS AT OTHER GROUPS

	Leaders			Assistants		
Group no.	Regularly	Occasionally	Rarely	Regularly	Occasionally	Rarely
01	Most	Some	Some	Some	Some	Some
02	Some	Some	Some	Most	Some	Some
03	Some	Most	Some	Some	Some	Some
04	None	Most	None	*		
05	Some	Some	Some	None	Some	Some
06	None	Some	Some	None	Most	Some
07	None	Some	Some	Most	Some	Some
08	Some	Some	Some	Some	Some	None
09	Some	Most	Some	None	Most	Some
10	None	All	None	Some	Some	None
11	Some	Some	Some	Some	Some	Some

*Assistant not interviewed.

tended to be similar and concentrated in the "some" category.

Means used for securing personal help. If an individual feels the need for personal help with some difficulty beyond that obtained in the panel example portion of the meeting, several channels are available. Leaders and assistants ranked three such means as shown in Table VIII, page 58. Leaders ranked the use of the mutual aid portion of the meeting first eleven times - assistants nine times. Leaders never ranked the five-minute phone call first, but assistants ranked it first four times. The phone call was ranked second eight times by leaders and four times by assistants and it was ranked third three times by leaders.

Table IX, page 59, shows the leaders and assistants estimates of the members using the means of personal help referred to above. Leaders and assistants seem to agree that only "some" seek such help regularly. Leaders in three cases thought that "most" members did use such help occasionally, but in eight cases thought this was only "some" of the members. Assistants thought that in seven cases "some" used such help occasionally. Both leaders and assistants tended to agree that some members used such help rarely - eight times for leaders and seven for assistants.

TABLE VIII

RANKING OF THREE MEANS USED TO SECURE PERSONAL HELP ACCORDING TO FREQUENCY OF USE

	Leaders			Assistants		
Rank assigned	Five-minute phone call	Mutual aid portion of meeting	Outside of meeting	Five-minute phone call	Mutual aid portion of meeting	Outside of meeting
1	0	11	0	4	9	0
2	8	0	3	4	1	3
3	3	0	5	0	0	4
Not ranked	0	0	3	2	0	3
Total	11	11	11	10	10	10

TABLE IX

ESTIMATE OF NUMBER OF MEMBERS USING PERSONAL HELP

Leaders	Regularly	Occasionally	Rarely	Assistants	Regularly	Occasionally	Rarely
All	1	0	0	All	1	0	0
Most	0	3	0	Most	0	0	0
Some	3	8	8	Some	3	7	7
None	7	0	3	None	6	3	3

Friendships with other members. Of all those in leadership positions nineteen felt that they had made one or two close friends through Recovery. Two said that they had not. Ten of these felt that these friends were more close than other friends, eight felt that these friends were equally close as compared with other friends, and three felt that friends made through Recovery were less close than other friends.

	More close	Equally close	Less close
Number of Leaders and Assistants	10	8	3

Emotional and mental health status-members

Leaders and assistants were asked to estimate sources of help presently used by Recovery members and results are shown in Table X, page 61. With respect to prescription drugs, three leaders and one assistant felt that most of the members were using such drugs. Seven leaders and five assistants felt that some members were using such drugs, while one leader and four assistants felt that none were. Three leaders and one assistant thought that most members were seeing a professional while eight leaders and seven assistants thought that only some were. Two assistants believed that none was. Six leaders and four assistants indicated that some members were involved in group therapy, while five leaders and six assistants indicated that none was.

TABLE X

LEADERSHIP ESTIMATES OF SOURCES OF HELP PRESENTLY USED-BY GROUP MEMBERS

	Leader					Assistant				
Group no.	Using prescription drugs	Psychiatrist or psychologist	Group therapy	Pastoral counseling	Other	Using prescription drugs	Psychiatrist of psychologist	Group therapy	Pastoral counseling	Other
01	Some	Most	None	Some	Some	Some	Some	Some	Some	Some
02	Most	Some	Some	Most	Some	Some	Some	Some	Most	Some
03	Some	Some	None	None	Some	Some	Some	None	None	Some
04	Most	Most	Some	None	None	*				
05	Some	Some	Some	Some	None	None	Some	None	None	None
06	Some	Some	None	Some	None	None	Some	None	Some	None
07	Some	Some	Some	None	Some	Most	Most	Some	None	Some
08	Some	Some	None	Some	Some	Some	Some	Some	None	Some
09	Some	Some	Some	Some	Some	None	None	None	None	Some
10	Most	Most	None	All	None	None	None	None	None	None
11	None	Some	Some	Some	Some	Some	Some	None	None	Some

* Assistant not interviewed.

One leader thought all of his members were involved in pastoral counseling. One leader and one assistant thought that most were in pastoral counseling in their group. Six leaders and two assistants felt that some were involved in such counseling, while three leaders and seven assistants believed that none were so involved. As to other sources of outside help, seven leaders and seven assistants indicated some were so involved and four leaders and three assistants though none were so involved. Each leader or assistant thought that at least some of his members were receiving outside help, only in one group did leader and assistant agree on sources of outside help they believed members to be using.

The mental health status of members before Recovery is shown in Table XI, page 63. In regard to hospitalization of members before Recovery, three leaders and three assistants felt that most of their members had been hospitalized before Recovery. Seven leaders and five assistants felt that some of them had been. One leader and two assistants thought that none had been hospitalized. One leader felt that all members of his group had received psychiatric care before Recovery. Four leaders and three assistants thought that most had had psychiatric care before Recovery. And six each assistants and leaders indicated that some members had had psychiatric care before

TABLE XI

LEADERSHIP ESTIMATES OF MENTAL HEALTH STATUS OF MEMBERS BEFORE RECOVERY, BY GROUPS

Group no.	Leaders			Assistants		
	Hospitalized	Psychiatric care	No psychiatric care	Hospitalized	Psychiatric care	No psychiatric care
01	Some	Most	Some	Most	Most	Some
02	Some	Some	Some	Some	Some	Some
03	Most	Most	Some	Most	Most	Some
04	Most	Most	None	*		
05	Some	Most	Some	Some	Some	Some
06	None	Some	Some	None	Some	Most
07	Most	All	Some	Most	Most	Some
08	Some	Some	Some	Some	Some	Some
09	Some	Some	Some	Some	Some	Some
10	Some	Some	Some	None	None	None
11	Some	Some	Some	Some	Some	Some

*Assistant not interviewed

Recovery. Only one leader and one assistant felt that none in his group had no psychiatric care before Recovery, in no case did any one think that all members had not had psychiatric care before Recovery and only one assistant felt that most members had not had psychiatric care. Ten leaders and eight assistants felt that some members had not had psychiatric care. Five of the leaders and assistants agreed in their estimates for their own group.

Benefits derived from group

When leaders and assistants were questioned about the benefits to be derived from attending Recovery meetings other than learning the methods, the following responses were given:

Type of response	Number of times mentioned
Acceptance from group, understanding, etc.	14
Social benefits, fellowship	14
Learning opportunities emphasized	5
Negative responses	2
Miscellaneous	2

III. VALUES OF PARTICIPANTS

Emotional control valued over expression of feeling

When asked if they would consider a sensitivity group as an alternate to Recovery, two individuals said they would, six qualified their answer, and thirteen stated they would not. When asked why they preferred Recovery - answers were as follows:

Type of response	Number of times mentioned
Some specific aspect of Recovery mentioned	11
Recovery works - don't need another group	7
Overall aspect of Recovery - mentioned - as dependability	4
Don't know enough about sensitivity	4
Negative reaction to sensitivity	1

When asked if there were some things about sensitivity groups which would be unacceptable to them, eleven responses indicated there were some things which would be unacceptable, although one of these persons went on to say he really didn't know enough about the sensitivity groups to say. Eight responses indicated they didn't know enough about the sensitivity group but two went on to indicate

qualified acceptance. One individual indicated qualified acceptance in his answer.

When asked how they felt about expressing emotions freely the following responses were obtained:

Response	Times given
Very valuable	0
Somewhat valuable	5
Very harmful	6
Somewhat harmful	3
Qualified choice of above or no answer	7

Sixteen of the individuals felt that free expression of feelings had some value. Two felt that it did not, and three indicated no answer. When asked in what situations free expression of feelings would have value, responses were as follows:

Response	Times given
Depends on "how" feelings are expressed	11
Depends on "what feelings"	10
Depends on situation	9
No answer, or not applicable	2

Of those responding that free expression of feelings had no value, these two went on the state that how feelings were expressed was the important thing.

"Averageness" emphasized

Feeling that Recovery emphasized "averageness" rather than "exceptionality" and emphasized a balanced life, leadersand assistants were asked how important they felt it was for a person to work and strive to realize their abilities in life. Nineteen answered that it was very important, while two answered that it was somewhat important.

Closeness of selected values to way of life

Leaders and assistants were asked to rate the closeness of certain values to their own way of life. Stability, reason, practicality, discipline and conformity are values emphasized by Recovery, while creativity, spirituality, self-expression, vitality and sociability receive little or no emphasis. Results are shown in Table XII, page 68.

Group values versus individual values

In attempting to determine if there was a conflict between individual and group values particularly in "putting mental health first" and being "group-minded", six individuals acknowledged a conflict in

TABLE XII

CLOSENESS OF SELECTED VALUES TO WAY OF LIFE

	Very close	Somewhat close	Not very close at all
Stability (R) **	18	2	-
Reason (R)	17	3	-
Practicality (R)	15	5	-
Creativity	14	6	-
Spirituality *	16	1	2
Self-Expression	12	6	2
Vitality	19	1	-
Sociability *	15	5	-
Discipline * (R)	16	4	-
Conformity (R)	6	7	7

*Not rated x 1

**"Recovery" value

this respect, five did not, and in ten cases it was not stated if there was such a conflict. The following responses were given as to how the decision would be made in such a situation.

Response	Number of times given
Felt that "putting mental health first "was" group-minded"	13
Favor self	11
Favor group	9
Compromise	4
Felt that it depends on situation	3
Situation not a "triviality" so can't answer question	1

Relative importance of "how" and "why" of behavior

Because Recovery emphasizes "how" to change behavior rather than the "why" - that is, understanding reasons for behavior, the following ratings were made of the relative importance of understanding feelings, or obtaining relief from symptoms arising from such feelings.

Eleven individuals felt relief was more important, while ten felt both were equally important. The leaders were asked for their suggestions, in a hypothetical situation wherein an individual stated that Recovery "didn't work" for him. This is shown in Table XIII, page 70.

TABLE XIII

SUGGESTIONS MADE WHEN RECOVERY "DOESN'T WORK"

Type of suggestion	Number of times made
Encourage to keep trying Recovery	12
Needs to apply himself more	11
Individual's own concern	5
Professional help suggested	4
Suggest dropping Recovery	1
Individual wasn't "ready"	1
Can't answer without specific instance	1

The suggestion most often made was that the individual should persist with Recovery - twelve instances - and eleven responses suggested that he should apply himself more. Only one person suggested dropping Recovery. Four persons suggested professional help.

Attitudes toward authority

The next three questions had to do with members observing the authority of the Recovery as to the format of the meeting. Leaders and assistants reported there was seldom a serious problem with observance of the procedure, seven reported that a problem occurred rarely, and twelve reported that this happened occasionally, two reported this never happened. The types of problems encountered are as listed below:

Type of problem	Number of times reported
Talking, too long, out of turn, etc.	8
Not following procedure	7
No real problem	5
Disturbed persons at meeting or outsider interrupting	5
Trying to take over or analyze others	2
No answer	1

How these problems were handled is indicated below:

How handled	Number of times so handled
Explained procedure	17
As stern as necessary	3
Cut off fast	2
No answer	2
Told individual we don't discuss religion, politics or sex and dont' judge	1

Leaders and assistants rated other leaders as to how rigorously they adhered to the interpretation of Recovery methods and procedures as presented in official guidelines. Seventeen individuals felt there were some leaders more rigorous than others as well as some who were more flexible. Two felt there were none more rigorous than others, but that some were more flexible. One felt that none were more rigorous than others and none were more flexible. One individual didn't know if some were more flexible than others. One didn't know if some were more rigorous than others but felt there were some who were more flexible, but felt all carried out procedure and did not wish to judge the leaders by ranking them. This is shown in Table XIV, page 73.

What leadership deems important study

When leaders and assistant leaders were asked what

TABLE XIV

RATING OF INDIVIDUAL LEADERS BY LEADERS AND ASSISTANT LEADERS

Leader no.	Months as leader	Times rated rigorous	Times rated flexible	Times not rated
01	12	13	5	3
02	24	8	10	3
03	36	0	12	9
04	84	9	10	2
05	5	6	8	7
06	31	6	11	4
07	6	4	8	9
08	48	1	17	3
09	9	13	5	3
10	4	1	10	10
11	8	6	7	8

they believed would be most important to study about Recovery, the following responses were obtained:

Important to study	Responses
Effectiveness of Recovery	11
Methods and procedure of Recovery	11
Organization itself	7
Membership of organization	4
Miscellaneous	4

The majority agreed that from their point of view the effectiveness of Recovery, and the methods and procedures of Recovery were the two most important things to study about Recovery.

CHAPTER V

DISCUSSION

I. RESEARCH METHODS

The data obtained from observation of the group was limited by the fact that note-taking was not allowed, and also by the structured format of the meeting which restricted spontaneous interaction. However, it did give rise to a number of impressions which served as the basis for the questionnaire. Since permission was secured to question only the leaders and assistant leaders, the data from these individuals may not apply to the entire Recovery membership for two reasons. Because information about the general membership was secured indirectly through the leaders, this may not be reliable. Further, leaders and assistant leaders are apt to have a stronger commitment to the group than others, and their responses may not be representative. It is possible that other members may have responded differently, and if "drop-outs" could have been contacted, they might have replied still differently. There was a high rate of cooperation among the leadership with the interviews only one assistant was unable to grant an interview due to the pressure of time.

In some cases questions were not clear to the respondent. Particularly, those dealing with feelings and emotions. These terms

seemed to have somewhat unique meanings for those in Recovery; in the questionnaire, emotions and feelings were used as approximate synonyms. Low, however, states that temper and feelings are lumped together by present day psychology as emotion. Feelings, he goes on are of three kinds - sympathy, apathy, and antipathy - these are directed toward oneself or others. Temper has two divisions - angry or aggressive and fearful or retreating. Temper represents antipathy toward oneself or others plus a judgement of right or wrong. Feelings call for expression, temper for suppression. He speaks against free expression of "emotional" frustrations and aggressions and deplores ranking emotion above intellect.[1]

Leaders and assistants found it difficult to estimate attendance because no records are kept, and also because patterns of participation are varied. There is a "constant turnover" and "fluctuation is very great." It was also difficult for them to say what sources of help were being used by members, and to say whether members had had serious mental disorders in the past. This sort of thing was not generally discussed and not always known.

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[1]Abraham A. Low, Mental Health through Will-Training. The Christopher Publishing House, Boston, U. S. A., 15th Edition, 1967, p. 22, pp. 171-173.

II. RESULTS

Personal characteristics

The typical respondent is a woman from 30-49, married, with one or more school age children. She is a Protestant who attends church regularly, is active either in no clubs or in one to two clubs. She has at least partial college education and is a housewife whose husband earns over $10,000 annually.

Sex. More than twice as many women as men are in leadership positions. Wechsler in his study found the typical Recovery respondent to be a woman.[2] By comparison in a study of Alcholics Anonymous in London, male membership exceeded female membership by four to one.[3] If these two self-help groups could be compared for the Houston area, it would be interesting to see what the proportions of male to female would be. However, with resppct to this study, it is possible that because many of these women are housewives they may have more time to give to this activity.

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[2] Henry Wechsler, "The Self-Help Organization in the Mental Health Field: Recovery, Inc., A Case Study. Journal of Nervous and Mental Diseases 130, 1960, pp. 297-314.

[3] Griffith Edwards, Celia Hensman, Ann Hawken, and Valerie Williamson. "Alcoholics Anonymous: The Anatomy of a Self Help Group." Social Psychiatry, Vol. 1, No. 4, 1967, pp. 195-204.

Age. Leaders are primarily in the 30-39 and 40-49 age brackets which is somewhat younger than the middle-aged typical respondent mentioned by Wechsler.[4] These age groups are apt to be people with family responsibilities who must be able to function, and it may be they find Recovery's techniques of coping with everyday problems helpful to "keep going" in spite of emotional difficulties. Perhaps the emphasis on control of emotions would be unacceptable to the age group under 30 as well as the emphasis on adjusting rather than on changing objective conditions. Then, too, this age group is less apt to suffer from chronic emotional problems, and it is often the person with chronic problems who comes to Recovery.

Marital Status. Eighty percent of these leaders are married and have one or more school age children. These people are not "loners" or "drifters" but do have family ties.

Religious Status. Fifteen out of twenty-one of those in leadership positions are Protestants. Wechsler speaks of the philosophy of Recovery and states that the value placed on "salvation" through work and effort is reminiscent of the Protestant Ethic.[5] For this reason the

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[4]Wechsler, loc. cit.

[5]Ibid.

Recovery philosophy may have appeal to people of Protestant background because it has some similarity to their religious orientation.

Membership in other organizations. Leaders and assistants are only moderately active in clubs and could not be labelled "joiners."

Social Class

In this study social class is an indicated by occupation, education and income, and is discussed as follows.

Occupation. Approximately one-half of the leaders are employed and hold professional or white collar positions - one is unemployed. The other half are housewives, but many of these housewives have been educated to hold a professional or whitecollar position. These are leaders and the status associated with their occupation may have played some part in their selection as a leader.

Education. The respondents in the present study have a higher educational level than the typical respondent who has had some high school education and perhaps some college education discussed by Wechsler.[6] In the present study only four out of twenty-one have no

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[6] Ibid.

college education, although they are high school graduates - others have had postgraduate education. Why this is true, is not clear. The official text is simply presented, and the Recovery vocabulary designed to simplify concepts of mental health. Low states that:

> "Self-help in psychiatric after-care calls for simple methods of interpreting and manipulating symptoms. It is for this reason that Recovery offers to its members plain common sense instead of intricate philosophies and artless techniques of training in place of elaborate procedures."[7]

Perhaps understanding in depth, applying the techniques and gaining insights from changing behavior patterns comes more readily to those of higher education, and, consequently, attracts them to Recovery. In addition, since these are leaders, their educational background may be related to their selection as leaders as was, perhaps, their occupation.

Income. The majority had incomes above $10,000. In three cases those with incomes less than $10,000 were women, not married. Since many of the members have had professional care which often is costly, perhaps people with less income have not been able to secure this type of help. They may for the same reason have less interest in a group like Recovery to "prevent relapses" and serve as an adjunct

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[7]Low, op. cit. p. 304.

to therapy.

Duration of Recovery membership

The average leader has been in Recovery almost four years, and the average assistant almost two years. One-third of Wechsler's respondents had been in Recovery less than one year, one-third from one to two years and one-third three years or more.[8] Recovery does seem to be long-term activity for most people. Edwards, et al found the mean duration of Alcoholics Anonymous to be over four years.[9] It is interesting to note that Low mentions that in Recovery (this while still under his supervision) "patients are expected to lose their major symptoms after two months of Recovery membership and class attendance." If the handicap persists, he says, the patient is not using the methods properly.[10] However, he does not clarify on what basis membership should be terminated. Both Alcoholics Anonymous and the Recovery organization are serving people with difficulties of long-standing which may take time to overcome if old habit patterns are to be changed.

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[8]Wechsler, loc. cit.

[9]Edwards, loc. cit.

[10]Low, op. cit. p. 24

Time as Recovery leader and leader selection

Leaders and assistants have usually spent a year or more as leaders. In most cases the leader of the group they attended suggested they might lead a group. Thus present leaders select the new leaders. Only one leader took the initiative to ask to be a leader. Another became a leader "out of necessity" as the first leader in the area. Leaders have ordinarily served twice as long as assistants. Assistants generally go on to become leaders. In the case of the one leader serving only four months - this is a newly organized group. The leader who has served seven years is the individual who first organized a group in this area. Another leader was in Recovery almost four years before becoming a leader, but this was because there was not a need for another group until that time. One leader was a member for four years but only during the last six months a leader and stated this was because of a lack of confidence until approached and encouraged to lead a group. Although three assistants - 02, 03 and 08 - have spent thirty-six months, twelve months and thirty months, respectively, in Recovery, there are reasons why they have not become leaders. Assistant Leader 03 is with a group just outside the immediate Houston area, is needed there. Assistant 02 is part of a husband-wife team who have led a group since its organization. Assistant 08 has been in

Recovery some time and is thinking of starting a new group soon.

The method of selection tends to make new leaders of those persons perceived by other leaders as having the proper regard for Recovery and its methods and who seem willing to abide by official guidelines.

III. IMPRESSIONS DERIVED FROM OBSERVATIONS

Relevant to the impressiomthat the Recovery group is necessary to the individual to maintain and confirm his perspective toward mental health, there is some evidence of this in the duration and frequency of attendance, as well as in the responses relating to benefits derived from attending the group other than learning about Recovery. Recovery is a long-term activity for those in leadership positions and, according to their estimates, this is true for many in their groups. Not only have these people attended for long periods of time, but they often attend the various other meetings. A majority of the leaders and assistant's attend regularly at other groups, and report that most of their members attend other groups regularly or occasionally.

Exceptions to this are as follows. One leader who attends rarely at other groups has been a member almost three years and is not active in any organizations. His assistant attends other groups regularly, has been a member eleven months, and is active in church,

neighborhood, civic and professional clubs. This difference in attendance patterns might be explained by personal preferences - one is active in other organizations as well as Recovery - the other is not. These two estimated that most or some of their group attend regularly at other groups. Another leader is a long-term member who attends other groups rarely, and does some volunteer work. The assistant attends regularly at other groups. This assistant is very active in a number of organizations. They estimated that some of their group go regularly, some occasionally to other groups. Both leader and assistant for still another group attend other groups rarely yet believe that some or most of their group attend other groups regularly or occasionally. This is a couple active in church work and professional organizations, both long-term members. They may attend other Recovery meetings rarely because of these outside activities. Another leader and assistant attend other meetings rarely most likely because they are outside the immediate Houston area. Some of their members, however, do go regularly or occasionally to other groups. Thus, attendance patterns of members do not always follow that of the group nor assistants that of leaders.

Additional variations in attendance patterns were noted. For example, reasons for changing from one group to another were

suggested to be as follows - the individual found a leader more to his liking,or he found a more convenient night. One leader thought the individual would stay with the group where an example with which he could identify was first presented. New members may attend "multiple groups" then drop off in their attendance after initial benefits. Leaders mentioned, too, that when a new group was organized they would attend in order to support the group and help to get it established. Patterns of attendance tended to be consistent for the members, but where not consistent, this apparently was based on the changing needs of the member. A member might get an "initial improvement" with regular attendance and as time went on be able to function without the group. Or a member might attend irregularly at first and increase attendance as he found the group served his needs.

The majority felt that there were close friendships made in Recovery, although several did not. One of the letter thought this was because Recovery does not emphasize the social aspect. It does seem these friendships could be maintained without such intensive attendance at the meetings so this does not seem to be the primary reason for attendance. Some did mention such benefits as acceptance and fellowship but again it seems these could be derived from other organizations which encouraged social activities. The acceptance should not be minimized, however. The feeling that others have similar

experiences encourages the individual. In a few cases, the Recovery members were the only friends some had initially after a long period of illness. One leader saw Recovery as a social function where everybody understands. Another assistant thought that one gained strength and hope through Recovery.

In regard to those giving negative responses when asked about benefits from the Recovery group, one assistant commented that there is a lack of communication in Recovery because of the rigid method. This is unlike another self-help group of which he is a member. Another assistant didn't know of any social friendships developing from Recovery but did think the meeting itself gave support and morale, and a feeling of not being alone. Friends made in Recovery were less close for this individual.

The choice of channels used to secure personal help indicates that most use the meeting itself - rather than the five-minute phone-call or contact away from the meeting where a more personal problem might be discussed.

So, a picture of members attending frequently and regularly over long periods of time seems to emerge. Wechsler also reports a long period of membership and frequent attendance.[11] Yet, over

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[11]Wechsler, loc. cit.

one-third of his respondents reported they did not need to attend in order to function adequately. This was not the impression gained from the respondents in this study. There were numerous references to the terms "practice" and "effort." Most seemed to think they needed Recovery and would continue to need it, particularly the "group practice" Low states that the method is that of patient practice supervised by a leader.[12] Recovery seems to serve a preventive purpose of maintaining mental health and preventing relapses for some members - relapses which might necessitate shock treatments or hospitalization. The tendency to greater frequency of attendance during a crisis period indicates some dependence on the Recovery group. As suggested during the interviews, there are people who leave apparently no longer feeling the need for Recovery, but for a certain "hard core" group, a very definite need is expressed.

Recovery represents certain technics for coping with emotional symptoms, and the approach is through self-help and self-discipline. For this reason, the individual may need continued confirmation from the "defining acts of others" in order to persevere with such self-help. This is the primary type of support the group

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[12]Low, op. cit., p. 225

offers him when he attends, and the principal motive for attending. His confidence in Recovery is reaffirmed because he hears others present concrete examples of their successes in dealing with symptoms similar to his own. These examples in effect define mental health as something to be attained by continued practice and effort and is especially true for those who have had long-term difficulties.

As indicated by the second impression, participants are in large measure those with histories of mental and emotional problems, and are using sources of help in addition to Recovery. Although respondents first indicated they didn't know about the sources of help presently being used by group members and their mental health status before Recovery, they, nevertheless, were able to make some discriminations in their estimates. At least some of the members of almost every group was receiving help from some source other than Recovery; and while there were many who had received no professional help before Recovery, there were others who had had psychiatric care or hospitalization. Wechsler found that a "sizable segment" (one-fifth) of the Recovery membership had had no contact with mental health facilities.[13] It is not clear just why these people feel the need of such a group for long periods of time.

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[13]Wechsler, loc. cit.

Regarding the third impression that participants are less concerned with understanding the reasons for emotional symptoms that with getting relief from their symptoms, ten considered relief more important, eleven considered both equally important. In no case was understanding considered more important than obtaining relief. Some of the members spoke of impatience with therapies aimed at understanding but were pleased with Recovery because it told them "what" to do and "how" to do it. Recovery seems to be for many a means of learning certain techniques to practice new ways of dealing with everyday problems. It is interesting to note that several respondents suggested that insight came after using such techniques. At any rate as one member expressed it when asked why people chose a Recovery group "no other is so pertinent to the symptoms they suffer." If an individual has been incapacitated by emotional problems and the inability to function, the meaning for him of mental health may well be control of such emotions. Associated with the desire to obtain relief from emotional symptoms it was believed that those who "dropped out" did not feel a need or didn't like or understand the methods. These may have been people who perhaps cared more to gain understanding of themselves in depth or who for one reason or another were un-interested in controlling emotional symptoms.

The fourth impression states that an individual will accept the values of Recovery in so far as the organization becomes for him the "generalized other." One such value is emotional control. As indicated thirteen of the twenty-one respondents indicated they would not consider a sensitivity group which emphasizes expression of feeling as an alternative to Recovery which emphasizes control. This seemed to be because of satisfaction with Recovery, rather than because of strong negative feelings about the sensitivity groups. Eleven did feel that there were at least some things about such groups which would be unacceptable. However, respondents did not totally reject expression of feelings but seemed to think in general that, if properly done without hurting others and in the right way, expression of feelings was acceptable. Many felt that in Recovery they had learned how to express themselves without "temper," and others felt they would not care to participate in a group where uncontrolled emotions prevailed. Some respondents mentioned difficulties in handling feelings in the past, and the result had been severe emotional symptoms.

The item which was intended to show whether individuals valued "agerageness" rather than "exceptionality" by asking how important it was for an individual to work and strive to realize his abilities in life did not elicit the expected response of "averageness" since nineteen of

the twenty-one answered without hesitation that this was very important. Low recommends a realistic philosophy of life. For him the realist is average in thought, feeling and action. He claims no glory or glamor, no excellence or exceptionality.[14] The expection was that this would be considered only somewhat important. Many of the members consider themselves perfectionists and as a technique to overcome this strive to be "average" - rather than "exceptional." They insist "average" does not mean "mediocre". It is possible that respondents were thinking in terms of "goals" particularly of setting long-range goals which are emphasized by Low.[15] They may have felt that it was important to strive to realize one's abilities as a long-range goal without thinking of this as "exceptional" rather than average.

In the question regarding guidelines close to one's way of life, the five qualities emphasized by Recovery were not rated as the top five in a list of ten. Conformity - one quality emphasized by Recovery was ranked last, and was the only value clearly differentiated from the others. It may be this term has somehow taken on a negative connotation aside from its use in Recovery. These items were all

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[14] Low, op. cit., p. 233.

[15] Ibid., pp. 147-148

ranked fairly close, and those emphasized by Recovery could not be distinguished from the others. Fellowship does have some prominence in Recovery, and this may have been regarded as closely related to the sociability item on the check list. Spirituality does not receive much emphasis although, as previously pointed out, Recovery philosophy is close to that of the Protestant Ethic. It is not clear why self-expression was ranked relatively high because of the emphasis in Recovery on group values rather than individualistic values. Creativity is not mentioned by Recovery so that it may have been considered independently of Recovery. It is a quality considered desirable outside Recovery circles.

On the whole, failure of Recovery was not acknowledged as members seemed to feel that if the individual applied himself and kept trying the methods would work. One individual stated there were no "hopeless cases". Members were almost unanimous in their opinion that, if the necessary effort was put forth, the individual would benefit. Several suggested that some people might find this distasteful - they would prefer to indulge their feelings and suffer the consequences rather than work and practice control of feelings along Recovery lines.

The authority of the meetings was accepted with no serious exceptions in that procedures were followed. The only problem seemed

to be unfamiliarity with the procedure on the part of newcomers. The format of the meeting was apparently not questioned, and at least several members found some security in this routine. On several occasions when obviously disturbed persons came to the meetings they were recognized as such, and, when they did not respond to corrections were ignored insofar as possible and an effort made to proceed with the meeting. In the event of really serious disruption, a leader may close the meeting but apparently this has not occurred in the Houston area.

Although the method of Recovery is regarded as a "perfected, finished system of self-help and aftercare" and "no provision is made for changes in the Recovery concepts and techniques,"[16] there were differences in the leaders' interpretations of the method, and leaders were able to perceive these in one another. However, one individual did remark, that the method was not subject to interpretation. Several seemed to think the term "rigorous" had negative connotations while to others this was true of the word "flexible," and they hesitated to assign these terms accordingly. In many cases leaders and more often assistants felt they did not know the leader well enough to rate him. Even though the method is regarded as correct there is some range of freedom tolerated in individual leaders.

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[16]Wechsler, loc. cit.

In general, the long-term leaders were rated more frequently than the new leaders. However, three leaders - members for thirty-six, thirty-one and forty-eight months were not rated nine, four and three times, respectively. All three attend other groups rarely and this may account for their not being well-known. Further, the newest leader who had served only four months was not rated ten times and was apparently not well-known. The leader of a group just outside Houston was not ratednine times, and was also apparently not so well known to other leaders. With these exceptions, the leaders who had served for less than one year were those most often not rated.

One leader perceived as one of the most rigorous perceived only one other leader as rigorous. This leader had made only one friend through Recovery - a friend whom he considered equally as close as other friends. He prefers not to socialize after the meetings. He believed free expression of feelings "very harmful." The other leader perceived as equally rigorous rated two other leaders as rigorous. He believed in free expression of feelings with qualifications. The leader perceived as most flexible had made friends through Recovery who were equally as close as other friends. This leader thought free expression of feelings somewhat valuable.

IV. SUMMARY AND CONCLUSIONS

The individual who attends Recovery for long periods of time receives support from the group. In addition, by means of the interaction process he confirms the approach to mental health he had learned through Recovery - the control of emotional symptoms through continued practice and effort.

The Recovery group emphasizes adjusting to the outside world, defines a system of techniques which aid with problems of adjustment by means of emotional control and reinforces this system at each meeting. New definitions are not sought, but, rather, the Recovery interpretation of mental health is defined at each meeting through the interaction which takes place. Possibly the most outstanding fact that emerges from the study is the duration and frequency of attendance at Recovery meetings. Typically, Recovery members have been involved in this activity for some length of time and anticipate continued involvement, and tend to believe that others should be so involved. There are a smaller number however, who tend to believe that onee maximum benefit has been obtained, it is acceptable for individuals to "drop-out." The "drop-outs," they believe, have progressed so that they are able to enter into other activities, and are able to utilize Recovery techniques on their own.

Since social activities are minimal, it does not seem that the friendships made in Recovery would of themselves account for long-term attendance at the group. Friendships could be maintained outside the group. Acceptance was mentioned frequently as a benefit derived from the group and Recovery is unique in that it is a meeting place for those with similar problems. It is of significance, also, that the mutual aid portion of the meeting is the primary channel for personal help rather than the phone call or some form of contact other than the meeting. This indicates, perhaps, that it is the group on which the member relies rather than on individuals.

Many of the participants have had serious emotional problems and mental disorders although there are others who have had no professional help. There were more of these people than anticipated. It is uncertain why the latter find Recovery of value particularly over long periods of time. One explanation is that there is general interest in mental health and in self-understanding. Another explanation is that Recovery may serve to prevent the onset of emotional problems and mental disorders of a serious nature as well as to prevent relapses and setbacks in those who have been seriously ill.

The concern of both groups of people is with obtaining relief from symptoms rather than gaining insights and depth of understanding,

or with both equally. It is likely that individuals seek out the type of help they consider desirable and control seems to be what they do desire in this instance - control of emotional symptoms. Staying "well" is very likely not an easy matter and may require repeated "group practice" as well as "individual practice" Recovery seems to meet this need for them. It teaches them "how" by its techniques and provides opportunities for practice.

Many of the values stressed by Recovery were important to the individuals particularly self-control as valued over expression of feeling. Respect for Recovery and its authority was evident in that the groups abide by the rules for procedure of the meetings. There were, however, differences recognized in the interpretation of the method by leaders. This seemed to be within the framework of the organization and to be related to matters of individual style rather than deviations from the method.

There were marked limitations in this study because only the leadership could be interviewed rather than all the participants. Further, because this is an intensive study of a small group of individuals it is not suggested that these results may be generalized to the larger population. Some insights were gained, however, which may be of value not only in understanding interaction in this group but for their

heuristic value in suggesting areas for further study. For example, it would be well to investigate the two different groups of people who do utilize Recovery - those with histories of past mental illnesses and those who have not had professional help. There do seem to be differences in the ways individuals utilize the group, but this is always within the framework of Recovery and with regard for Recovery concepts and methods. With these two groups it would be well to investigate the specific reasons for such long-term participation in Recovery. It would also be of value to investigate why each of these groups feel control of feelings is desirable. Further investigation into the relation of Recovery values to personal values is indicated.

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APPENDIX

QUESTIONNAIRE

As a sociology student at the University of Houston, I am making a study of the Recovery groups in this area. I am interested in finding out something about how people get together in such groups and help one another. Also, I am interested in learning about just how people make use of these groups and their habits of attendance and participation. Also, I would like to find out something about the attitudes and background of the people who come to Recovery.

This information is being gathered to be used as material for a master's thesis - written under the supervision of the Sociology Department at the University of Houston, All material gathered will be treated confidentially, and the identity of the individuals and the groups involved will be kept anonymous. A copy of the thesis will be available to the University of Houston library to anyone interested in reading the final report.

Some of these questions call for a short answer. Others call for a choice of several short answers. One or two ask you to rank several items. Others may ask for your ideas about some aspect of Recovery.

1. First of all, what would you as a Recovery leader want to ask questions about if you were to study Recovery groups and how they operate?

2. A. Are there any particular reasons why you think people with emotional problems or mental disorders choose to jointa Recovery group rather than some other group?

B. Are there any others you might mention?

3. About yourself, how long have you been attending Recovery meetings?

4. How long had you been attending Recovery when you were asked or you decided to become a leader? (Be sure to specify which).

5. Do you sometimes attend meetings of Recovery groups other than the one you lead? (If yes) How often would this be?

Regularly_____ Occasionally_____ or Rarely_____

6. Now, in your own group, I would like to find out how often the members attend meetings of your group. For example, would you say that (all, most, some or none) of the members attend (regularly, occasionally or rarely).

	All	Most	Some	None
Regularly				
Occasionally				
Rarely				

7. Are there people in your group who have attended meetings of other groups at some time? Yes_____ No_____(If yes) Would you say that this would be All_____ Most_____ or Some_____of the people in your group?

8. About the people in your group who do attend other groups, would you say that (all, most, some or none) attend (regularly, Occasionally or rarely).

	All	Most	Some	None
Regularly				
Occasionally				
Rarely				

9. Now, going back to your own group, would you say that All_____ Most_____ or Some_____ of the people have consistently attended Recovery meetings since the time they started?

A. (If most or some) Of those who have not been consistent, are there any who previously attended regularly and now do not?_____ Why is this do you think?

B. (If most or some) Of those who have not been consistent, are there any who previously did not attend regularly but now do so? Why is this do you think?

10. A. How long has your particular group been meeting_____. Have all_____ most_____ or some_____ of the people been with the group since it started?

B. Now I would like to find out how long all the members have been with the group you lead. Would you say that (all, most, some or none) of the members have been with the group (less than six months, more than six months but less than one year, more than one year but not since group was formed), since group was formed.

	Less than 6 months	More than 6 mos. but less than 1 yr.	More than 1 yr. but not since grp. formed	Since group was formed
All				
Most				
Some				
None				

11. Now, very likely it has happened that some people have attended Recovery and then dropped out for some reason. I would be interested in knowing more about this regarding your own group.

For example, do you know whether all_____ most_____ some_____ or none_____ of these people are now with another group?____

If not with another group, have any of these people given reasons for dropping out? Yes_____. No_____. If so, what were the reasons they gave?

As a leader, what, in your opinion, do you think some of the reasons might be?

. . .

As a leader I feel sure the members call upon you for help with their problems aside from taking part in the meeting itself. I am interested in finding out how they usually go about this.

12. For instance, which of the following would be the most common way for someone to approach you for personal help with a problem? After I read these to you, will you please rank them as one, two and three in the order of how often you find they are used?

A. Five-minute telephone call._____

B. By conversation during the "mutual aid" portion of the meeting._____

C. Informally outside of the meeting itself._____

How many of the members of your group would you say seek to get such help as mentioned previously from you - would you say that (all, most, some or none) do this (regularly, occasionally, rarely).

	All	Most	Some	None
Regularly				
Occasionally				
Rarely				

. . .

I would like to learn something, too about the social relationships among Recovery members.

13. Besides learning about Recovery methods and getting help with their problems, do you think people get any other specific benefits from meeting with the group?

14. Have you personally made at least one or two friends through Recovery?_____

(If yes) Are these as close as friends outside Recovery? That is, would you say that they are - More Close_____ Less Close_____ or Equally Close_____.

. . .

Now, I would like to learn something about the other sources of help for their problems used by people in Recovery.

15. Would you say that (all, most, some or none) Recovery members are using (see table).

	All	Most	Some	None
Drugs				
Psychiatrist or Psychologist				
Group Therapy				

	All	Most	Some	None
Pastoral Counseling				
Other				

16. Would you say that a number of Recovery members in your own group have had serious mental disorders before they joined Recovery? For example, would you say that (all, most, some or none) have had (see table).

	All	Most	Some	None
Hospitalization for some mental disorder				
Psychiatric Care				
No professional help				

. . .

At this time I would like to go on and ask some questions having to do with the values of people associated with Recovery.

17. I would like to get your reactions about another kind of group in the area of mental health which is quite popular now, that is, the sensitivity or encounter groups. These groups tend to encourage emotional expression and openness and honesty about your feelings with other people. For instance, it was stated in a local newspaper recently about one such group - "you are expected to react honestly and to recognize your emotions, not to hid them, defend them or justify

them."[1] . . . Do you think people like yourself would ever consider these sensitivity groups as an alternative to Recovery?

(If Recovery preferred) Why do you prefer Recovery?

Are there some things about sensitivity groups which you would definitely not be able to accept? If so, what are they?

18. Generally speaking, how do you feel about allowing emotions to be freely expressed. On the whole, would you say that this is

Very valuable_____ Very harmful_____

Somewhat valuable_____ Somewhat harmful_____

For certain situations would you say that free expression of feelings is of any value? Yes_____ or No_____

(If yes) What situations, for example,

(If no) Why not?

19. All things considered, how important do you feel it is for a person to work and strive to realize their abilities in life? Very important_____Somewhat important_____Not too important_____ Undesirable_____.

20. On this sheet are listed some guidelines that people often feel are important for themselves. Would you please place a

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[1] Saralee Tiede, "'Encounter' Is New Technique," Houston Chronicle, March 11, 1970, p. 1.

check mark for each one of these to show if it comes very close, somewhat close, or not very close at all to the guidelines you feel are important to your own way of life. (see attached sheet).

21. Suppose you find that one course of action is better for you personally while another is better for the other people concerned. How would you be apt to make a choice in such a situation?

22. Which of the following would you say is more important in the long run.

____A. Understanding your feelings and the reasons behind them.

____B. Knowing how to get relief from the distress these feelings may bring about.

____C. Both equally important.

23. Suppose someone were to say that Recovery methods didn't help him to overcome some troublesome symptom. What would you be apt to say or to suggest to him?

24. A. Have you ever had a problem with members not observing the procedure of the meeting? Never_____Rarely_____ Occasionally_____Often_____.

B. If you have had such a problem, could you tell briefly about one of the worst things that happened_____

C. How did you handle it?

25. As a leader you are called upon to interpret Recovery methods to the group. Do you feel that some of the leaders and assistant leaders are more rigorous in interpreting this to the group than others_____Are there some who are more flexible_____

What I would like you to do now is to assign a letter "R" indicating rigorous or "F" indicating flexible to the leader of each group. (See attached sheet).

. . .

Now I would like to ask some questions about yourself to obtain a little more personal information about the people who are associated with Recovery.

26. Age bracket 20-29_____30-39_____40-49_____50-59_____ 60-69_____over 70_____.

27. Sex Male_____Female_____

28. Are you married at this time?_____

S._____M._____W._____D._____Sep._____

29. How many children do you have_____What are their ages _____?

30. What type of work do you do (be specific) Are you currently employed? _____If not, how long have you been unemployed_____

31. What is your religious affiliation - Protestant_____ Catholic_____ Jewish_____ Other_____. Do you attend services regularly?

32. As I read the following list of clubs and organizations will you please indicate by yes or no whether you are active in such a group. Church groups_____ Volunteer activities_____ Political_____ Civic_____ Neighborhood_____ Social_____ Professional_____ Other_____.

33. What is the highest grade of school you completed?_____ _____.

34. Would you say that your annual income is -

Less than $4000_____

4000-5999_____

6000-7999_____

8000-9999_____

Over 10, 000_____

CHECK LIST FOR QUESTION NO. 25

	Very close	Somewhat close	Not very close at all
Stability			
Reason			
Practicality			
Creativity			
Spirituality			
Self-expression			
Vitality			
Sociability			
Discipline			
Conformity			

CHECK LIST FOR QUESTION NO. 25

LEADERS

01 _____

02 _____

03 _____

04 _____

05 _____

06 _____

07 _____

08 _____

09 _____

10 _____

11 _____