MUTUAL AID COUNSELLING:

AN EVALUATION OF PROCEDURE

by

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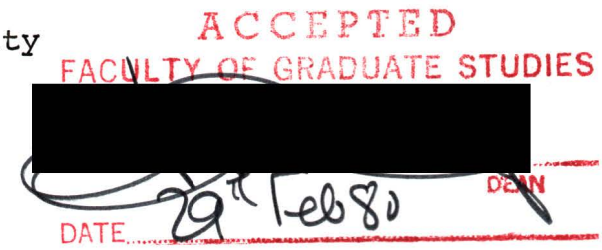

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Abstract

Mutual aid counselling is a type of paraprofessional helping that incorporates a reciprocal role exchange in its method. Founded by Dr. Vance Peavy, in 1977, mutual aid counselling is taught as part of an educational course at the University of Victoria. The "I'll help you, then you help me" philosophy utilizes a specific structural format when training mutual aid co-counselling pairs. This study provides the first explorative evaluation of the mutual aid counselling method. Its purpose was to assess the degree to which students incorporated the meeting procedure format and the degree to which the quality and mutuality of that relationship increased after training. This was determined by videotaping mutual aid counselling pairs in a counselling session before and after training. The videotapes were judged and rated by three experienced mutual aid counsellors. The findings of the study show that use of the meeting procedure and quality and mutuality did increase after training. Self-reports by the subjects supported the judge's findings. Maintenance of skills learned, stability of training effects, impact and benefits

of the mutual aid counselling relationship in other than university settings, and comparative effectiveness of co-counsellors as an adjunct to professional helpers are among the questions to be dealt with by further research.

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rather than technical vocabulary used in psychology and psychiatry to avoid the use of labelling and classification. The counselling relationship is referred to as *helping*. The individual who helps and gives support is called the *assistant*. The individual receiving assistance is often referred to as the client, helpee or help-receiver. In mutual aid counselling the word *person* refers to the individual receiving the assistance. When two people meet together for the purpose of giving and receiving aid this process is called *work*. The word *meeting* describes the actual face to face contact for the purpose of giving and receiving assistance. A *life-issue* refers to those things which the person and the assistant work on in their meeting and an *intervention* is a specific technique used to come between the person and his or her difficulty (Peavy, 1977).

Meeting procedure format: The mutual aid method begins with participants learning a procedure for their counselling meeting. The rationale behind having a meeting procedure is that practitioners are more able to learn and are usually more comfortable if they have a procedure to follow (Peavy, 1977). The mutual aid method consists of six co-counselling procedures. These procedures or steps, provide the counselling partners with a helpful

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Dedication

To "confidence".

CHAPTER I

Introduction

Since the early 1900's traditional forms of counselling have attempted to help persons troubled with various problems through the use of skilful dialogue. This is a process wherein the counsellor is perceived as the expert and who, armed with extensive academic accreditation utilizes "a treatment approach in which experts minister to the helpless" (Peavy, 1978, p. 1). Such professional practice not only perpetuates and reinforces helplessness on the part of help-seekers, it sustains the role of the expert in traditional orientations. There is little or no mutuality or equal sharing within such traditional counselling philosophies. While conventional counselling models utilize the counsellor-as-the-expert orientation, there are a few approaches within conventional counselling which incorporate a degree of mutuality in the counselling relationship (Boy and Pine, 1976; Rank, 1936/1964; Rogers, 1961).

Although there is an essence of mutuality in some conventional counselling relationships, there is no approach within conventional counselling whose philosophy clearly identifies principles and procedures wherein an equalized relationship between counsellor and client can be obtained.

Mutual Helping

Truly equalized and mutual helping relationships have been attained among paraprofessionals. Mutual aid counselling (Peavy, 1977), the topic of this thesis, is one of the paraprofessional counselling methods that attains such an equalized helping relationship. This relatively recent development departs from the conventional model by employing a free-role exchange within the counselling relationship. This provides the opportunity for a relationship based on reciprocity, a phenomena which until recently has been absent from traditional counselling techniques. Counselling models utilizing reciprocal role exchange are usually referred to as cooperative counselling methods. Mutual aid counselling, therefore, is a particular type of cooperative counselling which utilizes the same method for training counselling partners as is practised within the counselling relationship by those same counselling partners. It is important to note, however, that to date mutual aid counselling has been used mainly as a training technique within a university program oriented towards students interested in the helping profession. The broad scope and implications for mutual aid counselling in the community will be discussed in the final chapter.

It has been established thus far that mutuality within relationships was only in a formative stage in a few of the conventional counselling methods (Boy and Pine, 1976; Rank, 1936/1964; Rogers, 1961). The initial steps towards mutual aid counselling were actually mixed by three other forms of helping--lay counselling, peer counselling and self-help groups. These three types of helping are classified under the broad heading of paraprofessional counselling and includes all counselling methods where the helper has not completed extensive academic training in counselling such as masters and doctorate degrees. In this regard, both lay counselling and peer counselling veer away from the traditional view of the counsellor as the expert and the helpee as the helpless client. Self-help groups employ the same ideology, eliminating the role of the professional counsellor, but do so in a group format.

The lack of an expert in the counselling relationship links mutual aid counselling with the above three paraprofessional counselling methods. While mutual aid counselling is the only method mentioned thus far that specifically employs a reciprocal role exchange, it is tied very closely to lay counselling, peer counselling and self-help group philosophy of people with shared concerns aiding each other. Although the problem areas and the

means of dealing with problems vary greatly from self-help, peer, lay and mutual aid counselling, the orientation is similar. Those in the helping role, in paraprofessional counselling are not thought of by the help-seekers as experts, but rather help-givers who are often close to the distressed person's life style and are frequently seen by the helpee as a peer and a role model (Hamburg and Varenhorst, 1972; Killilea, 1976; Samuels and Samuels, 1975).

The main advantage of this helping philosophy is the value experienced by the help-seeker of having a helper who is able to enter into the help-seeker's milieu, rather than a helper such as conventional counsellors who are viewed as being different from the help-seeker. This perceived benefit is documented in the research literature and summarized by Killilea (1976). Besides documentation of this nature, the effectiveness and the value of using paraprofessionals in general to fulfil certain helping roles is becoming more and more evident in relevant literature on the subject (Beck, Kantor and Gelineau, 1963; Cooker and Cherchia, 1976; Guerney, 1964; Spairo, Krauss and Truax, 1969). Similarly, the proliferation of roles for paraprofessional helpers, beginning in the middle 60's, indicates the shift towards acceptance of para-

professionals and the current status of such helpers as being promoters of mental health in the human services systems (Cowen, Gardner and Zax, 1967; Durlak, 1973; Goodman, 1972; Grosser, Henry and Kelly, 1969; Gruver, 1971). While such proliferation does not presume total acceptance of paraprofessionals within the helping field (Katz, 1976; Blau, 1969; Reiff, 1966; Rioch, 1966), it does indicate a general movement towards self-help (Brown, 1974; Mowrer, 1971). Ivey (1973), a strong advocate of paraprofessional counselling summarizes the support position as follows:

> We have known for years that what we have been doing is not particularly effective (Eysenck, 1952; Bergin, 1971). Traditional approaches to counselling simply don't deliver . . . . Simultaneously, we are constantly making decisions to ignore data which clearly illustrates that paraprofessionals and lay helpers can do the job as effectively or better than we can (Carkhuff, 1969; Ivey, 1971; Magoon, Golann and Freedman, 1969). (p. 111, 113)

The support of paraprofessionals will be discussed in more detail in Chapter II of this thesis.

Definition of Terms

Thus far, several terms have been used in reference to paraprofessional or nonprofessional counselling. Terms like mental health; paraprofessional, aprofessional, nonprofessional; lay counselling, peer counselling; self-help groups, mutual-help and mutual support groups are

used loosely and often interchangeably in the literature. To avoid potential definitional confusion and to aid reader clarification, the following definitions are used in this study:

Mental health: involves not only crisis oriented dimensions but the general health of the mind and the overall well-being of individuals (Sobey, 1970).

Professional counselling: an interactive process conjoining the counselee or the client, who needs assistance and the counsellor, who is trained and educated (and often accredited) to give this assistance. The goal of professional counselling is to help the client learn to deal more effectively with the reality of his environment (Perez, 1965). The counsellor focuses on the counselling process, relationship and outcome from a variety of theoretical foundations such as: rational, learning, analytic, perceptual and existential theories.

Paraprofessional counselling/helping: includes all helping done by persons other than traditionally trained counsellors and is the overall term used to describe nonprofessionals, aprofessionals, lay counsellors, peer counsellors, self-help groups, mutual help organizations and cooperative counsellors (Killilea, 1976; Sobey, 1970). Paraprofessionals are paid or unpaid persons who work

directly with individuals or community groups and provide a variety of mental health interventions, but differ from professionals because they lack formalized academic training.

Lay counselling: involves those persons in the helping field who have been chosen for their qualities of warmth, empathic understanding and genuineness and who receive specific and often ongoing training necessary to facilitate positive client change. Most lay counsellors are paid and work in social services, mental health situations and are supervised by professionals (Zunker and Brown, 1966).

Peer counselling: involves trained and supervised peers who volunteer to offer support and help the other peers using techniques such as empathy, clarification and confrontation. Peer counsellors are usually similar in age, economic and cultural status to those they help and while not always sharing common concerns or problems, often draw from similar experiences, or situations. Peer counsellors or facilitators, as they are also known use straight forward language when encouraging and promoting communication with their student peer client. Peer counselling takes place in elementary, junior, senior and college level institutions (Samuels and Samuels, 1975).

Self-help groups: (also referred to as mutual-help groups), are voluntary small groups of persons who work together to overcome certain common life problems. Self-help groups aim to bring about a desired social or personal change and offer support without the aid of existing mental health institutions (Katz and Bender, 1976). The recipients of help often become "caregivers" after they have overcome their particular life problem, but the helping relationship is not equalized as it is in cooperative counselling, as there is no role exchange within the counselling relationship.

Cooperative counselling: utilizes role exchange between the helper and the recipient of help and is an equalized, voluntary helping situation where both persons in the counselling relationship receive training and practice basic counselling skills and often partake in group discussion and support giving. Forms of cooperative counselling include: Re-evaluation counselling (Jackins, 1965), Reciprocal counselling (Heron, 1974), Karen Horney counselling (Southgate, 1974) and mutual aid counselling. "Co-counsellor" is the term used in reference to cooperative counselling pairs. Concerns dealt within the helping relationship are not problem-specific as they are in self-help groups such as Alcoholics Anonymous, Weight Watchers, and Synanon.

Statement of the Problem

While mutual aid counselling incorporates the essential element of reciprocity between helper and the recipient of help, common to all cooperative counselling methods, it also includes a meeting procedure format that is unique to this mode of cooperative counselling.

The focus of this study is upon the mutual aid counselling meeting procedure which is a six-step process taught to people undergoing mutual aid training.

The impetus to study the procedural process arose from the writer's experience and involvement in teaching and practising mutual aid counselling over the past three years at the University of Victoria, supervised by Dr. Vance Peavy, the originator of mutual aid counselling. As a teaching assistant, this writer noted that students learning the mutual aid method would complain, for example that their counselling sessions were not running smoothly. It is important again to note that the mutual aid counselling method is used to train counselling pairs and once learned, the same method becomes the counselling process for those pairs. In exploring the nature of the difficulties within these counselling sessions, this researcher found an overwhelming number of problems could be traced to the students' failure to follow one or more

aspects of the mutual aid counselling meeting procedure. The six steps which will be elaborated on in the next chapter include scatterbraining, deciding who will work first, checking depth, working, checking out or giving feedback and switching roles. When the steps were employed, students indicated that their difficulties were greatly reduced, the counselling sessions ran smoothly and were more productive and successful. The thesis topic blossomed as a result of this experience.

As mutual aid counselling has been established for only three years, there has been little opportunity for studies or evaluation of the method. The only information regarding its effectiveness has been determined by participant feedback and instructor and teaching assistant observation. Peavy (1977a) states that there are at least three important questions to be asked about mutual aid counselling:

> First, with moderate training does the relationship between partners show improved evidence of the mutual aid orientation? Second, do partners show the mutual aid orientation in their behavior? Third, do individuals find mutual aid counselling to be of value in daily coping? (p. 27)

The present study demonstrates this writer's efforts to systematically look for evidence of the mutual aid orientation within mutual aid counselling relationships by

examining: whether under certain conditions mutual aid counsellors demonstrate increased use of the meeting procedures, whether they demonstrate an increase in the quality and mutuality of the counselling relationship and whether the participants report benfits of using the meeting procedure in their counselling sessions. This examination will provide some answers to Peavy's first two questions.

It is the contention of this study that when individuals demonstrate ability to use the procedural steps of the mutual aid orientation, the quality and mutality of the relationship increases. The study is designed to provide useful and pertinent information that will clarify the speculation that there is a positive relationship between the use of the procedural steps and the quality and mutuality of the counselling relationship. Quality refers not specifically to traditional therapeutic counselling techniques such as, active listening, clarification and confrontation, but more to the atmosphere or conduciveness to reciprocity and mutual sharing within the counselling relationship as shown by elements of helpfulness, trust, caring, sensitivity and understanding.

CHAPTER II

Literature Review

To grasp the evolutionary, historical perspective on the development of mutual aid counselling, it is necessary to report on mental health trends as well as societal changes over the years. Changes within the helping profession and consequential developments in mental health philosophies are intertwined with societal beliefs and varying life style orientations. As the thread of mutuality and equality within helping relationships can be traced from certain conventional counselling models to the present mutual aid counselling method, so too can the thread of mutual helping be traced outside the counselling relationship through the societal developments of our times.

The mutual aid counselling method as it exists today is a product of these evolutionary changes and does not exist exclusively as a result of either societal change or mental health trends. Rather, both factors directly and indirectly contributed to the formation of the mutual aid counselling method. It is possible to consider these formative influences in chronological order and identify the various influences in the development of mutual aid coun-

selling as presented under the following three categories: (1) formative influences; (2) three mainstreams of helping; and (3) cooperative counselling: reciprocal helping.

Formative Influences

Origin of the Mutual Aid Concept

While it has only been in the past two decades that paraprofessional helpers have become an important development in our social services system, the concept of people helping each other has been considered, and analyzed for over a century. Mutual aid has been practiced throughout man's history.

The genesis of mutual aid, where people cooperate with one another to meet various needs, was first interpreted in the 1890's by a Russian scientist and revolutionary, Prince Peter Kropotkin. He noted that:

> Whatever the opinion as to the first origins of the mutual aid feeling or instinct may be--whether a biological or a supernatural cause is ascribed to it--we must trace its existence as far back as the lowest stages of the animal world; and from these stages we can follow its uninterrupted evolution . . . through all degrees of human development, up to the present time. (1902, p. 299)

The notion that mutual aid is an essential factor in the process of evolution has been described by Kropotkin (1902) as an instinctive urge which forces people to help another

person particularly in time of need. Kropotkin (1902) illustrated the need for mutual aid and support through systematic documentation of man's history. From the primitive societies, where the struggle to survive in hostile environments promoted cooperative actions to protect the less fit, to the middle ages, where cooperative activity within communities supplied shelter and assistance for needy members, the thread of mutual aid can be traced throughout the ages. Kropotkin identifies the formation of guilds in the 12th and 13th Century Europe as providing mutual support and defense for people practising a common art or craft. Early village communities of the Middle Ages, dependent upon cooperation for survival, also reflected mutual aid principles. In 19th Century England, during a time of adverse living and working conditions, Friendly Societies arose to aid the lower classes to cope with this struggle. This means of brotherly aid offered good fellowship and mutual insurance against misfortune and channelled the spirit of voluntary services (Gosden, 1973). It was so popular that some 27,000 Friendly Societies had sprung up in Britain by the turn of the 20th Century.

In America, early settlers developed patterns of cooperativeness to aid in production and protection against

both nature and the Indians (Katz and Bender, 1976). This phase was short-lived, however. Cooperation was soon replaced by "marked individualism of production and ownership that has characterized American society ever since" (Katz and Bender, 1976, p. 18). Although individualism did prevail the complexity of life soon encouraged the formation of various mutual aid associations. By the mid-19th Century, cooperative communities and villages had sprung up for purposes of supporting village members with tools and collective ownership of land (Harrington, 1973). About that time trade unions were becoming popular. Union members were given some power in pre-determining their working conditons and successfully set up their own banks, insurance plans, housing developments and pension programs.

During the early 20th Century ethnic communities arose in Canada and the United States. Immigrants struggling for economic survival in a land where language and culture differed from their own, formed these communities to provide each other with support and aid.

Katz and Bender (1976) believe that the essence of mutual aid has remained the same throughout history. When man's survival is threatened by environmental and social factors, some form of group has evolved for the purposes

of providing mutual support and aid (Katz and Bender, 1976; Kemp, 1971). "Within the encounter with our fellow men, we become men, our manhood is awakened through our encounter with them" (Kwant, 1965, p. 81).

From this brief review, it seems clear that no matter what the historical circumstances, men with like goals and needs persistently seek each other out.

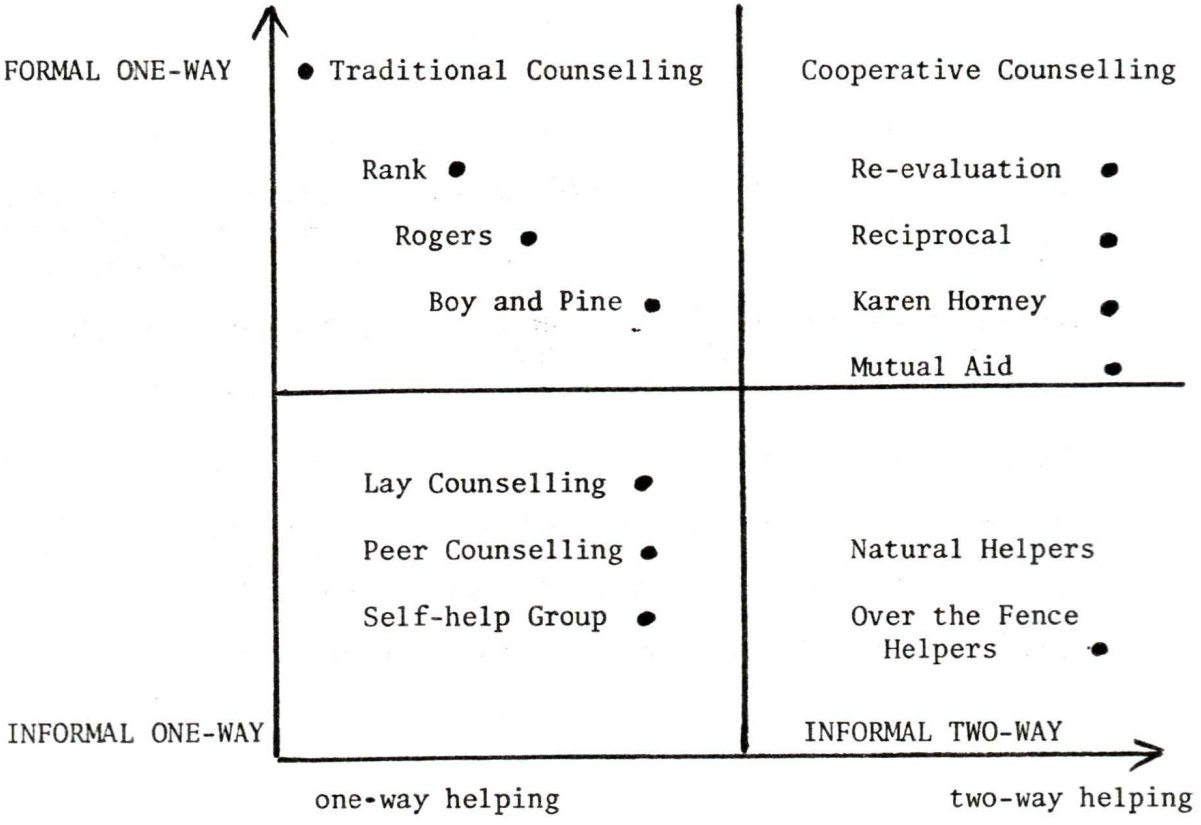
While the focus of mutual aid may have changed over the years, the need for mutual support and assistance of one kind or another has not.

Considering the developing mutual aid counselling method necessitates looking more closely at trends in the helping or mental health field. With the evolution of mutual aid as described above in mind, it becomes possible to identify three other factors as being influential contributing factors in the development of the mutual aid model. Natural helping systems, which have been in existence throughout history; conventional counselling, where the seed of mutuality within formalized helping was planted, and the self-help movement, which forms the backbone of the para-professional movement, have all added to directly or indirectly the formation of the mutual aid counselling philosophy and method as it exists today.

To aid the reader's understanding and clarification of just where mutual aid counselling fits into the various helping streams that will be discussed next, the following graphic representation has been devised in Table I.

Table I

Graphic Representation of the Helping Field



Three Main Streams of Helping

Natural Helping Systems

Natural helpers have been functioning within societies and communities for centuries. Before helpers became identified and specialized like priests, doctors, and psychologists, there were certain members of society performing, in a very informal way, the duties of a helper. As the professions developed and persons specializing in helping became more abundant, the natural helpers became even more informal and less recognizable. This natural helping process also became more mutual. The "over-the-fence" helping that goes on between neighbours and friends is the most unstructured, informal type of mutual helping that exists.

The first people to actually put the information regarding natural helping systems or "networks," as they are called, together, were Alice Collins and Diane Pancoast (1976). The recent compiling of information on the history of natural helping systems is a continuation of Kropotkin's (1902) views. Recognizing that societies are held together by a network of reciprocity, Collins and Pancoast (1976) take this assumption a bit further than Kropotkin (1902) did and state that "informal, spontaneous helping activities occur so often all around us that they usually pass without notice" (p. 74). They state that the broad explanation

that individuals will help others to insure that the help will be returned when it is needed, does not fit certain situations. "Part of the explanation may be that the mutuality involved is more subtle than a tit-for-tat reciprocity. Thus the helper's reward may not be obvious but is none the less effective in monitoring helpfulness" (1976, p. 27). The idea that mutual relationships involve a balance between dependence and independence seems to be indicative to this concept of a natural helping network.

Personal traits are attributed to be most significant in the development of central figures whose helping activities persist over long periods of time. Collins and Pancoast (1976) summarize these traits in the concept "freedom from drain." By this they mean the helping individual, such as a neighbour, who undertakes the role of helper does so without fear of being emotionally sapped in the process. "Rather, the role is undertaken because of mature concern for others" (1976, p. 28). This mature concern for people can be found in societies over the centuries. On an even more informal basis, the helping neighbour engaging in what this author terms "over the fence counselling" is of particular benefit to the total helping system. Often, not recognized by professionals, this informal, usually reciprocal style of assisting another human being is of great value to

the well being of individuals within society. Mutual aid counselling can be seen as a more structured system, but one which encourages and facilitates the flow of this natural helping system.

The next stream of helping affecting mutual aid counselling is at the opposite end of the formality scale to natural helping networks. Traditional counselling or psychotherapy, for the most part, is a formal, one-way mode of helping. However, within this realm of helping a seed of mutuality and equality was planted.

Conventional Counselling

Professional counsellors have worked for decades with persons and families in need of help. Trained and skilled from a variety of theoretical and therapeutic foundations, the counsellor has traditionally been seen as the person who attempts to help another with some life problem. To effect a helpful outcome a counsellor "must understand . . . that his role as a trained person, given the education and experience which he has had, qualifies him as an expert . . . " (Perez, 1965, p. 5).

The perception of traditional counsellors as omniscient experts may have stemmed from the days where priests and shamans were the all powerful helpers. This belief has somehow carried on, placing awesome confidence and, as a

result, considerable burden on today's professional helper (Brammer, 1977). Brammer further states:

> There is a growing opinion among professional helpers that people revere experts too much or depend on them for help that would be unneeded if individuals could only get more in touch with their own feelings and learn some basic coping skills (p. 303).

While the majority of theoretically based psychotherapies maintain the "counsellor as the expert" orientation, there are a few approaches within conventional counselling which attempt to incorporate a degree of mutuality within helping relationships. Otto Rank (1936/1964) has made an influential contribution towards the mutuality of a counselling relationship. He encouraged his clients to utilize their own "will to health," by allowing them to make their own decisions. In doing so, Rank lessened the low status position of help-seekers and thereby minimized the "expertise" of the counsellor.

Carl Rogers (1961) developed a client-centered approach to counselling, based on empathy, congruence and positive regard. Basing a helping relationship on these qualities implies a move towards mutuality and a de-emphasis on the expert stance of the counsellor to an even greater degree than the contentions and the practices of Otto Rank. Still, such a relationship is not truly mutual. The

counsellor is still perceived as the helper whose role is to assist the problem-ridden client. The help-seeker remains in a position of low status.

To "equalize" the counselling relationship, Boy and Pine (1976), have recently suggested that counsellors can identify and employ certain precounselling procedures and in-counselling attitudes. According to Boy and Pine (1976) an "equalized" relationship is one in which each participant contributes to the goals, process and outcome of the counselling relationship. In this way the counsellor is not seen as the expert controlling or manipulating the client or the relationship. Fostering such a relationship involves orienting clients to an equal-status relationship, encouraging clients to become involved in the relationship voluntarily, presenting the counselling process as being democratic rather than authoritarian and perceiving the client as being equal within the relationship. It remains uncertain, however, how the relationship would actually become equalized by following these ideas when there are no specified principles or counselling techniques outlined.

As in client-centered counselling, the principle of mutuality is promoted by the Boy and Pine model, but falls short because the counsellor is ultimately viewed as the expert.

Within conventional counselling methods, there is no model that bases the counselling relationship on specific procedures and principles whose equality and mutuality are experienced by both the counsellor and the client.

The development of paraprofessional helping manifested the most visible signs of mutuality within the field of helping. To identify the basic differences between conventional counselling and paraprofessional counselling, the following table may be useful. Table 2 has been modified from Hurvitz's (1970) material on groups as a form of group therapy, Dean's (1971) comparisons of self-help group therapy and orthodox psychotherapy, Zusman's (1969) comparisons of therapy and "no-therapy" and Peavy's (1977) summary of conventional counselling and mutual aid counselling.

Table 2

A Comparison of Conventional and Paraprofessional Counselling

Conventional Counselling (Counsellor and Client)	Paraprofessional Counselling (Peers)
1. Counsellor is professional, authoritative, expert.	1. Counselling is done by non-professional peers.
2. Appointments and records are usually kept.	2. Appointments and records (except personal journals) are not kept.
3. Counsellor carries out prescribed treatment plan.	3. Treatment plans are not used; counselling is a comfortable interaction.
4. Tests are sometimes used to gather information.	4. Tests are not used.
5. Counsellor is presumed normal, problem-free.	5. Peers are often both facing life difficulties.
6. Counsellor is not a role model, does not set personal examples.	6. Peers are role models and set examples for each other.
7. Counsellor is responsible to the client and to the profession.	7. Peers are responsible to each other and to their social group.
8. Counsellor responses are neutral, tolerant and modifying.	8. Peers are active, supportive, talk, listen and respond.
9. Theoretical foundation is essential.	9. Theoretical foundation is minimal.
10. Client unilaterally divulges and self-discloses.	10. Peers divulge and self-disclose to each other.

11. Counsellor expects only to give support; client expects to receive support.	11. Peers expect to give and receive support.
12. Counsellor accepts "sick" role of client, absolves client; blames cause.	12. Peers reject idea of "sick" role, hold each other responsible for behavior.
13. Actions of the counsellor regulated by ethics, tradition, theory.	13. Peers act naturally and are unregulated.
14. Counsellor translates ordinary language into psychological or technical vocabulary.	14. Peers use ordinary language.
15. Everyday problems are often subordinate to long range "cure" plans and diagnosis.	15. Primary emphasis on day-to-day coping with crises and problems in living.
16. Counsellor feels obliged to "solve" client problems.	16. Peers aid each other in "living through" difficult times.
17. Counsellors determine success of counselling through external criteria.	17. Peers give immediate confirmation or disconfirmation of each other's helpfulness.

A more detailed discussion of the third stream of helping, which will include the development, effectiveness and characteristics of paraprofessional helpers within the context of the self-help movement, will make the distinction between traditional counselling and non-professional helping clearer.

Paraprofessionalism: The Self-Help Movement

> The development and substantial growth of literature on paraprofessional helpers would indicate that a certain percentage of the population has for various reasons, made a decision to learn some basic coping skills and to eliminate the professional helper altogether (Brown, 1974, Killilea, 1976).

This shift has come to be known as the self-help movement and justifiably so, according to Katz (1970) who has devoted over 20 years to the careful study of self-help groups. His research indicates there are over a half a million different self-help groups in the United States alone.

The number of developing paraprofessional helping systems, self-help groups in particular, clearly has some social implications. These social factors can be understood most clearly by looking at the growth of paraprofessionals in the last few decades.

The growth of paraprofessional helpers: Various individuals have researched the reasons behind this explosive growth and have come up with some common themes.

Changes in our society such as growth of cities, increased mobility, isolation from kinship ties, family splits and complexity of life style have resulted in an increasing demand for counselling services (Katz and Bender, 1976) and a change in counselling services. Levine and Levine (1970) state that "changes in the form of help are

shaped at least as much by predominant social forces of the times as they are by thoroughly supported developments in the science of human behavior" (p. 8). Historical, social, economic and political conditions of the times not only exert profound influences upon mental health problems, but also upon the helping methods that develop and flourish.

These forces encouraging the paraprofessional development within the helping field have culminated in a social event of great magnitude. "The essence of a social movement is change" (Cameron, 1966, p. 8).

In order for such a social movement to arise, there must be certain precipitating conditions. Katz and Bender (1976, pp. 29-30) have identified four such conditions as follows:

1. A source of dissatisfaction within the person's daily living pattern.

2. The discontentment is shared with others.

3. The dissatisfaction contains an element of deprivation.

4. The person feels that an attainable quality has been taken away or withheld.

These identified dissatisfactions with certain aspects of life are related to the self-help movement because of

the desire within a great number of people experiencing such dissatisfaction to change. The very notion of self-help indicates some sort of positive personal growth. Self-help as a social movement has from its genesis been changed oriented. The conditions mentioned above are necessary before people within a society will make a move to change their lives. But what are the most specific factors within that society fostering that discontent and unhappiness leading to a new type of helping network? Brown (1974) attributes the shortage of professionally trained counsellors to meet the increasing demands from the population as one significant factor in the deluge of paraprofessional self-help groups. Vattano (1972) agrees with Brown's point and indicates several other important factors in modern society that have perpetuated this demand:

1. The tremendous increase in population has compounded the chronic shortage of health and welfare professionals. The nation has always been unable to deliver professional services to all who needed them, and the population explosion further diminishes the hope of doing so.

2. There is mounting evidence that the social and clinical services that professionals do deliver are often ineffective.

3. A new sense of egalitarianism coincides with the diminished importance of traditional status and authority. Official office and special credentials are no longer automatically acknowledged as signs of competence.

4. Self-help groups have proved they can bring about personal and institutional change. This is illustrated in the benefits that organized alcoholics, drug addicts, and others have obtained on their own behalf. Clinically, it is seen in the organization of psychiatric hospital wards into therapeutic communities. Socially, it is evidenced by the term "maximum feasible participation" of the poor, which was written into poverty legislation. (p. 8)

Besides these factors which evolved within society as a whole many other disruptions occurred which related more personally to people's lives.

Disruptions to the traditional institutions of home, church, school and neighbourhood resulting in the loss of personal identity and emotional intimacy, feelings of powerlessness and alienation, loss of choices over one's life, loss of community and support systems, were all significant in the self-help evolution (Katz and Bender, 1976; Mowrer, 1971, Riessman, 1976). Tyler(1972) in the same vein attributes isolation and loneliness due to family

breakups and children running away from home and confusion about life style brought about by affluence, mobility, and the dissolution of social controls as possible factors in the evolution of paraprofessional helpers.

On a broader or more global scale, Vattano (1972) assumes further that the growing awareness of the dangers of pollution, the impact of masses of alienated youth and reassessment of the medical model for psychological services have "created a climate that fosters the new movement for dealing with the so-called human condition" (p. 9).

Pulling the factors together that affect people on a personal level as well as with society at large, Back and Taylor (1976) have identified four conditions in modern society which have contributed to the development of the self-help movement:

1. An unsupportive society which demands success and competence.
2. The decline of the family.
3. The downgrading of religion.
4. The lack of security in one's career or occupation.

For these reasons and probably more, people have joined and become part of the self-help movement. As Toch (1965) has pointed out, once part of this movement, for

example, perhaps as a member of a single parent self-help group,

> each individual's efforts to solve his own problems become part of his efforts to solve a social problem--one with which he is intimately familiar, and about which he has reason to be concerned. Since the member has learned to see himself as an example of a general problem, he can view his effort as directed at both the particular and universal goal (p. 84).

Whether the self-help movement has developed as manifestations of a single movement or an independent phenomana is a moot question. What appears obvious is the abundance of social conditions that have for a variety of reasons contributed to the growth of new modes of mental health interventions. Social conditions, coupled with the inability for clinically oriented psychotherapeutic helpers to meet the increased demand for help makes the self-help movement understandable. Whatever the reasons, it seems very evident that people want and need support and stability to minimize environmental threats and deprivations. The desire to be connected in some way to peers, groups and kinfolk is evidenced by the popularity of paraprofessional counselling services. People now have an interest in determining their own destinies and an ability and willingness to do so. This drive to be connected and resultant popularity suggests that the self-help movement is at

least to some extent, successful.

Effectiveness of paraprofessional helpers: There is a growing amount of research literature documenting the successful use of lay counsellors, peer counsellors and self-help groups in a wide range of counselling roles since the mid-60's (Arbuckle, 1968; Brown, 1974; Carkhuff, 1968; Hamburg and Varenhorst, 1972; Ivey, 1973; Katz and Bender, 1976; Vattano, 1972). On the other hand, the effectiveness of professional helpers, as mentioned earlier, remains questionable. Arbuckle (1968) states that positive relationships between professional training and counselling effectiveness are tenuous. In 1952 a study by Eysenck exposed the fact that two-thirds of the neurotic patients he worked with improved regardless of whether or not they received psychotherapy. Bergin (1971) more recently concluded that the average effect of psychotherapy is only modestly positive. Carkhuff and Truax (1965) presented a systematic comparison of the effects of lay and professional training. Brown (1974) summarizes their conclusions as follows:

> (a) lengthy professional training is not necessarily a prerequisite for effective functioning as a therapist; (b) individuals possessing such personal characteristics as non-possessive warmth, interpersonal sensitivity, empathetic understanding and overt genuineness can rapidly develop thera-

> peutic skills, and (c) paraprofessionals receiving limited training can be just as effective as professionals in facilitating client change over relatively short periods of time (1965, p. 29).

The ability of lay counsellors to enter the milieu of the distressed is cited by Carkhuff (1968) as a means to help more people than could otherwise be helped by professional helpers. Carkhuff (1968) also believes that the "peer-like relationships" of lay counsellors and the needy enable the paraprofessional to empathize more effectively. Paraprofessional success "seems to stem from the fact that they are similar to the clients in terms of background, style, language, values and interests, which is congruent with the self-help concept" (Katz, 1965, p. 70).

It is Carkhuff's (1968) contention that: "A lay person's motivation to help is more direct and simple than a professional helpers's. The need for status, prestige and money are not part of that motivation" (p. 91). According to Rioch (1966), paraprofessionals:

> bring fresh points of view, flexible attitudes and sometimes new methods into the fold. They also solve their own problems in helping to solve the problems of others. They become constructive, better integrated citizens themselves, which is the most important thing of all, for in so doing they add to the community's pool of goodwill rather than to its pool of discontent and suspicion (p. 291).

Characteristics of self-help groups: The discussion thus far has been oriented toward describing the growth and efficacy of paraprofessional helpers. The largest component of paraprofessional helpers takes the form of self-help groups. It is pertinent now to look in more detail at features of mutual-help or self-help groups. One of the prototypes for problem-specific self-help groups has been a group run by alcoholics for alcoholics, currently known as Alcoholics Anonymous. Dr. Bob and Bill W. created Alcoholics Anonymous, as it is now known, after their experience fighting alcoholism in another group called the Oxford Group. The Oxford Group, developed by Frank Buchman, had a religious orientation and emphasized public confession, sharing struggles and helping others. Forming Alcoholics Anonymous, Dr. Bob and Bill W. utilized the same concepts joining the like kind in a peer helping setup. About the time Alcoholics Anonymous was being developed, Dr. Abraham Low was forming a type of group therapy which encouraged the power of each person's will and self-reliance. Recovery Inc. has been identified as having a "semi-religious nature" characterized by a search for order (Wechsler, 1960). The emphasis was more secular than Alcoholics Anonymous as it did not involve confessions. Although Recovery Inc. and Alcoholics Anonymous differ in

their religious and secular emphasis, they may be considered the two founding traditions in 20th Century self-help organizations.

Since the early days of Alcoholics Anonymous and Recovery Inc. a myriad of self-help organizations have sprung up throughout the country. Most adhere to a secular approach and remain independent from social services (Silverman, 1970).

Self-help groups as we know them today, usually refer to small groups of persons with common problems who work together to satisfy a common need, handicap or to bring about desired social and/or personal change (Jertson, 1975, Katz and Bender, 1976).

Katz and Bender (1976) explain that:

> The initiators and members of such groups perceive that their needs are not or cannot be met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumptions of personal responsibility by members. They often provide material support, as well as emotional support; . . . and promulgate an ideology or values through which members may attain an enhanced sense of personal identity. (p. 9)

Silverman (1970) believes that the primary characteristics of self-help groups are:

> that the care giver has the same disability as the recipient; that the recipient of

> service can change roles and become a care-giver,* and all policies and programs are decided by a membership whose chief qualification is that they at one time qualified and were recipients of the services of the organization. (p. 547)

The philosophy of Widow to Widow program as described by Silverman (1970) "I know what it's like; let me help you," typifies the basic premise of most self-help groups. The most effective change agent with an addict, for example, is another addict who has successfully changed himself. Bassin (1968) curtly sums this up: "When a professional therapist attempts to communicate with the addict, he is simply turned off with: 'This dumb bastard doesn't know what he is talking about. He doesn't know the scene. He's never been there.'" (p. 49). Furthering this contention Ablon (1974) found in her study of Al-Anon, a group formed to aid families of alcoholics, that people who come into the program feel their sufferings are unique. "Recognition of the universality of these problems," she says, "and the finding of a safe arena in which to talk about their own feelings and modes of handling the problems, are of utmost importance in the Al-Anon experience" (p. 38).

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*The change of roles is not built into this specific helping relationship as it is in cooperative counselling methods. In this reference the role change takes place after the problem has been resolved.

Another influential factor of self-help groups is group pressure. Wechsler (1960) says that each member has specific obligations towards fellow members and certain expectations in return about how they will act towards him. "Because of the mutual aid quality . . . the group feels helped by any individual's successes or harmed by any individual's failures" (Wechsler, 1960, p. 303). Hansell (1972) found a collective will power and belief to be a central theme in the group philosophy of TOPS. The idea that "everyone can lose weight" is supported by TOPS members whose will power and concentration of energies helps people achieve and maintain a certain weight level.

The use of education to promote greater factual understanding of the problem is often offered to members of self-help groups as well (Barish, 1971). An important element in almost all mutual help organizations is accurate information. Often a new definition of the problem or expected problem and specific information about practicalities learned through experience are an important part of self-help membership sharing. This type of education is not an academic process, but one that comes from experiential understanding and an ability to give specific directions and alternatives to offer the troubled individual (Silverman, 1970).

Barish (1971) identifies the use of activity as another necessary characteristic of self-help groups. Activity in either the work world or by socializing helps overcome passivity and encourages personal responsibility and self-esteem. Toch (1965) states that by describing undesirable consequences of the member's state, the group defines his or her problem. "The result is to reinforce the member's conviction that he must take action. The next step is to demonstrate that action is feasible and that the goal is attainable" (Toch, 1965, p. 83). The emphasis is upon "doing" rather than intellectual pursuits or cathartic emotional release.

Lenneberg and Robotham (1970) suggest that the development of self-help groups should be viewed,

> (1) clinically as a healthy effort at self-help towards the ultimate goal of rehabilitation--independence, and (2) sociologically as an outgrowth of the increasing participation of the . . . public in matters of physical and emotional well being. (p. 75, 76)

The scope and boundaries of self-help groups are vast. Killilea (1976) in her detailed review of literature on the self-help movements believes:

> As more work is done, it may become possible to classify mutual help groups along such parameters, among others, as expressive/social influence; dominance of professional/peer involvement; opportunities for reciprocity in the helping process;

> cognitive/affective emphasis; time dimensions of member participation; promotion of dependence/autonomy; emphasis on predicaments or character reformation; types of educational, reconstitutive, and social change processes employed; types of links with the formal caregiving professional and institutional network of services. (p. 78)

Several of these parameters are clearly identifiable within methods of peer counselling, cooperative counselling and specifically mutual aid counselling.

To make the relationship between self-help ideologies and the mutual aid counselling orientation clearer, it is important to remember about self-help groups that:

> the fact of sharing a central problem . . . defines membership status in self-help groups, despite many individual differences. A peer in a self-help group thus has a commonality or mutuality with others. (Katz, 1970, p. 54)

In mutual aid counselling, however, that shared problem is not a necessary component to the initial helping process. Rather, the impetus for helping is based solely on aiding another with any life issue or concern he or she may have. In this sense the mutuality of the relationship need not necessarily stem from the shared stigmatizing problems of obesity, gambling, alcoholism and nervousness as is the case with self-help organizations. During the interaction of the mutual aid helping relationship, partners

may discover that they share the same concerns and thereby give each other supportive suggestions. Such a commonality is not a prerequisite however. The most blatant common element of self-help orientations, mutual aid counselling and therefore all paraprofessional helping is the intention to establish helping methods without the direct use of professionals.

The self-help movement began approximately fifty years ago. Those years of experience plus the continual growth and development of new and existing self-help groups provides a strong basis for other innovations within the para-professional movement. Although the characteristics may vary from group to group, the idea of common, untrained, concerned individuals caring and supporting another human being remains at the centre of the self-help movement.

The proliferation of mutual-help, self-help groups of all shapes and sizes, in the 70's indicates that people not only desire, but are benefiting from involvements in such helping systems.

Psychological effects of mutual aid associations: Professionals in the helping field are indicating that "probably everyone ought to be in a mutual-help or peer group (for the bearing and sharing of "one another's burdens") not as a "therapy" but as a way of life . . . " (Mowrer, 1971, p. 53).

What do people gain from an involvement in a mutual aid association? Most significantly, mutual aid liaisons, whether in the form of a group or counselling dyads, serve as a support system.

The three main benefits derived by individuals from membership in a support system have been identified by Caplan (1974): (a) some relief from emotional distress; (b) some guidance about predictable daily problems and discussion of possible ways of dealing with such problems; and (c) some feedback from mutual aid associates which can be used to bolster self-esteem and evaluate one's ability in coping with daily problems.

The helper-therapy principle is another important facet of and philosophic force behind mutual support and self-help systems.

The helper therapy principle: First formulated by Riessman (1965), the helper therapy principle calls attenion to the benefits derived from being in the helper role. He states: "While it may be uncertain that people receiving help are always benefited, it seems more likely that the people giving help are profiting from their role" (p. 27). Although there is a need for careful evaluation of self-help programs, there is much observational evidence providing at least indirect support of the principle (Riessman, 1965).

For many paraprofessionals, the helper function provides an opportunity for personal growth as a result of learning more about helping. They often solve their own problems while helping someone else (Rioch, 1966). Helper roles serve as a source of meaningful involvement which improves the helper's self-image. People seem to feel worthwhile if they can contribute in some productive way to another's growth (Brammer, 1977; Skovholt, 1974). There is a satisfaction in seeing someone move from depression to aliveness, from confusion to clarity.

Although it is clear that help-givers often gain a great deal psychologically, some help-givers are motivated by a need for dependency or dominance (Brammer, 1977). This too often leaves the client feeling dependent and helpless.

A mode of counselling has developed over the past 13 years which attempts to "channel some of the benefits received by the help-giver in the direction of the help-seeker" (Peavy, 1970, p. 6).

Cooperative counselling theorists (Heron, 1974; Jackins, 1965; Peavy, 1977; Southgate, 1974) have incorporated the element of reciprocity into a two-person counselling process in a much more structured way than the natural or over-the-fence helpers. The four cooperative

counselling models are based on the concepts of mutual aid and the helper principle. The two-way helping philosophy differentiates the cooperative counselling methods from other paraprofessional helping methods and is thus unique to the field of helping.

Cooperative Counselling: Reciprocal Helping

Having identified all the factors which in one way or another added to the development of mutual aid counselling, it is now appropriate to spend some time relating to the formalized two-way helping process called cooperative counselling. Cooperative counselling methods, including re-evaluation counselling (Jackins, 1965), reciprocal counselling (Heron, 1974), Karen Horney counselling (1974) and mutual aid counselling (Peavy, 1977) incorporate both a procedural basis and an intentional counsellor-client role exchange within the counselling relationship. The inclusion of these two elements within the counselling process separate all cooperative counselling methods from natural helping networks, conventional counselling and the variety of paraprofessional helping systems.

Each of the cooperative counselling methods will be discussed in the next few pages.

Re-evaluation Counselling

The most renowned of the cooperative counselling is re-evaluation counselling (also known as co-counselling) originated by Harvey Jackins (1965). Re-evaluation counselling involves a group learning process as well as two-person counselling.

Prior to the actual co-counselling, re-evaluation counselling members meet with an experienced re-evaluation counsellor for instruction in the theory and techniques of re-evaluation counselling. These meetings continue on a weekly basis and consist of discussion, demonstration and try-out. Pairs are formed from the large group. They engage in a two hour co-counselling session with each other during the period between group meetings. During the co-counselling sessions one partner counsels the other and then the roles are reversed. Thus, "the situation is one of counselling between equals" (Scheff, 1972, p. 4). Co-counsellors are trained to exude a combination of warm regard and flexibility when in session with their partner. Qualities of co-counsellors are similar to the core conditions of empathy, respect, concreteness and genuiness (Carkhuff and Berenson, 1967). The person being helped chooses the topic or problem to discuss at his or her own speed and depth. The main tasks of the person in the

counsellor role are (1) to listen with full attention, (2) reassure and encourage the partner to talk freely, and (3) facilitate the discharge of emotional or physical feelings. Counsellors of the re-evaluation method are instructed not to give advice or criticize and to refrain from interpretation and classification of any kind.

The central feature of this counselling method is the discharge of pent-up feelings. In this regard, the helper's most important task is to facilitate the discharge of any past or present emotional pain or distress. As this happens, "the client is flooded with new memories and new insights concerning the distressful experience; he [or she] is able to see it from his present perspective, rather than as he did during the original experience" (Sheff, 1972, p. 11). The client is thus able to rationally evaluate the problem situation and often change his or her behaviour or attitude.

The assumptions behind re-evaluation counselling are similar to the existential emphasis on client responsibility. Re-evaluation counselling suggests that responsibility for oneself and others is "also a reflection of contact with one's core being of lovingness and cooperation" (Somers, 1972, p. 15). The working hypothesis of re-evaluation counselling is that all humans possess a "core being" with

qualities of zest, lovingness, intelligence, curiosity, cooperativeness and communicativeness. As people grow and develop their core being is obscured by various distressing events. If those experiences are not interfered with by others, the person will usually discharge in the form of crying, shaking or other forms of emotional release. Most people learn to limit or eliminate these natural emotions as a result of societal conditioning. The storing of negative emotion is likened to repression. Distressed persons are unable to think clearly until they have released the negative or painful emotion. Once the discharge occurs fully, functioning rationality returns and one's core being becomes more operative. But, because co-counselling is not a unilateral experience, often, according to Jackins (1965), time spent as a client in the co-counselling relationship increases the potential for that person to become an effective, attentive helper because of his or her experience through the re-evaluation process.

The acceptance of re-evaluation counselling as a viable alternative to traditional counselling is evidenced by its use in many North American cities as well as England, France and Belgium. This counselling innovation will possibly serve as a prototype for future cooperative counselling models.

Reciprocal Counselling

Similar in many ways to re-evaluation counselling is John Heron's (1974) *Reciprocal Counselling*. As in re-evaluation counselling the co-counselling partnership is one of reciprocity with a goal of discharging past emotional stress. Defined by Heron (1974) as a two-way growth process for normal people, the client and the counsellor assist each other's discussion, exploration and growth. The counsellor is expected to be supportive, to give full attention and to be present for the client, but is taught not to give advice, interpret, analyze or criticize.

Part of the counselling contract in reciprocal counselling assumes the inclusion of intervention techniques used to enhance client discharge. When the counsellor uses an intervention to facilitate emotional release, he or she is offering some kind of enabling service and skill to the client which may bring about insight, fresh recall or a reappraisal of the area worked on (Heron, 1974). Heron also developed techniques to creatively complement and utilize the clarity and power generated by the discharge. These techniques assist the client in life-style analysis, goal-setting, action planning and creative thinking. Reciprocal counselling is less structured than

re-evaluation counselling, both theoretically and methodologically, however, the emphasis on personal growth is similar to re-evaluation counselling.

Karen Horney Counselling

The third cooperative counselling method was developed by John Southgate (1974) who originally called it "dialectical peer counselling." Similar in procedure to re-evaluation counselling, Karen Horney counselling, as it was later named, (Southgate and Randal, 1976), differs from Jackins method in theory. The rationale for Karen Horney counselling includes ideas from Hegel and Marx, and concepts taken from two books written by Karen Horney, *Self-Analysis* (1942) and *Neurosis and Human Growth* (1950). Proponents of Karen Horney Counselling aim to enable ordinary people to deal with important life problems, utilizing groups but primarily co-counselling procedures, without the assistance of an expert (Southgate, 1974). A goal of participants of this method is to be able to look at their environment with understanding and to develop a potential to take action.

Mutual Aid Counselling

The most recently developed method of cooperative counselling is mutual aid counselling (Peavy, 1977, 1978). Formerly known as Adults Helping Adults (Peavy, 1977),

mutual aid counselling incorporates those components vital to all of the aforementioned cooperative counselling methods including the elements of role exchange, emotional release, attending and support. Mutual aid counselling is a "peer counselling method for normal people to use in coping with problems of daily living" (Peavy, 1978, p. 9). Built upon the re-evaluation model, this approach attempts to maximize the benefits of the helper therapy principle, as discussed earlier, by employing a reciprocal role exchange in the counselling sessions. The mutual aid method is designed to be easily learned by willing and receptive adults. Mutual aid counselling is, by its nature and orientation, not appropriate for severely disturbed or emotionally problematic people. It was developed for and operates most effectively with adults who are functioning normally in society, but who experience troubles or concerns in daily living that may range anywhere from frustrations with a roommate to a deep fear of death.

Mutual aid counselling is founded on several basic existential beliefs, values and assumptions. With a fundamental contract of "I'll help you, then you help me," the mutual aid counselling relationship further assumes that each person has intrinsic worth and is valued and respected as a unique person. Aiding another human being within the

framework of mutual aid counselling encompasses a belief that a person's emotional feelings are his or her perogative; that constructive interpersonal relationships, where conversation is the mode, will provide the important medium to meet the personal needs of most adults; that the giving of assistance by means of interpersonal communication will provide the other person with his or her own clarity and creativity; that an intelligent response to a life situation is usually a composite of rational thinking, positive emotion and clear goals; that man creates his own life; that the dilemmas of life are often due to a lack of self-knowledge and finally that having physical energy and vitality are two important prerequisites for giving personal aid to someone.

Mutual aid orientation: Mutual aid counselling presupposes a specific way of perceiving certain aspects of reality. The concept of orientation is important. An individual's orientation is based on what he or she values, what he or she believes to be true and real. Having a mutual orientation or way of viewing life means noticing and being receptive to opportunities for giving and receiving assistance in daily living. As Peavy (1978) states:

> The person who values peers will seek assistance from peers and will try to help his peers when they are perceived to be in need of aid. The

> mutual aid orientation implies "being-with" and thus rather than "being-against" them. (p. 9)

The following six principles are incorporated into the mutual aid orientation. First, the mutual aid orientation is existential. The focus is upon concrete problems experienced by individuals in their daily life. The second orientation is one of transformation which recognizes that life is a series of changes, crises and growth. The assumption of the transformation principle is that people will aid one another to live through these changes. Third, the mutual aid orientation incorporates the element of reciprocity involving the exchangeable roles of help-giver and help-receiver. Fourth, the mutual aid orientation embodies the helper therapy principle which encourages the distribution of benefits resulting from giving and receiving aid, to both persons instead of just to the helper. Fifth, the mutual aid orientation is an expression of the democratic ideal. Rather than relying on the experts for help, participants of mutual aid take action to meet the needs of their peers while receiving aid and support themselves. The democratic ideal alleges that help given to those in need should be widely distributed in society rather than be handled solely by professionals. In a truly democratized system of care giving, mutual aid counselling would be

available as one type of care to those in need of help.

The principle of creativity is the final mutual aid orientation. Creativity means departing from old patterns of thought and behaviour (Peavy, 1978). Elements of creativity such as trying out new communication ideas, new behaviours, new experiences and new accomplishments are encouraged in mutual aid counselling as they enhance the learning process (Blocker, 1977).

These six elements: existential, transformation, reciprocity, helper principle, democratic ideal and creativity combine to form the mutual aid orientation to counselling. "They can be seen as an infusion of belief in the power (both potential and actual) of ordinary people to aid each other in mutually benefiting ways during times of uncertainty, crisis, transformation and suffering" (Peavy, 1978, pp. 10-11).

Mutual aid method: Individuals hear about mutual aid counselling either by reading a course description in the university calendar, by seeing advertisements in the adult education fliers or by word of mouth. When those interested sign up for training, the first step is to choose a co-counselling partner. This process is facilitated by a mutual aid counsellor trainer who leads mutual aid counselling trainees through a series of getting acquainted

exercises. The group is instructed to talk openly when meeting the various class members and to choose a partner based on a desire to work with each other in a mutually helping relationship. The mutual aid counselling trainers take no responsibility for choosing co-counselling pairs. Their role is strictly facilitative. If, for example, there are a few people who cannot make up their minds which person to choose for their partner, the trainer will attempt to help those people to resolve their dilemma. Once the pairs are chosen, they stay together for the duration of the course. As co-counselling pairs are aware that the partnerships are formed for the purpose of practicing within the class and co-counselling between classes, there is little problem with unsatisfactory partnerships. Adapting mutual aid counselling to outside the university environment, however, could necessitate alternative means of matching the counselling pairs. The broader implications of adapting mutual aid counselling to the community will be discussed in the final chapter.

Mutual aid language: To reduce bias and pre-conception, to increase self-sufficiency and self-responsibility, ordinary language is used in mutual aid counselling so the process of helping can be clearly stated. These ordinary words have been chosen for use in mutual aid counselling

framework to guide their initial learning and subsequent mutual aid counselling sessions and is the basis of the present study.

The six steps of the meeting procedure (Peavy, 1977) are outlined and explained below.

Step One: *Scatterbraining.*
The first step of the meeting is to spend a few minutes talking about the trivia of daily experience. The purpose of this surface talk is to make the two people feel more comfortable with each other and to allow them to express some of their most present thoughts and feelings so they can move into a more serious conversation and concentrate with full attention onto each other.

Step Two: *Deciding who will work and who will assist.*
The second step is to decide who has a life-issue to work on and who will assist. This sometimes will involve clarifying the life-issue or issues for the person who may have to struggle with feelings of doubt or embarrassment about starting to work on a particular life-issue.

Step Three: *Checking depth.*
The next step is to make an initial check on the depth at which the person wishes to begin to work. He or she may only want to share something or they may wish to work through an issue on a deeper feeling level.

Step Four: *Working.*
The fourth step is to talk about and work on the life issue of one person. For this person that means learning to take responsibility for himself to clarify or work out an improved life-situation and react creatively and constructively to a life-issue. For the assistant that means paying full attention, reflecting thoughts and feelings, encouraging questions, valid use of interventions and keeping track of the meeting format.

Step Five: *Mutual checkout.*
This step in the meeting procedure involves reviewing "how things went" or how each of the two people felt during their work together. This mutual checkout brings both the person and the assistant back into ordinary discussion.

Step Six: *Switch roles.*
With the basic contract of: "First I'll help you, then you help me", the next step is to switch roles and start again with step three. Then the individual who has been the assistant so far can work on a life-issue of significance for him.

This structure is not, however, intended to be interpreted as a set of rigid and unchangeable rules. There may be occasions when individuals choose to adjust the format to best suit their needs. For example when one partner has a more urgent life-issue than the other, both partners should acknowledge this need and allow more time for that particular life-issue (Peavy, 1977). It is important, however, that this does not recur. Peavy (1977) sums it up in the following statement: " . . . the AHA [mutual aid] method is rooted in the belief that help can be given on a *mutual* basis and unequal need for aid should not become a pattern or habit." (pp. 19-20) It is important for people helping each other to make personal contact, allot some time for each other and have an appreciation of the desired depth of the conversation.

Learning the method: Instruction regarding the use of six helping skills or interventions is given in the mutual aid class. Learning the appropriate use of support, clarification, catharsis, instruction, prescription and confrontation increases the effectiveness of mutual aid counselling. To practice these interventions, mutual aid counselling trainers find that using role play as the primary mode of practicing, seems to be the most efficient learning tool. In this way students are able to practice an intervention without becoming emotionally involved in a current life concern. Other methods used in the class include lecturing, group discussion, structured exercises, and co-counselling practice. Experienced mutual aid counsellors who are able to model all aspects of mutual aid counselling, assist in conducting the classes. Learning the mutual aid method involves continuous development of each person's self-knowledge and insight. To aid their growth and understanding and to facilitate ongoing development, participants are encouraged to keep a journal of their sessions, experiences and counselling involvements.

Evaluation needs: Mutual aid counselling has been taught and practiced for approximately three years and the feedback thus far suggests that "about seventy-five per cent of the people who have learned the mutual aid

method perceive it to be personally beneficial both as a form of helping and for being helped" (Peavy, 1978, p. 15). This assumes that the method has, in fact, been learned. But to date, there have been no studies investigating the method of mutual aid counselling and the ability of participants to effectively grasp the requisite techniques of the method. This thesis provides the first evaluation of the mutual aid method.

Summary

In this chapter, the author has attempted to illustrate that mutual aid as an activity within society has been practiced throughout history. With the early formation of guilds and friendly societies, men have continued to actively assist each other in time of need. The review of literature has also revealed that mutual aid as a concept within the mental health field grew and developed into its present form as a result of several factors. Changes in the traditional helping profession with a shift away from the counsellor as the expert orientation towards a more equalized counselling relationship; social and political forces affecting the lives of individuals in the 60's such as the loss of family ties, population boom, and the shortage of professional services; the subsequent surge of para-

professionalism, such as lay and peer helpers, self-help groups and the on-going over-the-fence helping; were influential in one way or another in the evolution of cooperative counselling methods--in particular mutual aid counselling (Peavy, 1977).

CHAPTER III

Design of the Study

Research literature documents the fact that traditional approaches to counselling are not particularly effective (Bergin, 1971; Eysenck, 1952; Zunker and Brown, 1966).

While there is evidence in the literature regarding the effectiveness of certain paraprofessional groups such as Alcoholics Anonymous and Neurotics Anonymous (Arbuckle, 1968; Magoon and Golann, 1966; Turax and Carkhuff, 1967), there is a lack of well-controlled research on all aspects of paraprofessional helping (Brown, 1974). Specifically, studies on the effectiveness of any cooperative counselling methods are non-existent in the current literature research.

This explorative study will examine the effectiveness of mutual aid counselling over a 13-week period with a specific group of students at the University of Victoria. More specifically, this thesis addresses itself to (a) whether after training, individuals use the mutual aid counselling meeting procedure in their co-counselling sessions; (b) whether, after training, the quality and mutuality of the counselling relationship is enhanced; and (c) whether the co-counselling pairs report benefits from using the meeting procedure format.

Sample

Eight subjects participated in the study. Each subject was instructed in the philosophy and orientation of mutual aid counselling within a thirteen week period from January 1978 to April 1978.

The questions under investigation necessitated the subjects to be those learning mutual aid counselling which was offered in the spring term of one of Dr. Vance Peavy's university courses, Education 417 (Helping Relationships). The majority of the 38 students enrolled in the course chose to do so to fulfil their teaching or child care requirements. The remainder of the class took 417 as an elective. The spring term class automatically, therefore, became the subject pool.

Eight students, with no knowledge of the nature of the study, volunteered to participate in the research. They had chosen working partners for the course prior to volunteering, thereby eliminating the task of pairing them up for the purposes of this study. The volunteers were informed that they would be asked to engage in two videotaped counselling sessions, one before January 16, 1978 (the first instructional class of mutual aid counselling) and one after April 7, 1978 (the last class of mutual aid counselling). They were told that their participation

in the research would in no way influence their grades for the course and that the tapes would be viewed by a select and trained group of people who have agreed to regard the material on the videotapes as confidential. Volunteers were also given the option of watching their own videotapes at the end of April.

The subjects were similar in socio-economic background, were between the ages of 22 and 30 and were all full time students. There were five females and three males. None of the volunteers had any prior knowledge or training in mutual aid counselling.

Instruments

For the purposes of the present study two rating scales were developed to be used by three judges when viewing the videotaped counselling sessions.

The Meeting Procedure Rating Scale (see Appendix A), a structured observation technique, was designed to enable judges to rate signs of the mutual aid counselling meeting procedure. The scale is composed of twelve statements describing aspects of the procedure to be followed by individuals engaged in mutual aid counselling sessions. Brief examples of dialogue or description of skills used by partners in a mutual aid counselling session follow each item on the scale to provide judges with an accurate and

clear understanding of the individual items. The five point scale allows judges to indicate whether there is no evidence, some evidence or clear evidence of the meeting procedure steps exhibited by one or both persons in the counselling session.

A second scale was adapted from Peavy's original mutual aid counselling scale (1977). The Mutual Aid Counselling Quality Scale (see Appendix B) was developed for this study so judges can rate the quality and mutuality of the videotaped counselling sessions. This seven point attitudinal scale is composed of seven items describing aspects of mutual aid counselling sessions that indicate a "quality", "good", "positive", or "successful" mutual relationship. Brown (1974), Carkhuff and Berenson (1967) maintain that the quality of a counselling session is determined most efficiently when items on the rating scale refer to behaviors exhibited by counselling pairs. To accurately reflect the quality and mutuality of the counselling relationships, each item on the scale is described and explained in behavioral terms wherever possible. Several items on the scale, however, require a judgement that is somewhat subjective. According to Levine (1974) the acceptability and importance of such an evaluation is no less significant. He states that "such observation is an acceptable and even

highly desireable method of research" (p. 674).

Judges using both the procedural scale and the quality scale (as they will also be referred to) were thoroughly familiar with the mutual aid orientation and were trained to use both scales prior to viewing the videotapes. To find the inter-judge reliability for the scales, judges viewed a training tape and rated the counselling session using both scales. As the Meeting Procedure Rating Scale clearly describes each step of the meeting process, content validity is assumed. Determining even content validity with an attitudinal scale like the Mutual Aid Counselling Quality Scale is more difficult. The scale has been designed in a clear and reasonable fashion so judges can follow and understand each of its seven items.

A third source of information was derived from individual interviews with volunteers (see Appendix C). Structured and confidential, interviews were carried out with each of the eight volunteer subjects after the final videotaping. Volunteers were asked questions relating to (1) their opinions about using the meeting procedure; (2) if in fact they did use them; and (3) whether or not they found the steps useful or valuable in their counselling sessions. Interviews were used rather than questionnaires to avoid the possibility of having questions misunderstood

and to ensure the respondents' answers were understandable.

As this study includes the first use of the aforementioned observational instruments, the interview will be helpful in determining whether the persons observed, according to their own account, believe they were doing what the observers (judges) indicated they were doing.

Research Questions

This study addresses the following three questions:

1. After training, to what extent do people show signs of the mutual aid counselling meeting procedure in their counselling relationship?

2. After training, to what extent do people show signs of quality and mutuality within the counselling relationship?

3. Do partners involved in mutual aid counselling relationships report that the mutual aid counselling meeting procedure was useful in their counselling relationship?

It is hypothesized, therefore, that after training:

1. Subjects will demonstrate higher scores on the Meeting Procedure Rating Scale than before training.

2. Subjects will demonstrate increased scores on the Mutual Aid Counselling Quality Scale than before training.

The third question will be answered by a careful examination of the subjects self-reports and will be

reported as qualitative rather than quantitative data.

Procedure

The first step in conducting the study was to ask for volunteers from Peavy's Education 417 class. Arrangements were made with the Media-Tech department at the University of Victoria for the four pairs to be videotaped on January 12 and 13, 1978. The volunteers had not been counselling partners in any way prior to being videotaped. Subjects met in the Media-Tech studio on the arranged date and time and were given the following instructions by the researcher: "In the next 45 minutes I would like you to talk with each other about any problems, concerns or life issues that either or both of you may have. Think of yourself as being involved in a counselling session in which your aim is to help each other."

As soon as the instructions were read the technologist in the studio turned on the cameras and filmed the counselling session until it was finished. This researcher's only involvement with the videotaping process was to read the instructions and to reiterate to the volunteers that the contents of the tapes would be confidential and only seen by trained and skilled people for the purpose of this thesis research.

On January 16, 1978, volunteers, along with the rest of those enrolled in Education 417, were introduced to mutual aid counselling as taught by Dr. Vance Peavy. The class consisted of lectures, training and practicing sessions as well as group meetings. The students also met on their own with their co-counselling partners, as they are called. Their attendance and participation was required for three hours per week. The formal class, held once a week for an hour, included lectures on mutual aid philosophy and orientation, videotaped demonstrations and discussion of the meeting procedure to be followed in the co-counselling sessions and discussion and role play experience on the six interventions of the counselling method.

The class was divided into four groups. Each group of eight to 12 persons met for one hour per week with a leader and co-leader trained in mutual aid counselling to discuss problems and experiences from their co-counselling sessions. Group members and leaders facilitated discussion and role played various situations to illustrate or clarify aspects of mutual aid counselling. Volunteers, along with members of the class were randomly assigned to groups.

The other required hour per week was spent with partners counselling each other, following the mutual aid orientation. Group members commented that they often spent longer than

one hour per week together.

It is important to note that volunteers were not treated any differently than other class members during the January to April time period. If any of the subjects questioned this researcher about the study, they were informed only of the second videotaping arrangements.

The course ended on April 7, 1978. At four different times on April 12, 1978, the volunteer pairs were given instructions identical to the January sessions and were videotaped for the second time in the Media-Tech studio. The technologist as well as the procedure for the posttraining videotapes was the same as for the pretraining videotapes. At the completion of the videotaping subjects were asked if they would respond to a few questions concerning their mutual aid counselling partnerships. Until this time there had been no mention of mutual aid counselling and its relation to their participation in the study.

Interviews took place at the subjects' convenience during the following week. The interviews were approximately 15-20 minutes long and were tape recorded to ensure accuracy in questioning and responses. Questions and their sequence were the same for all subjects. At the completion of all interviews subjects were told about the nature of the study and the researcher's contentions.

They were informed as to the thesis completion date and its accessibility.

After all the data were collected, three judges were selected on the basis of their training, and experience in mutual aid counselling. Judges met with the researcher and discussed in detail every item on both the Meeting Procedure Rating Scale and the Mutual Aid Counselling Quality Scale. It was explained that they would be viewing eight videotapes and rate them first according to the Meeting Procedure Rating Scale and then on a different day, they would rate the same tapes according to the Mutual Aid Counselling Quality Scale. When all three judges felt they understood the scales thoroughly, they viewed a training tape of a mutual aid co-counselling session and rated the tape using the Meeting Procedure Rating Scale. Where there were discrepancies on scoring among judges, the tape was viewed again and discussed until an unanimous score was reached. The training tape was played again, the judges rated it according to the Mutual Aid Counselling Quality Scale and discussed and clarified any discrepancies. The training time was approximately four hours and judges were in agreement with all aspects of both scales and scoring by the time the training was finished.

At a time suitable to all judges, the eight tapes were shown in a random order and scored according to the Meeting Procedure Rating Scale. Judges used one scoring sheet per tape and were instructed not to comment to one another or compare scores. Twenty-four scored Meeting Procedure Rating Scales were collected by the researcher at the end of the last tape. The following day the judges viewed the same eight videotapes and scored them according to the Mutual Aid Counselling Quality Scale. The same instructions were given regarding the importance of individual, not joint scores. The 24 scored Mutual Aid Counselling Quality Scales were collected by the researcher at the conclusion of the eighth videotape and analyzed.

Method of Analysis

The results of the pre and posttraining scores are carefully described and tabled for reader clarification.

In this study the subject pairs are treated as single units. In other words, both the meeting procedure rating scale and the Mutual Aid Counselling Quality Scale are designed to rate the pre and post videotaped counselling sessions of four co-counselling pairs. Although the range of scores for both scales included a score for one or both partners being judged, the scores were totalled and each couple was given a mean score per tape.

For practical reasons the sample size is small. While the size precludes this researcher from making any definitive statements about the interaction between the mutual aid procedure and the quality of the counselling relationship, it does permit an ideographic clinical case study approach. The value of such a study is that the results can be more qualitative than is possible with a large statistical analysis. The use of subject self-reports, or the phenomenological approach is supported in the research literature by Goldman (1977) and Levine (1974).

The results from the videotapes scored with the procedural and quality scales, together with the empirical data from the subject interviews will enable this researcher to speculate about the anticipated relationship between procedure and quality and mutuality of the counselling sessions (Rose, 1977; Sellitz, 1959).

CHAPTER IV

Results and Discussion

The results from both the meeting procedure rating scale (procedure scores) and the mutual aid counselling quality scale (quality scores) indicate that all subject pairs demonstrated increases both in procedural use and quality and mutuality of the relationship after mutual aid training. The hypotheses, therefore, are supported. Responses to the third thesis question concerning the benefit and use of the meeting procedure by the subjects were positive. In interviews with this researcher, all subjects stated that they followed the format and found it to be of benefit to their relationship.

Reliability across judges was high for both scales with a discrepancy of no more than two points on the five-point meeting procedure rating scale and no more than two points on the seven-point mutual aid counselling quality scale. A mean score was computed for each of the four pretraining and posttraining videotapes. There are, therefore, two mean scores per subject pair - one representing an overall score on procedure, the other representing an overall score for quality. Subject pairs will be referred to as couple's A, B, C and D for identification purposes.

Meeting Procedure

Mean scores derived from judges' ratings of the meeting procedure are reported in Table 3. Forty-five was the maximum possible score. All couples demonstrated a greater use of the meeting procedure format after mutual aid training. The first hypothesis, that after training individuals will demonstrate increased scores on the meeting procedure rating scale, is therefore confirmed.

Table 3

Mean Procedure Scale Scores For
Pretraining and Posttraining Sessions

Subjects	M Pretraining Score	M Posttraining Score	M Per Cent Increase
Couple A	23.6	32.6	19.3
Couple B	29.5	41.6	26.9
Couple C	12.6	35.6	50.5
Couple D	16.3	34.6	40.6

Table 3 reveals that the two couples with the lowest pre-training scores, C and D, increased most noticeably after training. It is reasonable to assume that this appreciable increment may simply be due to their low pretraining scores. While the difference between the pre and posttraining

scores of couples C and D was almost twice that of couples A and B, couples C and D's mean posttraining scores were comparable to the postraining scores of couples A and B. It appears that when learning the mutual aid procedure, the pretraining level makes little difference. In other words, training enables individuals with low pretraining scores to incorporate the method into their co-counselling session to the same degree as those with higher pretraining scores. Posttraining scores for all four couples were within nine percentage points of one another. Looking at pre-training procedural scores in general, it appears that couples included at least to some degree, signs of five out of the six steps. Checking the depth was the only step that was not evident at all in any of the pretraining tapes. After training, the scores indicate that three of the four couples clearly incorporated this step when the first person talked about his or her problem, but only one couple checked the depth after they switched roles. Considering the use of steps more specifically, the results indicate very little evidence of feedback in the pretraining tapes. Posttraining feedback scores, however, increased markedly for all couples. With regard to the second step, three of the four couples made either a vague attempt or no attempt to decide who would work first prior to training. Posttraining scores

show that two of those three couples clearly incorporated this step into their session, while the third couple scored only one and one half points higher than their pretraining score. The fourth couple included this step appropriately in the posttraining session. The remaining procedural steps, working on a life-issue and switching roles, did not result in as significant pre and posttraining score differences as those previously mentioned, although they were demonstrated and verbalized more clearly in the posttraining videotapes.

In general, the relatively high posttraining scores seem to suggest that not only were the steps learned, but thought to be necessary in the co-counselling sessions. Subjects were asked to "help each other", prior to each videotaping, not to demonstrate the steps of the meeting procedure. As the posttraining sessions were videotaped within one week of the mutual aid class, the assumption that subjects deemed the steps to be a necessary function of their co-counselling session, warrants further investigation. A follow-up videotape of the same co-counselling pairs a month or so after training would be necessary to confirm this assumption.

Quality and Mutuality of Relationship

The results of the pre and posttraining scores indicating the quality and mutuality of the co-counselling relationships are shown in Table 4.

Table 4

Mean Quality Scale Scores For
Pretraining and Posttraining Sessions

Subjects	M Pretraining Score	M Posttraining Score	M Per Cent Increase
Couple A	21.6	46.9	50.9
Couple B	31.6	49	45.5
Couple C	40.1	49	13.24
Couple D	17.6	23.5	12.1

Forty-nine was the maximum possible score. The increase in posttraining over pretraining scores supports the second hypothesis, that the quality and mutuality of the relationship would improve with training. Three out of the four pairs scored considerably higher on the posttraining tapes than the fourth pair. Only one pair, couple C, scored high on the pretraining tape. This high pretraining score may have resulted from a heightened ability to work in a helping relationship which was learned prior to taking mutual aid

counselling. The other two couples A and B, whose post-training scores increased by 45 per cent and 51 per cent respectively, scored considerably lower on pretraining tapes than did couple C. This suggests that a high pretraining competency on the quality scale is not necessary for a high degree of quality demonstration after training. The fact that the posttraining scores for couples A, B, and C were very high also suggests that the scale may not allow for a high enough ceiling and should possibly have been extended. As it is, couple B was cut off at 100 per cent on the quality scale. Again, it is reasonable to assume the greatest increase for couples with the lowest pre-training scores.

The low pretraining score and relatively slight increase in posttraining score for couple D is notable when examining the data. One of the partners in couple D informed this researcher that he was having personal problems throughout the term. This may have precluded him from engaging in a caring relationship during his taped co-counselling sessions. In looking at this person's interview responses, which will be discussed in more detail later, there is an indication that he may also have viewed his co-counselling relationship differently than the other three couples. With several references to the fact that his co-counselling sessions were

part of a course, it is quite likely that this member of couple D may have viewed his co-counselling relationship as a required task expecting no special life enhancing results from the training. It is possible that such an attitude would interfere with the quality of his co-counselling relationship. In any event, the results show all couples with higher scores on the posttraining tapes, suggesting an increase in the mutuality and quality within the counselling relationship.

The Relationship Between Procedure and Quality

All scores have been transformed to percentages to aid comparisons between the two scales. It was anticipated that those couples with the highest procedural scores would score highest on the quality scale. The results in Table 5 confirm this, most notably in the case of couple B, who clearly scored highest in both procedure and quality. As previously mentioned, their high pretraining scores may indicate a previously learned ability to demonstrate caring and cooperation in a helping relationship. This high pretraining score also follows the findings in the literature regarding qualities of paraprofessionals indicating that people stating a wish to help others often have qualities of caring, warmth, and sensitivity inherent in their personalities (Carkhuff, 1969; Vattano,

Table 5

Mean Percentage Pre and Posttraining Scores
From Procedure and Quality Scales

Subjects	M % Pre Procedure Scores	M % Post Procedure Scores	M % Pre Quality Scores	M % Post Quality Scores
Couple A	52.4	71.7	44.1	95
Couple B	65.5	92.4	64.5	100
Couple C	28.6	79.1	81.8	95
Couple D	36.2	76.8	35.9	48

1972). Only couple D's scores do not fit into any predicted pattern.

The posttraining procedure score of couple D was high, but their pre and posttraining quality scores were low. One inference from these results might be that quality is not a simple function of adherence to procedure. That is, simply learning the procedure does not mean the counselling relationship will be one of caring and warmth. The discrepancy between couple D's posttraining procedure and quality scores is relevant in terms of judging the effectiveness of paraprofessional helpers. This discrepancy signifies the importance of being able to view the non-verbal behavior, which is often a principal way to evaluate

caring, sensitivity, and warmth within a counselling relationship. As the quality scale was described in behavioral terms as much as possible and as certain aspects of the relationship are only identifiable by non-verbal cues, for example touching, the videotapes were imperative to determine quality of the relationships. Had judges only been able to hear couple D's tape, they would have found the procedural format appropriately utilized and possibly speculated that the relationship was a positive one. To determine the quality of that relationship judges needed to see the non-verbal behavior. Using the two scales emphasized the potential incongruities betweeen verbal and non-verbal behavior of subject pairs.

Besides the normal caution taken when reviewing results of small sample studies, particular care should be taken in this study in interpreting the relationship between quality and procedure. This study tested only for an increase in use of procedure and an increase in quality after training - not the causality between them.

Subject Interview Reactions

According to the eight subjects, following the meeting procedure format was not only reported to be beneficial but also necessary for a productive counselling session. All subjects were asked the same questions (Appendix C)

regarding their use of procedure, their views on the importance of the meeting procedure format, as well as their impressions of their co-counselling relationship.

While the reactions to questions pertaining to the meeting procedure and their own co-counselling relationship were positive and thereby supportive to the principal findings of this thesis, it should be recognized that these positive reactions may in part be due to a desire to please the researcher (Rosenthall, 1969). It should also be noted that their comments were based on their sessions over the term, not specifically the videotaped sessions.

The Procedure

The subjects personal reactions, for the most part, confirm the judges findings on procedure and quality. All couples easily and accurately described the six steps. The following description by one of the subjects is typical:

> Two people get together with a purpose of discussing some life issues. They've set a time to get together and the first thing they do is - Vance calls it brainstorming - just chatting about anything . . . that takes about five minutes then they decide who will go first and how deep they're going to go into the concern. It may just be a surface type thing or it may be quite important and they'll decide if they can go into it a little more deeply. Then they start working where one person is the assistant and one person is the helpee and once that work is done, they'll check out how it went with each other, reverse roles and go with the other person.

All couples said they used the steps in their counselling meetings, occasionally leaving one or two out. For most of them, the steps were an integral part of their sessions. They seemed to adapt the format to their own way of working. For example:

> We follow them, [the steps] but really informally. In the beginning there were definite transition stages between the first step and the next ones. Now I think it's more our own style. I think we could check out a bit more.

> We follow them, but there could be occasions when we miss one out - like sometimes the check out or feedback . . . . There was one time we didn't switch. One person had a life issue that was worth discussing for the whole time. I think there's specific ones we always do . . . . We don't always check the depth . . . when we know where we want to go with it . . . . And checking out might be at the very end. We leave it pretty open.

> We went through them really systematically for the first four or five times, then later the scatterbraining got shorter and we'd get right into the session. We seemed to know intuitively when to switch. It began to seem more natural . . . . The other thing we'd omit, not consciously, was the checking of depth. But then we . . . thought we should be doing it because we didn't know what the effects were from not checking depth. We thought we'd try it cuz we might learn something from it. I found it really did help us.

Checking the depth and giving feedback were reported by all couples to be most often omitted or forgotten. These steps were also said to be very important in the

counselling process. Although they were reportedly important, judges' findings on the posttraining tapes indicate that only one couple clearly demonstrated checking the depth. Judges did find, however, that couples gave each other feedback. This apparent discrepancy may simply be due to the fact that subjects were responding to their co-counselling sessions throughout the term, while judges findings reflect one session after 13 weeks of practice.

Benefits of the meeting procedure: Regarding the question of which step or steps were most beneficial to the co-counselling sessions, two couples said that deciding who would work first was extremely important. Finding out if one partner had a life issue that was particularly urgent, they stated, allows that peron to talk first. He or she will then be better able to listen when the roles are switched after the problem has been aired. Only one of these couples, however, clearly demonstrated this step on the posttraining videotape. Checking out or giving feedback was said to be most helpful in terms of their own learning.

> It's neat to get feedback whether you are the person or the assistant I'd really like to be good and if I keep getting feedback and I feel pretty open to it, it'll help me.

> Feedback was really helpful to me as the worker. When ___ would tell me what specifically was really helpful or what I'd done that was not quite as helpful - just any kind of feedback was really important for my learning.
>
> The feedback was another very valuable part. The person could tell you how you were doing as a helper - how you came across, whether you were really understanding what they meant and so on. It was essential.

The general response to the overall use of the meeting procedure was favorable.

None of the subjects thought there was a step in the format that should be eliminated. Each step was important and each one had its merits.

Quality and mutuality: Responses to the questions regarding the quality of relationship were overwhelmingly positive. All couples felt their relationship was equal.

> The six steps allows the person with the most important problem to go first and that's built in, so that helps equalize the relationship.
>
> I feel it's equal. I think in the beginning _____ had more pressing issues than I did, but I never felt she was monopolizing our time together . . . . I would always have my turn, but I didn't feel the need to devote as much time. I didn't feel jilted or anything. And if I did have a pressing issue ___ would devote as much time as possible and she was extremely helpful.
>
> I think we had assistant-person equality in each session . . . and when one took the whole session, the other allowed it. And ___ was changing the patterns of her life . . . but even though mine weren't as earthshattering I never felt they were less important and I always wanted my turn.

Mutual trust they said, seemed to grow to the degree that they risked sharing personal concerns.

> I'd say there's a mutual trust. It seems to grow. When you take the risk of sharing something and the other person responds in a really accepting way, it's sort of reciprocal. It just sort of intensifies and grows and bounces back.

> The mutual trust happened because there was a balance in the depth. For example, I wasn't telling my partner things that were really deep to me and then have her only deal with surfacy issues. It seemed like we were both dealing with issues that were really important to us and that made me feel she trusted me and I in turn could trust her. We had to risk to find out it was alright to trust.

For others the mutual trust developed because their life issues were similar.

> I feel it's [our relationship] really mutual on a deep level. A lot of the time it seemed we were dealing on the same level with similar issues - like our life stages seemed to be very much the same. For me that made it easy to open up because it seemed like __ really understood where I was at all the time.

> I think some of the things we talked about, although there was the natural checking out, the safety period. I feel really comfortable with ___. So many things I'd say, she could relate to and she's open to help me explore.

Feeling truly understood by the partner in the assistant role was a crucial factor in the co-counselling relationships. Although this study did not focus specifically on the skill level of individual subjects, the demonstration of several

core counselling skills was indirectly necessary for high quality scores. The use of empathy, for example, was one way of determining whether or not a desire to be helpful was evident in the relationship. Responses to the question of understanding within the relationship emphasize the importance of using empathy, and stress the need for an accepting, nonjudgemental, and attentive assistant. Subjects seemed to recognize the importance and necessity of these skills:

> . . . just by the way she responds, by being attentive and responding empathically and by letting me go in any direction I want to go. She really clarifies things for me by putting things together so I can see them in a different light. She doesn't ask questions.
>
> I think I've understood all her concerns and I could relate to them more fully because I'd had the same experience. And [when it was my turn to talk] ____ really let me express myself the way I wanted and was very accepting.
>
> I felt really understood by the way __ listened, her eye contact - she was really 'there'. There was always this intensity. I think her posture also had a lot to do with it.
>
> Same for me, the eye contact, the attending and also the feedback. I really felt was with me. Good empathy [she was] really trying to understand.

Only one person indicated that he withheld a few problems from his partner. Concerns he did talk about, he felt were understood.

Individuals knew they were cared for by their partners for several reasons. Two couples said it was due to the undivided attention they received. Another person said the depth of sharing made her feel cared for. A third couple said they felt cared for because of caring statements and by being touched. One member of this couple added: "A lot of caring has to do with expressions. I could see care in her face." The statements on caring from couples A, B, and C seemed to stem from an emotional or a feeling base, whereas couple D's orientation to caring sounded more practical. This attitude may provide another clue to their low quality score. Even after spending thirteen weeks together, judges only rated their interaction as "somewhat" caring. When asked about the question on caring one member of couple D did not know what was meant by a caring relationship. He said he thought he was cared for because his partner spent time listening to him. The other partner stated that "even though this was part of a course I feel my partner was really sincere. When he did offer solutions, they were caring." This person was the only subject to make reference to the fact that the co-counselling sessions were course-related. Others gave this researcher the impression that the sessions were a personal choice, rather than a requirement. The reference to the

course does, however, provide a possible explanation to the high procedure scores, as the steps were taught and outlined in the class, whereas the aspects of the quality were not as explicitly pointed out. The caring, understanding, and help received in the co-counselling sessions were often seen by the other subjects as personal gains and benefits.

The reported benefits of the co-counselling sessions ranged from being able to "trust and open up to people more easily", "become more aware of myself", "become more aware of my tensions", "clarify issues", to being able to "work through issues and get into some things that I'd never thought possible."

Several people talked about the overall value of their weekly co-counselling sessions:

> I think the regularity, knowing that I would have that time once a week with __ to talk about anything that was bothering me was really a secure thing for me.
>
> Me too. I really began to even rely on the system, the regularity of it. Every week bringing stuff to the meeting and working on something.
>
> . . . the opportunity to meet someone with the expressed purpose of discussing an issue is really helpful because you don't often get that chance just with friends unless you say 'I want you to sit and tell me something'. It's good to know that once a week you can talk to your partner and say whatever you want.

Subjects said they looked forward to their weekly sessions throughout the term, found them to be very rewarding, and gained a great deal personally. Only one person, a member of couple D, said he found the actual course more beneficial than the co-counselling sessions. He said he had learned to discuss his problems with any number of his friends. "It seems like anyone that's taken the course like friends I'm with now, listen to me just as well as my partner, so generally by the time we have our co-counselling session I've already vented my feelings to three or four people who know about mutual aid counselling." It seems fair to assume from this statement and the low quality score that couple D's relationship did not develop to the degree or depth of the other partnerships.

The positive reactions to the questions relating to the quality and mutuality of the subjects' co-counselling sessions are very close to the judge's evaluation of the same. While the interview questions allowed for more elaboration than the Mutual Aid Counselling Quality Scale, all subject responses supported the characteristics of the quality scale.

CHAPTER V

Conclusions and Implications

The results of this explorative thesis provide reasonable grounds for making certain conclusions and implications about the structured mutual aid counselling format and the quality and mutuality of that counselling relationship. The positive results also lay the foundation for more detailed and indepth research with respect to mutual aid counselling, its community adaptation and its relationship to other helping networks.

For the sake of clarity the conclusions and implications of this study will be presented together. The chapter will end with a discussion on suggestions for further research.

Conclusions and Implications of the Study

The three general conclusions drawn from this study are as follows:

1. The mutual aid counselling method can be learned by certain willing adults and the structured format facilities that learning.

2. Video equipment is necessary when determining the quality of the helping relationship.

3. Some of the meeting procedure steps need to be reinforced during training.

Structured format: From the results of the study it is possible to conclude that the mutual aid counselling meeting procedure was successfully learned by the subject pairs.

The meeting procedure format as described earlier in this thesis was judged successful by the judges watching the counselling sessions as well as by the subjects themselves at the completion of the course. The co-counsellors' incorporation of the meeting procedure format into their counselling sessions and the reported benefits by subjects using the format indicates that a structured helping environment worked well for these students. Even though all the steps, but one, were evident to some degree in the helping relationships as demonstrated by subjects prior to mutual aid counselling training, the successful inclusion of all steps after training suggests these steps provide a structure that facilitated their helping relationship. D'Augelli and Danish (1976) state that "the value in the training of paraprofessionals and non-professionals lies in their structured nature" (p. 248). Blocher (1976), further supports this notion that structured environments enhance learning processes. He discusses the importance of having an opportunity to "test out actively new concepts, attitudes and skills in a variety of real situations . . .,

receive accurate clear, and immediate information about performance" as well as being able to "review, examine and critically evaluate the tryout experience in a safe reflective and unhurried atmosphere . . . " (p. 354). Blocher's views relate positively not only to the mutual aid counselling structure, but also to its orientation. The mutual aid counselling method also follows the basic criteria established in other programs developed to train paraprofessionals, combining didactic and experiential experience (Carkhuff, 1969; Gazda, 1973; Ivey, 1971 Kagan, 1972).

The logical implication with reference to the above supportive statements and references coupled with the positive results and conclusions from this study, is that a structured mutual aid counselling format can, therefore, be learned by individuals, similar to those in the study. The mutual aid counselling method, specifically utilizing the structured meeting procedure format could, then, be introduced to other university counsellor training programs with predictive success.

Quality and the use of video equipment: In reviewing the findings of this study, a second conclusion can be drawn with respect to the quality and mutuality of the counselling relationship. It is apparent when reviewing

the data that the relationships that were judged to be high in quality were also judged to be high in procedure. Conversely, a high degree of procedural use did not necessarily assume a high degree of quality. It is also apparent, that in order to evaluate the effectiveness of a cooperative counselling relationship, the inclusion of an instrument to determine the quality and mutuality of that relationship is necessary. The original contention of this thesis was that a high procedural score would be accompanied by in a high quality score. This contention only held true for three out of the four couples, suggesting that the aspects of quality such as trust, caring and sensitivity might be stressed and demonstrated more thoroughly during the training period. Although the causality between procedure and quality warrants further investigation it can be speculated from this study that the relationship between procedure and quality was only made possible because the counselling sessions were videotaped. In fact, as mentioned in Chapter IV, judges would have been unable to accurately determine the quality and mutuality of the relationship without seeing the nonverbal behavior. This implies that utilizing audio-visual equipment is essential when determining the quality and mutuality of a helping relationship. Not only would the video equipment enable trainers of paraprofessionals to

dentify important non-verbal qualities such as warmth, sensitivity and caring, thereby facilitating the selection of paraprofessional helpers, it could also aid in trainee development and growth (Sobey, 1970). It is important, however, to be aware of the potential contamination factor when using videotape equipment. Although judges saw no signs of nervousness displayed by subjects during their respective counselling sessions, future researchers should take the presence of the camera into consideration.

Teaching process: A close inspection of the judge's findings and the empirical data based on subject self-reports, reveals that after training, subjects incorporated the meeting procedure steps to a greater degree than before training. As all but two of the steps were evident to some degree prior to mutual aid training it is reasonable to assume from these results that some of the steps are natural components of helping relationships that training helps formalize those components. These findings support the contentions of Cooker and Cherchia (1976) who say that existing and perhaps instinctive skills and qualities for adequate helping can be enhanced and further developed through training. Although it was reported that subjects had not undergone any type of counsellor training there was no attempt to check whether they had any previous helping experience.

Looking into subjects' background in more detail could reveal interesting information regarding the learning process. Screening subjects more thoroughly could answer the question of: Does more experience facilitate or inhibit learning the steps? The pretraining scores of this study indicate that without training subjects were able to follow the researcher's instructions to help each other with a concern or problem, as all but one couple did switch roles and attempt to counsel each other. Only after training, however, did couples incorporate the idea of checking depth and giving feedback. These two concepts were perhaps foreign to their experience and needed to be introduced and formalized through training. Despite the fact that no couples included checking depth or giving feedback prior to training, all couples learned, demonstrated and indicated that giving feedback was an important step in the meeting procedure. They demonstrated checking depth, after training, but did so only before the roles of the "assistant" (helper) and the "person" (helpee) were reversed. Self-reports from the subjects indicate that checking depth and giving feedback were thought to be important steps in their co-counselling sessions, but more often forgotten and omitted. The implication is, therefore, that more time is needed in teaching these steps that are unfamiliar to trainees. Altering the present teaching method could potentially enable trainees to incorporate these steps more satisfactorily

in their co-counselling sessions and thereby lead to greater mutuality and successful helping relationships.

Suggestions for Future Research

The literature review has identified the role of the paraprofessional as being both necessary and important to mental health services. Durlak (1973) sums it up this way:

> The plain and simple truth is that the future delivery of more appropriate mental health services to the general public is ultimately related to mental health professionals' ability to make maximum and judicious use of nonprofessional manpower in direct service roles. (p. 301)

Mutual aid counselling as one paraprofessional helping method, could easily be tied in with the total mental health services scene. Given the fact that the mutual aid method can be learned by some individuals, it is likely that with certain modifications, the method could lend itself to promotion through community services as well as through traditional helping agencies.

Community adaptation: Mutual aid counselling has already been taken out of the university environment and applied to other settings. For the past two years mutual aid counselling courses have been offered as part of the adult education program through Continuing Education at the

University of Victoria. The mutual aid method and orientation has also been taught by mutual aid counselling graduates to a single parent group on Salt Spring Island, and a personal growth group in Fort St. John. Skill level of individuals engaging in mutual aid counselling may vary greatly while the format and process of a mutual role exchange remains constant.

Adapting mutual aid counselling to other paraprofessional modes of helping such as peer counselling could aid peer helpers in dealing with their own frustrations and problems that stem as a result of counselling peers. In the same vein, mutual aid counselling could be incorporated into the self-help group format to stimulate and regenerate those persons most often working in the counsellor role. Further research is necessary to make this recommendation functional but it appears plausible that the concept of mutual aid counselling could be a logical extension of any paraprofessional helping system. On the other hand, adapting mutual aid counselling to natural helping systems, such as over-the-fence-helping, could create adverse results. Introducing structure to a normally unstructured process could be a potential danger. Individuals might tend to become analytical, which could alter the effects of their helping. This area of speculation regarding the adaptability of

mutual aid counselling to natural helping systems, necessitates further study and investigation, particularly with respect to the types of people that engage in natural helping.

Mutual aid counselling as an adjunct to traditional helping agencies: It has already been stated that mutual aid counselling is geared towards normal, functioning adults. Peavy (1978) has identified certain individuals such as those who are pathologically dependent or helpless or those who "need" the expert orientation who will not benefit or respond positively to mutual aid counselling as it is presented to date.

An area of research that warrants further investigation is the possible relationship of mutual aid counselling with existing caregiving institutions. As a potential adjunct to existing helping systems, mutual aid counselling could be taught for example, to crisis-oriented individuals. Training high-risk clients to help each other in the mutual aid counselling style could reduce the number of referrals to professionals. Mutual aid counselling would then serve as a primary preventive function in providing to some degree the social and emotional needs for those high-risk individuals. Providing emotional support on a regular basis, could in fact lessen the number of crisis

or emotional breakdowns within that particular high-risk group. Mounting a mutual aid counselling program as a preventative adjunct to a helping agency requires much more investigation and further study. The question of matching individuals also needs looking into, but the implications of implementing such a program could lead to some effective innovations within mental health services. Engaging people in a helping role that is reciprocal, moving them out of the patient or client role could be valuable in compensating for the shortage of professionals and at the same time have important implication for over-worked and over-extended helping agencies (Reissman, 1976; Sobey, 1970).

With respect to the above recommendation regarding prevention, a further research recommendation concerns training mutual aid counsellors in referral. Regardless of whether mutual aid counselling is taught in a university setting, within a community group, or as part of a professional agency, teaching mutual aid co-counsellors how to refer a partner to a professional would be a simple, and effective addition. Incorporating the referral process into the depth check step would be a reasonable means to reinforce that step, making it more meaningful by teaching the specifics regarding referral. Partners could, for example,

be trained to look for symptoms such as continued crying as a potential referral situation and discuss that as part of checking depth. People, perhaps unaware of professional services available to them could be educated as to various procedures and contact people, thereby furthering the whole helping process.

The mutual aid counselling method has the potential to facilitate existing community services, act as a preventative adjunct to traditional care-giving agencies and enhance the referral process in the helping field. With further attention and investigation the areas already identified, it seems that mutual aid counselling has the potential for reaching a large number of individuals who could benefit from helping as well as being helped.

In this way mutual aid counselling as a training device and a counselling model fits into Reissman's (1976) description of paraprofessional helping systems. The "human emphasis can play a vital role giving people the opportunity to exercise some control over their lives and the services they use" (p. 45).

Mutual aid counselling is one helping method that could provide a large number of people with a unique, yet relatively simple and easily understood working procedure to facilitate and enhance their ability to better understand and help themselves. This reciprocal helping method not

only enhances the personal growth and development of individuals involved in the method, but could have positive repercussions and implications to the community at large.

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APPENDIX A

MEETING PROCEDURE RATING SCALE

Meeting Procedure Rating Scale

The following statements describe aspects of the meeting procedure in a mutual aid counselling session. Please circle the number of your choice. 1 = no sign of this; 2 = one person made a vague attempt; 3 = both persons made a vague attempt; 4 = one partner clearly exhibits this; 5 = both partners clearly exhibited this.

1. Partners spend their first few minutes together making small talk. (e.g. "I'm kind of nervous about being taped." "How are you today?". "I'm glad I made it here on time.")

   1 2 3 4 5

2. Partners decide who will talk about a life issue first and who will be the assistant. (e.g. "I have something that's really bothering me, so I could start." "That's fine with me." "I'd like to go first, if that's o.k. with you." "Sure.")

   1 2 3 4 5

3. Partners check the depth of the life issue. (e.g. "My concern is sort of superficial, but it does bother me." "I guess this is something that really concerns me about my life." "That's alright with me.")

   1 2 3 4 5

4. The assistant listens and attends to the person talking about a life issue without taking the focus totally away from the person's issue. (e.g. by use of empathy, respect, appropriate self-disclosure).

   1 2 3 4 5

5. When discussion of the first life issue has ended, partners give each other feedback. (e.g. "I really liked it when you . . . ". "How was it for you?" "Did it seem o.k. when I asked you . . . ")

1 2 3 4 5

6. Partners switch roles so that the person being the assistant to this point now has a chance to talk about any life issue he or she may have.

1 2 3 4 5

7. When they switch roles, partners again check the depth of the person's life issue.

1 2 3 4 5

8. When they switch roles the "new" assistant listens and attends to the person talking about a life issue without taking the focus totally away from the person's issue.

1 2 3 4 5

9. When the discussion of the second life issue has ended, partners give each other feedback.

1 2 3 4 5

10. One partner indicates he or she does not have a life issue or anything to talk about with the other partner.

1 2 3 4 5

Answer only "yes" or "no" to the following two questions:

11. Partners appeared to be affected or nervous (because of the video equipment around them).

Yes No

12. There does not appear to be enough time in this session for a role switch.

Yes No

APPENDIX B

MUTUAL AID COUNSELLING QUALITY SCALE

Mutual Aid Counselling Quality Scale

The purpose of this scale is to determine the quality and mutuality of the counselling relationship. Please read each statement carefully and circle the number that you feel is most appropriate according to the following scale:

1 = not at all evident by verbal or non-verbal behavior of *either person.*
2 = somewhat evident by verbal or non-verbal behavior of *one person.*
3 = somewhat evident by verbal or non-verbal behavior by *both persons.*
4 = clearly evident by verbal or non-verbal behavior of *one person.*
5 = clearly evident by verbal or non-verbal behavior of *both persons.*

(and if applicable)

6 = clearly evident by verbal *and* non-verbal behavior of *one person.*
7 = clearly evident by verbal *and* non-verbal behavior of *both persons.*

IF APPLICABLE

1. There is a desire to help or be helpful evident in the relationship. (e.g. assistant stays with person and his concern or problem by use of empathy or by stated wish to help)

   1 2 3 4 5 6 7

2. There is a sense of caring evident in the relationship. (e.g. assistant leans forward, gives full attention, states care)

   1 2 3 4 5 6 7

3. An atmosphere of trust and mutual respect is evident in the relationship. (e.g. partners seem free to say what they want, to share important issues, to be open to each other)

   1 2 3 4 5 6 7

CTT

4. There is a sense of sensitivity evident in the relationship. (e.g. assistant responses are not forced, suggestions are made appropriately - the impression is that the assistant wants to take the person *only* where the person wishes)

1 2 3 4 5 6 7

5. The relationship is shared. (e.g. both partners show or state a desire to facilitate each other with respective problems, to try new ways of working at a problem, to give and get feedback - there is an equality between them)

1 2 3 4 5 6 7

6. There is some evidence that partners feel understood. (e.g. partners say things like: "Yes, that's right." "You've got it exactly." "I can really feel that you understand."

1 2 3 4 5 6 7

7. There is an indication of relief or pleasure as a result of talking with each other. (e.g. a smile at the end of the session or when they give each other feedback, a statement such as: "It feels better to have shared that with you.")

1 2 3 4 5 6 7

APPENDIX C

INTERVIEW QUESTIONS

Interview Questions

The interview will be prefaced with this statement:

"I want to talk to you about your feelings about the mutual aid counselling meeting procedure. So, to ensure that each interview is the same, I'm going to ask you some specific questions. Please answer them as honestly as possible."

1. Do you know what I mean when I say "meeting procedure? or "six steps?"

2. Could you describe them?

3. Do you follow them in your co-counselling sessions? If so, which ones?

4. Is there any aspect of the meeting procedure that you find particularly beneficial?

5. Are there any steps you find not helpful?

6. Do you feel your counselling relationship is equal? That is, you are the assistant just as often as you are the person?

7. Do you feel there is a mutual trust in your relationship?

8. Do you feel you are understood by and understand your partner's problems and concerns during your counselling session?

9. Do you feel cared for by your partner in your sessions?

10. Do you feel your partner is sensitive to what you are willing to talk about and how far you want to go with a certain problem?

11. Do you find your co-counselling sessions beneficial?

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Title of Thesis/Dissertation

MUTUAL AID COUNSELLING:

AN EVALUATION OF PROCEDURE

Author

[redacted]

Signature

[redacted]

SALLY ELIZABETH GLOVER

August 20, 1979.

Date