

Relational Social Work and mutual/self-help groups¹

Maria Luisa Raineri

Catholic University of Milan, Italy

CORRESPONDENCE TO

Maria Luisa Raineri

e-mail: marialuisa.ranieri@unicatt.it

Abstract

According to Relational Social Work, mutual/self-help groups are specific coping networks that are founded on the reciprocity principle. Self-help/mutual-aid groups bring into light the experiential knowledge of people in trouble so that it can be useful in improving local communities and social services and in increasing practitioner expertise. Moreover, they represent a type of sustainable social work by reproducing and increasing social capital, as indicated by significant research results. In Relational Social Work, these strengths are considered so valuable that Relational Social Work is designed to «enact» them not only in the groups but also at the case and community levels. This article explains how Relational Social Work has established theoretical principles and practical suggestions — based on the specific characteristics and dynamics of mutual/self-help groups analysed in social work literature — that all social workers, even those who are not working in a self-help organization, can apply. It then highlights the lessons that mutual/self-help groups can offer to the field of social work, and, in parallel, how Relational Social Work's theoretical framework can provide a better understanding of the unique characteristics of mutual/self-help groups.

Keywords

Mutual/Self-Help Groups – Relational Social Work – Experiential Knowledge – Relational Guide.

Introduction

Social work has a long and varied tradition of research and practice regarding work with groups; nevertheless, mutual/self-help groups are still defined with different expressions and according to parameters that are not entirely uniform.

In general, theoretical reflection and research about social work with groups — including mutual/self-help groups — seems to stand somewhat alone in the overall picture of the social work discipline. The social work literature that has been published in English

¹ Due to its scientific value and the prestige of the author, this article has been selected directly by the editor-in-chief and associate editors, without being subjected to a single- or double-blind peer review procedure.

includes a number of studies of mutual/self-help groups, but they are primarily published in journals that are specifically dedicated to groupwork; little or nothing has appeared in European, American, and Australian generalist publications. Ward (2009) notes that, overall, the British literature on groupwork «must seem remote to social work students and social workers in statutory settings» (p. 115). To give another example: in a text as dense and important as the *SAGE Handbook of Social Work* (Gray, Midgley & Webb, 2012) there is no chapter devoted to social work with groups, while various chapters deal with perspectives of and practices at the case and community levels.

The marginal position occupied by mutual/self-help groups in academic social work — and probably even in professional practices — may seem surprising given that mutual/self-help groups are widespread in many countries (see for instance Humphreys, 2003; Pistrang, Barker & Humphreys, 2008; Flora, Raftopoulos & Pontikes 2010; Anglen, Hedlund & Landstad, 2011; NAKOS, 2013) and because they address typical problems encountered in social work, such as grief and bereavement, difficult parenting, addictions, eating disorders, mental health problems, and the psychological and social effects of physical illness (Wituk et al., 2000).

Relational Social Work (RSW) (Folgheraiter 2007; 2011) offers a perspective that highlights the special features and strengths of mutual/self-help groups. In RSW, these strengths are considered so valuable that RSW is designed to «enact» them not only in the groups but also at the case and community levels.

RSW is a practice paradigm in which practitioners identify and resolve problems by facilitating coping networks, which are conceived as a set of relationships among people interested in a common aim. The RSW central idea is that change emerges from a reciprocal aid, both among people in difficult circumstances and their family members, friends and neighbours, and between the network and the social worker.

The social worker helps the network to develop reflexivity and improve its ability to enhance welfare, and, in turn, the network helps the social worker to better understand how he or she can support it (Folgheraiter & Raineri, 2012). Given that help is constructed through the relationship between practitioners and coping social networks, and that the contribution of those directly concerned is essential to that construction, RSW is connected with constructive social work (Parton & O'Byrne, 2001), anti-oppressive social work (Dominelli, 2002; 2012) and anti-discriminatory social work (Thompson, 2006; 2011).

This article explains how RSW has established theoretical principles and practical suggestions —based on the specific characteristics and dynamics of mutual/self-help groups analysed in social work literature — that all social workers, even those who are not working in a self-help organisation, can apply. It then highlights the lessons that mutual/self-help groups can offer to the field of social work and, in parallel, how RSW's theoretical framework can provide a better understanding of the unique characteristics of mutual/self-help groups.

Definition of mutual/self-help groups

In the social work literature, these groups are not mentioned with a single agreed-upon definition. In addition, different terms are used. Here we adopt the term «mutual/self-help groups». Although «self-help» is used by many authors, «mutual aid» is also appropriate because, as we will see, it delineates the most salient aspect of these groups and organizations (Hatzidimitriadou, 2002).

Two characteristics that are included in all of the definitions are the presence of a common problem or condition or a life experience that is similar among all of the group members, whether it has been experienced directly or by family members or friends (communality), and reciprocity in helping, which is also indicated by the terms «mutuality» or «interdependence» (Schwartz & Zalba, 1971; Kurland & Salmon, 1993; Gidron & Chesler, 1994; Gutman & Shennar-Golan, 2012).

A third dimension is the group's connection with professionals and formal services. Typically, the definitions that use the term self-help specify that mutual/self-help groups are placed in a relationship of independence or strong autonomy from professionals (Hatzidimitriadou, 2002). Under these definitions, the self-help expression indicates that the participants, as a whole, «help themselves» without resorting to professionals and formal services. In other definitions, however, the expression «self-help» — often integrated with the additional specification «mutual-aid» — conveys the idea that each participant helps himself while helping others and receiving help from them (Munn-Giddings & Borkman, 2005) and that these dynamics can coexist with the collaboration between the group and one or more professionals.

The self-help group's autonomy from professionals is often associated with the voluntary nature of participation. It is described as such in the classic definition by Katz and Bender (1976) as well as in several other studies. Indeed, it would be hard to imagine non-voluntary participation in a group that is totally independent from professionals and their institutions.

The type of help that participants can exchange in mutual/self-help groups is described as quite varied, ranging from socialization to emotional support to practical cooperation, and it does not seem to be considered a useful element for defining the groups. However, some authors note that it is a holistic, empathetic support (Munn-Giddings & McVicar, 2006), anchored to an aptitude for inward reflection (Riessman, 1997), and oriented towards members' hopes of overcoming a sense of powerlessness (Katz & Bender, 1976).

These references suggest that in a mutual/self-help group we usually we deal with issues that affect the entire lives of the people, not just some of the practical or contingent aspects. As a result, even the help that the group tries to offer requires profound change processes involving the attitudes, values, and interpersonal relationships of the participants.

Communality and reciprocity

The benefits of participation in a mutual/self-help group are highlighted by several studies that were carried out over a long period of time (Drumm, 2006). Groups foster an understanding that one is not alone in their suffering along with a sense of belonging, and they help to reduce anxiety (Shaffer & Galinsky, 1989; Northen, 1987; Shulman, 1999; Pistrang, Barker & Humphreys, 2008; Seebohm et al., 2013). Group members «walk in the same shoes» and therefore have a keener understanding of each other's life stressors, challenges, and sources of distress. Their provision of support has a unique impact because of the credibility that comes with being in the same boat (Shulman, 2008; Knight & Gitterman and 2013). Groups improve members' self-esteem and increase self-expression and the willingness to try new ideas (Northen, 1987; Shulman, 1999; Pistrang, Barker & Humphreys, 2008). There is a sense of altruism gained from helping others (Steinberg, 2014). Members are encouraged by the progress they observe in others. This process instils hope in all of the members (MacNair-Semands, Ogrodniczuk & Joyce, 2010; Knight & Gitterman 2013). The group makes a strong contribution to members' mental well-being by enhancing the sense of control, increasing resilience and facilitating participation (Seebohm et al., 2013).

All these benefits are related to reciprocity. In mutual/self-help groups, people give help and receive it. Schwartz (1977) has been a pioneer in developing this idea. In his view, each participant is interdependent with regard to the others, just as they are in the wider society. Other authors recalled and articulated the idea of reciprocity in various ways (Gitterman & Schulman, 2005; Breton, 1990; Cohen & Graybel, 2007). According to Drumm (2006), mutual aid involves fostering people's ability to conceptualize and articulate their own needs as well as to recognize and respond to other group members' needs.

As Cohen and Mullender (1999) asserted, the priority given to mutual aid is a specific element that distinguishes this type of group from two others: remedial, which is primarily managed by the therapist and where everyone participates in the group to carry out their own individual treatment plans, and social action groups, where the focus is on social change. The degree of importance that is ascribed to reciprocity also influences the functions that social workers can perform within the different types of groups.

«Helper therapy», described by Riessman in 1965, is an important principle when attempting to gain a better understanding of how a mutual/self-help group develops reciprocity. This principle suggests that when an individual (the «helper») provides assistance to another person, the helper may benefit. Therefore, those who participate in a mutual/self-help group can not only assume either the role of helper and be helped by others (one after the other) but can also develop greater well-being through the very act of being a helper. Olson et al. (2005) in a literature review about four large mutual-help organizations, confirmed the dynamics by which this takes place, and which had already been described by Riessmann (1965): (1) When an individual helps another, the helper's

social functioning improves because the act of providing help to another allows the helper to work through his or her own difficulties; (2) When an individual helps another, the helper's social functioning improves because the act of providing help to another allows the helper to reinforce his or her own personal learning about recovery; and/or (3) When an individual helps another, the helper experiences an increase in his or her own sense of competence and usefulness to others and this enables the helper to adopt «strength-based roles that have not been fully exercised in other areas of life» (Olson et al., 2005, p. 175).

Mutual/self-help groups as coping networks, according to the RSW perspective

RSW echoes the perspective by Schwartz (1977), which was then adopted by Gitterman and Schulman (2005), that states that in human society, all processes that look for solutions to life problems are characterized by interdependence. To face life problems, people connect in various ways with each other and form collaborative relationships. In RSW, these sets of relationships among people worried about a common life problem, and who are willing to act together to address it while aiming to achieve a common purpose, are referred to as coping networks (Folgheraiter, 2015).

Coping networks can be observed in every person's normal everyday life; when people or families have difficulties that make necessary the intervention of social care services; and even when the critical issues to be addressed do not concern not just a single person or family or a group of certain people, but an entire local community. Examples of these different situations are given below.

Anna and Attilio, an elderly couple, their nephew and a neighbour meet together to discuss the care that Anna needs as she suffers the consequences of a stroke. They decide to look for help from a social worker. The following week the social worker meets with them to design a social care plan for Anna.

Maria is the wife of a disabled 80-year-old man. Renata has an older sister who suffers from Parkinson's disease. Francesca's 90-year-old mother has had a stroke. Carlo and Federica are the husband and daughter of a woman who suffers from dementia. All of these people meet every three weeks to talk to each other about their experiences as caregivers.

Last Saturday, those same people gathered together with the aim of organizing some initiatives in their neighbourhood to raise awareness in their local community and local authority about the needs of caregivers.

In these examples, all three groups are coping networks, characterized by a certain degree of common concern and, consequently, of reciprocity. In fact, because the concern belongs to everyone, when each member of the network addresses it, s/he pursues an advantage for her/himself and for others at the same time. The term «concern» refers

also to the idea that people are in the group/network by relatively free choice, given that a «concern» is an internal attitude that does not lend itself to being led from the outside against the will of the person. According to the RSW view, coping networks are typically dealing with life problems, i.e., problems that require at least some degree of re-direction in the members' lives, in the relationships among them, and in their way of viewing themselves and the world. This type of help is consistent with the one that — according to some authors (Munn-Giddings & McVicar 2007; Riessman, 1997) — is the most typical of a mutual/self-help group, although it is not the only type of help that is exchanged in the group.

Basically, RSW borrows the ideas of communality and reciprocity from mutual/self-help groups and broadens the scope of communality and reciprocity to all network coping processes.

However, if a certain degree of mutual aid is present in every coping network, and also in many other groups, what makes us say that the second of our examples describes a mutual/self-help group while the other two do not? RSW makes it clear that the distinguishing element is the range of the network's purpose (Raineri, 2011). If the coping network's purpose is primarily concerned with improving the situation of a specific person (or a specific family), as in the first example, we talk about «case-centred» networks, in which network members help each other to be able to help Tom, Dick or Harry.

If a coping network is primarily concerned with improving the situation of a whole category of people (all those in a neighbourhood or all those with a certain problem), we call it a community coping networks, in which members will help each other in the process of helping any number of others.

In a mutual/self-help group the aim is internal; it is primarily concerned with improving the personal situations of each of the people who are part of the group. Only secondarily, and even then not always, does the help offered by a mutual/self-help group extend to other external parties. Because the group's purpose touches the lives of each member, it is, so to speak, a purpose that is «plural» and «communal» at the same time: While Tom, Dick and Harry take part in the group to develop their own personal way of changing (i.e., each must find his own way to stop drinking), their paths have many similar elements (e.g., the problem is alcohol for all of them).

This type of purpose, which centres around «the life of each of the participants in the group» implies that the participants are on the same level with regard to the problem to be addressed and are therefore equal to one another in terms of the aid that will be developed. This allows the group to give priority to mutual aid over any other form of help. Indeed, RSW emphasizes that even if reciprocal processes exist in any type of group (and in coping networks), mutual/self-help groups are structured specifically to support such group reciprocity to the highest possible level (Folgheraiter, 2011).

In short, according to RSW, mutual/self-help groups are coping networks that are characterized by an *internal* aim (that is, mainly about the people in the group and not

about other people outside of it) and that are *plural*, i.e., they aim to face many similar issues simultaneously, one for each member of the group.

Experiential knowledge and empowerment

In addition to the research conducted by Riesmann (1965) and Schwartz (1977), Borkman's work (1976; 1999) regarding experiential knowledge and experiential expertise has made a very significant contribution to explaining the dynamics of reciprocity.

Experiential knowledge is truth learned from personal experience with a phenomenon, rather than truth acquired by discursive reasoning, observation, or reflection on information provided by others. It tends to be concrete, specific, and commonsensical, since they are based on the individual's actual experience, which is unique, limited, and more or less representative of the experience of others who have the same problem. [...] Besides experiential knowledge, there is experiential expertise, which refers to competence or skill in handling or resolving a problem through the use of one's own experience. (Borkman, 1976, p. 446-447)

It is precisely on this type of knowledge and expertise that the help exchanged in a mutual/self-help group is based. It may be noted that each member possesses this type of knowledge even before arriving in the group, but that knowledge apparently does not help them to overcome their difficulties without the help of the group. Why does it instead become useful in the group? In addition, if experiential knowledge is contingent, how can it be useful to others when each member has a unique situation?

My hypothesis — Borkman writes — is that the usefulness of experiential knowledge derives from the fact that the self-help group structure provides for the sharing of a relatively large amount of knowledge. By pooling the experiences of a number of people, the common elements of the problem and attempts to cope with it emerge, while simultaneously highlighting the uniqueness of each individual's situation. Consequently, the individual learns how his problem is both similar to and different from that of others, which forces him to utilize the knowledge selectively to fit his situation. (Borkman, 1976, p. 450)

In other words, the mutual/self-help group can be considered a context in which, through the processes of sharing and dialogue, knowledge and experiential expertise emerge, are spelled out in words and compared, are provided with some structure and thus become useful for all participants.

When motivated people can discuss and listen to each other each other's experiences, which are similar, by that dialogue emerges an experiential knowledge of higher caliber, a meditated point of view that expresses the shared experience and, therefore, becomes inter-subjective: a worth that, although different from the objectivity of science, it is something other than just the contingent subjectivity. (Folgheraiter, 2009, p. 66).

The ability to draw on resources gained from their own experiences, rather than depend on professional intervention, is perhaps the foundation from which develop the characteristics of empowerment and resilience that are features of mutual/self-help groups. Indeed, it has been acknowledged that that many participants in mutual/self-help groups feel they can rely on their own resources and those of their significant others despite their life troubles. (Gitterman & Shulman, 2005; Lee & Swenson, 2005; Steinberg, 2014; Cohen & Graybeal, 2007; Hyde, 2013).

Professionals' role in mutual/self-help groups

Mutual/self-help groups were originally started to offer an alternative to formal services. People can help themselves in various ways: by reading a textbook, looking for suggestions on the web, engaging individually in a programme to improve their health and so on. Mutual/self-help groups can be considered one of these forms of self-help activity, one that is realized without the direct involvement of any expert (Pistrang, Barker & Humphreys, 2008; Self Help Nottingham, 2000).

However, many professionals, social workers in particular, have supported the self-help group movement (Wituk et al., 2003). In Italy, social workers, GPs and nurses have played an important role in the introduction and spread of the CAT (Local Club for Alcohol Problems, in Italian: Club Alcologico Territoriale) movement, one of the most extensive Italian mutual/self-help movements, which is in the field of alcohol addiction (Hudolin, 1990). Nickel, Trojan and Kofahl (2016) demonstrated that through the intensive involvement of self-help representatives in social care and health organizations it was feasible to develop a systematic approach to achieving closer collaboration of professionals and mutual/self-help groups. The two «historical» positions, opposition or collaboration, are also found in various intermediate stages in group participants' opinions about their relationships with professionals (Ben-Ari, 2002).

In short, the independence of professionals can be understood in different ways: in one extreme as the total absence of contact between group members and professionals, with the group seen as an alternative to the formal care and health systems; or, in a more nuanced way in which independence can mean that the action of the group remains under the control of its members, despite some cooperation with professionals and services. This cooperation may take many forms, from help in starting the group to advice and consultation to the development of a self-help organisation that requires professional support for its activities (Leung, 2010; Flora, Raftopoulos & Pontikes, 2010). In any case, the control that group members have is generally recognized as an important aspect to distinguish a mutual/self-help group from other types of groups. However, it is not always easy to determine how much of the control actually belongs to the group and how much belongs to the professional. For similar reasons, it is sometimes difficult to navigate the literature that addresses the social worker's role within a mutual/self-help group. There have been many contributions to the field of social work with groups, including some clas-

sics of great value², but it is not always clear whether the groups included in the research can be considered mutual/self-help groups.

The social worker as a relational guide, according to the RSW perspective

RSW offers us a useful compass in this respect, which helps us to better define the relationship between mutual/self-help groups and the professionals, in particular professional social workers.

If the role of the social worker is oriented towards emphasizing experiential knowledge in the group, then the group maintains and develops mutuality and self-help. If the social worker intervenes in the group to carry out treatment plans, designed by its professional expertise, then the experiential knowledge of the participants goes into the background and is not used, and therefore the group is no longer a mutual/self-help group; it is another type of group.

RSW makes it clear that the social worker enhances the experiential knowledge if s/he assumes the role of facilitator, following a similar method to the person-centred approach (Rogers, 1951). In the case of RSW, the relational guidance is addressed to a group rather than a single client.

Relational guidance is distinguished from coordination or leadership by the contents of discussions and the way they are discussed and that the agreed-upon actions remain in the hands of the group. The facilitator avoids giving answers or advice, but instead aims primarily to help participants exchange thoughts, decide together, and put into practice their decisions. S/he remains basically in the background of the action of the group, so that experiential knowledge is emphasized. To denote these functions, RSW states that the «social worker operates retroactively» (Folgheraiter, 2007, p. 181), that is, s/he accompanies or «continues» the group's processes but does not direct them. To do so, analogous to Carkhuff's (2000) proposal for a dual helping relationship, the facilitator actively listens to the people and repeats what they have said using the words that they have expressed in the a group, so that group members can «see» a concept more clearly and then more easily think about it, add other ideas and make decisions.

The idea of relational guidance offers a useful key for distinguishing when suggestions for a professional groupworker that are offered by the literature can be adapted to mutual/self-help group and when they cannot be used for this purpose.

Among the consistent indications that are aligned with the logic of relational guidance, we can look at what Schwartz (1985-2006) wrote about the social worker's function.

² For an example, see the collection of classic articles published by the journal *Social Work with Groups* in 2006, vol. 28, issues 3-4.

The concept of «intervention» although it would later become fashionable, was essentially inappropriate since one does not «intervene» in a system from the inside; it is a contradiction in terms. Within the system, the worker's function was to provide the skills with which to mediate the transactions between each individual and the group, reinforcing the energies with which they reached out to each other. (p. 83)

Gitterman and his colleagues agreed with this line of thought (Gitterman, 1989-2006; Gitterman & Shulman, 2005; Knight & Gitterman, 2013), noting that:

The primary role of the social worker leading a group is to encourage and support members' helping relationships with one another. [...] The group worker's role is to connect the bereaved individual to the group and the group to the individual, building upon members' commonalities. (Knight & Gitterman, 2013, p. 7)

Schwartz (1985-2006) argues that these functions require flexibility:

It was not possible for the worker to maintain an orderly and logical progression of ideas when constantly being called upon to react quickly in the press of events. The agenda was often controlled by impulse and feeling, and the worker had to develop the ability to make quick connections and find underlying themes [...] (p. 83).

In RSW, this flexibility is linked to the idea of open planning (Folgheraiter, 2004; 2007). Open planning means that the social workers, if they want to have a relational guide's role, will schedule the activities of the group (or of the coping network) only with broad strokes, and this schedule will cover the process rather than the contents. This open planning is essential to put in the foreground of the group's initiative, resources and strengths. The social worker will be able to act retroactively only if first there is room for action by the group. S/he can re-formulate as long as the group members have already had the opportunity to formulate their thoughts and feelings.

On a more practical level, according to RSW, a social worker acts as a facilitator when s/he identifies potential group members and helps them to meet (Folgheraiter, 2011). S/he supports the creation of a new group, helps with organizational tasks, and connects the group to the local community to encourage the entry of new members, which are valuable for the group (Wituk et al., 2003). Above all, the social worker is a facilitator when s/he helps in turning an individual's issue into an opportunity for all in the group; for example, through the seven-step progression identified by Kurland and Salmon (1993), which draws on the problem-solving approach described by John Dewey (1910). It is a «mutual-aid approach to individual problem solving», in the words of Steinberg (2014, p. 109). No participant is asked to temporarily put in brackets his or her own difficulties to concentrate on those of others, or to assume that their situation is the same as that of another member. Each, however, is working on that part of his or her problem that, at least in some respects, is also common to the rest of the group. In this way, help for each person and for the other members happens at the same time in every group session.

The core of the RSW perspective: Reciprocity between users and professionals

In her study of experiential knowledge, Borkman (1976) notes with accuracy that the people who need help dealing with a difficulty usually find themselves having to take professional knowledge and expertise at face value, without being able to evaluate them.

The potential client *has to believe (or take on faith)* the claim of the professional that he is competent and skillful in diagnosing and handling the problem at hand because of the possession of a skill so esoteric or complex that nonmembers of the profession cannot perform the work safely or satisfactorily and cannot even evaluate the work properly. (pp. 447-448, my emphasis)

RSW broadens this consideration by noting that this «act of faith» that is required from users at the beginning of a relationship constitutes a major weak point for the use of professional knowledge in helping processes, for various reasons. The relationship between clients and professionals is defined asymmetrically: the latter know what to do while the former do not because they are considered unable to fully understand what they would need. According to this concept, the first step of any helping process should be to create a positive relationship with the user so that they trust the social worker and do what the social worker says. This asymmetry can easily lead to negatively labelling people who in difficulty and then to an oppressive practice. Moreover, the power to improve the situation is structurally attached to the professionals and this leads to what is called the empowerment paradox. According to Ivan Illich (Illich et al., 1977), this paradox is the following: if, to help people who feel powerless in the face to the concerns and challenges of life, I ask them to trust me because I (and not they) know how to do, I thereby confirm their disempowerment and perhaps even increase it. However, if I consider those people competent and capable of taking control over their lives, then why should they need my help?

This issue is particularly relevant when dealing with adversity that is affecting wider areas or is very significant in the lives of people, and that requires a higher investment of energy and motivation; just as what happens in the typical problems of social work.

Mutual/self-help groups that offer themselves as alternative support systems solve the paradox of empowerment in a radical way: professional help is completely deleted to avoid the risk of disempowerment that is related to it. However, is this way not likely to eliminate some of the good along with the bad? RSW explores an alternate road, which can be illustrated once again taking a cue from Borkman (1976).

Because of the emphasis they give to experiential knowledge, self-help groups can be redefined as voluntary human service organizations of persons sharing a common problem who band together to resolve the problem through their mutual efforts, with experiential knowledge being a primary basis of authority in decision making. Viewed

from this perspective, if some self-help groups can be seen as anti-professional, then *some professionals can be seen as anti-experiential*. (p. 450, my emphasis)

How can a social worker avoid being anti-experiential? RSW tries to answer this question.

A social worker is not anti-experiential if s/he distinguishes between technical problems concerning issues that do not pertain to the entire lives of people and that can be solved by objective solutions, and life problems where inter-subjective perceptions are very relevant and solutions cannot be developed without taking into account what the people involved consider good or appropriate for themselves (Folgheraiter 2007; 2011). Steinberg (2010), in reference to the mutual/self-help groups, explains clearly what this means.

In mutual-aid practice membership voices are more than integral to determining effectiveness of process. They are, individually and collectively, the definitive voice, and to constantly seek their judgment is not only fundamental to group work but provides direction for all action. [...] If the process is not perceived as helpful from group members' points of view, I argue that in fact, help is not taking place. I argue that it is necessary for help to be perceived, experienced, or felt for it to have taken place. Many will argue with this position, proposing that there are cases in which recipients may be incapable of understanding interventions as helpful. My counterargument is that if a process defined as helpful by the practitioner is not perceived as such by the recipient, it is the practitioner's dilemma to find ways to reach the recipient and with him or her to develop a mutual understanding of a process (whether the original or a new one) as helpful. Only then will consumers of social work be truly informed, capable of judging services, and capable of delivering evidence of effectiveness. It is our task, however, to help them to assume such a position. And this, group work does superbly. (p. 60)

Technical problems (e.g., how to get a standard provision) are suitable issues to be solved by social workers, even without the deep involvement of users and caregivers; solutions to these types of problems could include giving information or managing necessary administrative procedures. In contrast, life problems require a different approach because they cannot be faced without taking into account the experiential knowledge of users and caregivers, their perceptions, and the meaning they attach to the circumstances of their lives. Therefore, faced with these problems, a social worker who does not want to be anti-experiential will avoid any direct intervention. The social worker does not act for people when thinking about and deciding how to address the difficulties. Instead, s/he encourages people who are worried to connect with each other, to share their reflections and to develop them, and to find a way to improve that is convincing from their point of view. The relational social worker tends to remain in the background on the matter of the issues to be solved, and instead uses his or her professional expertise to facilitate joint reflexivity in the coping network. The presence of the social worker supports and boosts, or even triggers if necessary, those network coping processes that are a natural part of our daily lives and that sometimes do not work when we are facing particularly

harsh adversity, or when the people involved are particularly vulnerable. (Folgheraiter 2007; 2011; Raineri, 2004)

In this way, experiential knowledge is respected and valued and the empowerment paradox can be solved.

Therefore, according to RSW, remaining behind the scenes as much as possible when accompanying people does not mean giving up the social workers' professional role. On the contrary, remaining in the background requires that social workers demonstrate an expertise that is highly insightful in recognizing the needs of users and caregivers; they also use their experiential knowledge to offer professional assistance — to whatever extent the users and caregivers need it — to address the difficulties that users and caregivers are facing. Professionals are more successful if «they ask for help» from their users: this is the central idea of RSW and was developed by observing mutual/self-help groups (Folgheraiter, 2009). In other words, RSW envisions reciprocity not only among the participants in the group but also among the participants and a professional involved in the group. If s/he does not get in the way, avoids focussing attention and expectations on him/herself, and gives up control of the group's processes, s/he can learn a great deal about the lives of people in difficulty, their experiences with services, and their strengths and challenges. These lessons are useful, but there is another more important one. If s/he remains open to feedback from the group, the social worker can learn how to better facilitate the group, that is, how best to help people develop their own experiential knowledge and use it to improve. A social worker cannot learn only one: because each group is unique and each person is unique, with each new encounter it is essential to learn the contingent experiential knowledge which emerges from those specific people in that specific situation (Folgheraiter, 2006). RSW called this «social work idiographic stance».

If a social worker approaches users and carers by saying to them: «I need to learn how to help you», then both parties are on the same level because both need help and both can give help at the same time. In this way, the paternalism that underlies the helping relationship, where one can clearly distinguish the helper from the helpee, is discarded. This opens the way for a relational idea of empowerment (Folgheraiter, 2002; 2000): users and carers develop a sense of empowerment as individuals and as a group thanks to the social worker, and at the same time social worker increases her/his professional empowerment thanks to users and carers.

From groupwork to casework, in the RSW view

Steinberg, in a passionate article (2010), claims that social work with mutual/self-help groups is one of the best ways to perform social work practice because it is based on people's strengths, it has a holistic approach, it is deeply coherent to anti-oppressive

values, it is inherently psycho-social and it is evidence-based because it is constantly checked through feedback by participants and by the group as a whole.

RSW goes even further down this path because it asserts that the typical fundamentals of working with mutual/self-help groups are also very useful for social work with individual or family problems. The method that the RSW offers for social work at an individual or family level is very similar to what is used to facilitate a mutual/self-help group.

In casework (individual/family work), a relational social worker begins the helping process by identifying, in collaboration with a user and his/her caregivers, a first draft of a coping network that is composed of people who caring about problems of the user or of the user's family. These people may be the user and his/her caregivers, other family members, friends or neighbours, and other social or health workers. The social worker will help them connect with each other so that they may come together to focus on the objectives that all they want to achieve and discuss how to achieve them. Based on this process, it may emerge that someone else should be involved and then the network try to recruit someone else. The social worker will complement this process by following the logic of the back-action because, just as in mutual/self-help groups, the more that the action strategies are based on the experiential knowledge of the participants, the more convincing those strategies will be and the more they will stimulate each person's sense of empowerment, all of which may result in a greater chance of actually helping.

As it can be noted, this process is similar to that of a mutual/self-help group's relational guidance. The difference is the aim, which here is not plural, but focused on the situation of an individual or a family. The other members of the coping network do not participate to generally improve their lives but to help *that* person or *that* family. As the intention is not plural, the problem-solving approach will be different, too. The framework will be the jointed problem-solving process (Folgheraiter, 2007), not the mutual-aid process described above.

From groupwork to community work, in the RSW view

Breton (2010) notes that the possibility of moving beyond an internal group focus has been explored in various ways in the social group work literature.

to reducing mutual aid to an intra-group phenomenon leads us to concentrate on the healing power of mutual aid and to forget its liberating power. Liberating power is linked to extra-group and to inter-group solidarity, which leads to strength, action and change at the social, economic and political levels. (Breton, 1990, p. 115)

Greenfield and Rothman (1987) give several examples of groups that decided to stay together and become political action groups. Defining a new purpose is highly plausible in a group that has experienced high cohesion, identification and strength.

Malekoff (2007) illustrated the concept of «extending the bonds of belonging beyond the group» (pp. 180-182) to emphasize the dual focus of addressing individual need and social reform in group work.

When group members develop a sense of solidarity with people outside the group (in the local community, the wider society, or the world), they start thinking of themselves as also belonging to that community, that society, and the world. As the consciousness of belonging to a larger collectivity develops, so can the idea of having the right to influence that larger collectivity. Gaining awareness of that right is a part of becoming empowered. (Breton, 2010, p. 47)

Mutual/self-help groups are also considered useful in improving formal social care services. Many years ago, Hatch and Kickbusch (1983) stated that «potential benefits from self-help may lie also in improvements in the quality and the structure of institutional services and in the behaviour of professionals» (p. 195). Even today, the WHO recognizes that self-help organizations contribute to the development of health and will recommend the involvement in the service system³.

RSW, similarly to the many studies about various forms of extra-group solidarity mentioned above, focuses on two processes that complement each other and which can become extraordinary resources not only for a mutual/self-help group's members but also for the local community, institutional services and the entire society. The first is the emergence and development of experiential knowledge that, when it is «processed» in the group, is no longer just something private or individual, but becomes common knowledge that can be shared outside of the group. The second is that the relationships intertwined in the mutual/self-help group enable people to focus not only on improving of their lives but also on social improvement. In this way, the value of the experiential knowledge overflows, so to speak, beyond the lives of group members and contributes to wider purposes (Folgheraiter, 2009).

What is the professional social worker's role in this expansion of purpose from group level to community level? RSW envisions it, again, as an accompaniment of people in a relationship to strengthen their mutual bonds and to develop reflexivity so that they may achieve their shared goal. In RSW, the social worker is always a relational guide for groups of people who have a shared goal (and so they are a coping network), in casework, in groupwork, and in community work. What changes for the social worker is the type of finality that is achieved. In this shift of the methodological frame from group to community level, RSW highlights a useful indication for the social worker. Both in community work and in community social care planning, it is important that people are *first of all* helped to jointly explore their experiences and to bring out their experiential knowledge. Otherwise, they will not feel they can really participate and will not develop motivation.

³ WHO. Health 2020: An European policy framework supporting action across government and society for health and well-being, p. 12, section 51. Available at http://www.euro.who.int/__data/assets/pdf_file/0009/169803/RC62wd09-Eng.pdf, last access on 05.01.2016.

Consequently, the process will risk becoming a professional-centred one, which may soon come to an end or result in poor outcomes.

Sustainable social work: Mutual/self-help groups and social capital

The sociological construct of social capital (for an overview see Field, 2003) effectively sums up what a relational social worker aims to achieve when s/he helps people who are coping with life problems.

According to RSW, people can improve how they deal with their life problems when they are in relationship with others who share their goals in which an atmosphere of trust has been established. This makes it easier to reflect on and to blend together different ideas and points of view. In short, social capital increases.

Social work interventions do not always have the effect of increasing the social capital of users, their caregivers, or the local community. On the contrary, sometimes they consume it without being able to produce it again. In particular, they can consume generalized trust in others, which is an essential component of social capital.

To a person in need, an investment of trust is required to enter a social worker's office. Trust is necessary to talk about oneself, to accept having to ask for help, and to consider the solutions proposed by the expert. Social workers can «burn» this trust when, for example, they use it in an instrumental way convince someone to accept interventions that the professional has unilaterally defined using a professional-centred approach. A loss of trust can also occur when a professional uses it to initiate processes that are participatory only in appearance, where the really important decisions are taken by professionals. Quite often, users or carers say that they would prefer not to consult a social worker because of negative past experiences. Some people also say that it is not worth wasting time participating because everything is said and done by someone else. In these examples, social capital has been consumed.

One needs a bit of social capital even to enter a mutual/self-help group: for example, a link with someone who is already involved, a measure of trust that the group will be useful, and the necessary confidence to talk about personal issues in front of others. But, unlike other types of aid, participation in the group has the effect of increasing social capital, to regenerate it instead of consuming it, which increases the members' commitment to participation and the common good, even outside of the group.

For example, a qualitative study by Kurtz and Fisher (2003) of recovering people who attended a 12-step fellowship and involved themselves in the community investigated how this involvement was affected by their 12-step participation. The authors described the participants' community activity and their perceptions of how it related to their recovery process. Respondents reported that the 12-step fellowship prepared them for community activity by teaching them skills, giving them opportunities to practice participating with others, motivating them to contribute, and directing them towards community service.

A quantitative study by Folgheraiter and Pasini (2009) refers more directly to social capital. The results show that, after several years of participation in a CAT (in Italian: Club

Alcologico Territoriale, i.e., local group for problems of alcohol abuse; Hudolin, 1990), the social capital of people in recovery from alcohol addiction is higher than average in the general population. This means that the groups are not only able to assist people in addressing alcohol problems by giving them an opportunity to re-enter society as equal citizens, but go beyond by helping them return to society «with an edge» that makes them particularly sensitive to the common good and capable of participating to build it.

This regeneration effect of social capital demonstrates that mutual/self-help groups are a form of sustainable social work. In the environmental, economic and social sciences, sustainable development is a type of development that meets the needs of the present without compromising the ability of future generations to meet their own needs (Brundtland, 1987).

Therefore, «sustainable» social work does not consume resources without regenerating or producing new ones. We can refer to economic resources, and in this case — to put it schematically — social work is sustainable when the money used to help people is indirectly paid back when, at a later time, those people return to being useful to themselves and to others (for example, when they are once again able to produce an income). However, social work also employs human capital and social capital. Therefore, when the outcome of a relationship with social workers is that the person, the family or the community becomes dependent on the welfare system, or they convince themselves that they can address their own life problems only through professional expertise, this is an unsustainable social work, because instead of increasing people resources it devalues or immobilizes them. If people are helped in a way that enhances their sense of empowerment, that leads them to expand their relationships, to build something good with others, and to give something back to their communities and receive benefits in return, then social capital increases (Raineri & Calcaterra, 2015). This, according to the RSW view, means realizing sustainable social work and contributing to building a better living environment for all, not only for so-called users. Drawing from mutual/self-help groups, RSW offers a way to build this type of help even at the case and community levels.

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