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Address

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Self-help and the profession of medicine have lived in tension as long as I've been around. It was the perception on the part of patients that it was doctors not doing more compassionate things for patients that led to the self-help movement. What I mean by that is, that you could have the finest surgeon in the world remove your breast, but if he didn't understand what a terrible threat that was to your femininity and self-esteem, he wasn't doing his complete job. So, to overstate the situation, as a result the medical profession, more or less, resents the self-help movement, because it is in a sense a rebellion. And the self-help movement resents medicine, because they feel they had cause to start an alternative or complementary system. My belief has always been that the very best of health care could be achieved with the marriage of self-help and orthodox care. Easier said than done.

I think the reason I wanted to have this workshop was when I found out that there were 50 thousand self-help groups – at least, there were that many in 1987 – that met at least once a month on some ancillary aspect of medicine and health. I wasn't particularly popular at home, when I suggested it. One of my colleagues said, "Are you going to invest the power and prestige of your office in the self-help movement? And do you think that's a wise thing to do?" My answer was, "Yes", because I believe in self-help as an effective way of dealing with problems, with stress, with hardship, and with pain. The reason for the workshop is to see how we can affect that marriage I spoke about above. I called us together for two days to discuss how self-help and public help could work more closely toward a common goal of personal well being.

I chose to present two questions to the group. First, "What do we want to do? And second, "What to do we have to know...to do it well?" As simple as those questions sounded, those were the two questions that challenged health policy-makers and health care providers and everyone else involved in maintaining and improving the health of Americans.

That led me to the point where I had to talk about something that people don't like to talk about or don't necessarily understand. Today, we have to be more than diagnosticians and people who want to repair broken bodies and minds. No longer do patients have a clear case of this or that. A recent national survey of physicians' practices, the top reason why people visit the doctor is called a "condition without sickness." That doesn't mean that a patient doesn't have trouble of some kind, but it's not a traditional form of "sickness". At the time this was written, medical

schools and other professional schools hadn't quite caught up with this phenomenon and I'm not sure they have yet, but it is the key aspect of the work of mutual aid and self-help groups.

I asked the question: "Are the following people really sick?" The parent of an alcoholic child, the child of an alcoholic household, a grieving, surviving spouse, a person disfigured in an auto accident or a fire, an infertile couple – when these and an estimated 15 million other people seek some kind of help, are they really sick? Not according to traditional definitions, but they do need help.

I pointed out how well we were doing on life-expectancy – a record high, on the age adjusted death rate for stroke, and the improvement in the mortality of heart disease, the number one cause of death in our society. Statistics said we were doing a good job across the board of acute and chronic conditions.

Not much of this was based on miracle cures. Something else was going on, other than the formal, orthodox, traditional medicine. I think it is a constellation of actions and attitudes that have captured the imagination and the time of the American people. So, the answer to the first question is; to promote good health and we want to prevent acute and chronic disease from occurring.

And to the second question, we have to know a lot of things: the way people behave as human beings; the way they interact with each other and with their environment; how they perceive and respond to life-cycle events, such as childbirth, family growth and departure, and death itself; the way people cope with economic, social, and cultural stress; and how people perceive the future, short or long term, and how they see themselves in it. This is the information that tells us not only about health, but also about wholeness.

Where does the information necessarily come from? Some research for sure, some science too, but a great deal of the new information about health comes from groups such as the ones represented at that meeting.

My charge was to formulate recommendations around the following questions.

1. How to develop partnerships between self-help groups and the health care delivery system that could improve the health and well-being of the public.
2. How to educate the public and health professionals on the use and benefits of self-help groups.
3. How to use research to expand the current knowledge of the way self-help groups work, their benefits, and their limitations.
4. How to start and support the use of self-help groups as part of the system of health care delivery in this country.

I congratulated all those responsible by name for what I saw as a wonderful meeting and I closed with a quotation from Dr. M. Scott Peck in his book, "The Different Drum".

Actions & Attitudes in medicine
Adjusted death-rate for stroke
Behavior of human beings
Behavioral research
Benefits of self-help in health care delivery
Challenge of health policy-makers
“Conditions without sickness”
Coping with economic, social, & cultural
stress
Cure versus help
Education of the public on its self-help
benefits
Example of those most helped by self-help
Heart disease
Interaction of people with each other
Interaction with environment
Life expectancy
Maintaining and improving the health of all
Americans
Miracle cures
Mutual help organizations
Networking with others of like interests
Partnerships between self-help groups &
others
Perceptions of the future
Potential contribution of government to
the self-help movement
Prevention of acute & chronic disease
Progress in acute & chronic conditions
Research on self-help groups & their
benefits
Response to life-cycle events
Self-help for stress, hardship, and pain
Self-help organizations
Support of self-help groups as part of the
health care system
Wholeness

Illinois Self-Help Center
Mr. Mark Mayeda
Annette Nussbaum
Dr. M. Scott Peck
Marilyn Ruiz
“The Different Drum”