

Preface

This book aims to review the self-help (SH) movement in mental health (MH) through empirically based approaches in health promotion, prevention of illness, psychotherapy, and rehabilitation. Mental health is a vast field composed of multifarious aspects, including SH approaches that are self-administered or that can be administered by professionals, middle-level professionals, as well as volunteers. This review is conducted from an empirical standpoint, that is, how valid and reliable are claims made by advocates and supporters of this movement? What is the empirical evidence for SH? The basic question to answer in this review would be, How helpful is SH? Specifically: If it is helpful, under what conditions and with whom is it helpful? When might self-help not be helpful? When might self-help be contraindicated?

At this time, there are over 1400 entries in cross-indexing SH and MH in the PscINFO search engine, enough information to review and to be condensed in the various chapters of this book. Even though there are many books published in this field, there is no comprehensive work that covers the field in the way (empirical evidence) this volume does, except for Norcross et al. (2000), where little attention was paid to empirical evidence. His paper (Norcross, 2006), however, brings up-to-date the literature on SH strictly in psychotherapy and not the entire MH field. Nonetheless, his suggestion to use films and self-help books as ancillary sources in psychotherapy did not provide any outcome evidence because these sources were not subjected to any empirical verification. Hence, his suggestion was impressionistic and in need of verification.

Among related secondary references available in the field SH in MH are (1) Clay, Schell, Corrigan, and Ralph (2005); (2) Kirk (2005); (3) Maheu et al. (2005); (4) Ritchie et al. (2006); and (5) Latner & Wilson (2007). Some sources are actually critically negative of the SH movement (Salerno, 2005).

Part I of this book contains three chapters. Chapter 1 defines various levels of SH and the two meanings of MH as a personal condition and as a discipline in its various applications. Chapter 2 includes the various levels of involvement in SH activities, from watching movies and reading to more active and even interactive activities, including advances that have taken place in the field of MH during the last generation, with the advent of the Internet, with its many implications for SH,

the inclusion of low-cost approaches, and the increasing use of writing in homework assignments.

Part II contains all the Self-Support (SS) approaches that are initiated and maintained by participants themselves within a range of help from minimal or no help to regular interactions from external helpers. These approaches include distance writing in Chapter 3 that supports the position that distance writing will become the major medium of SH communication and healing in this coming century. The large field of bibliotherapy in Chapter 4 indicates how important this field is to the SH field. Chapter 5 covers the burgeoning field of online mutual groups and individual therapy. Chapter 6 covers the use of manuals for practitioners.

Part III includes approaches for Self-Change (SC), as distinguished from SH, that are initiated, administered, guided, maintained, and monitored by professionals, various levels of semi-professionals, and volunteers for particular conditions, including Anxieties (Chapter 7), Depressions (Chapter 8), Eating Disorders (Chapter 9), Addictions (Chapter 10), Personality Disorders (Chapter 11), Severe Psychopathology (Chapter 12), and miscellaneous medical conditions (Chapter 13).

In Part IV, on the basis of all the evidence reviewed in all the previous chapters, (Chapter 14), we outline relational competence theory that we think may answer some questions about who does and who does not benefit by SH and by SC. We close with a paradigm for SH in MH interventions based on a stepped approach, self-help first, talk second, medication, and hospitalization third, from the least to the most expensive approach.

The primary and direct audience for this work is mental health professionals, including policy makers at the federal and state levels, as well as graduate students in most mental health disciplines and graduate training programs in health education, prevention, psychotherapy, clinical psychology, couples and family therapy, psychiatric nursing, psychotherapists, religious and school counseling, social work, and psychiatry.

Wheaton, IL, USA
Atlanta, GA, USA

T. Mark Harwood
Luciano L'Abate



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Harwood, T.M.; L'Abate, L.

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