

An Analysis of Mutual Assistance¹

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Mutual assistance organizations have grown rapidly in the last few years. The developing mutual assistance movement provides an unparalleled opportunity to enhance our understanding of the meaning and significance of social support and the conditions under which people change. Mutual assistance organizations provide their members with an ideology that serves as the basis for reestablishing a sense of community and for coping with recurrent problems of the group's core issue. The organizations are additions to resources in the community of a kind that makes for a more competent community and that fit with the values of empowerment. Those of us in community psychology have every reason to embrace this movement for it is truly in keeping with the vision of community psychology.

Mutual assistance organizations are proliferating (Tracy & Gussow, 1976; Maton, Leventhal, Madera, & Julien, 1987; Zimmerman, 1987). Millions of Americans are being served through groups designed to provide mutual assistance.² They are often called self-help groups, but I believe the term "mutual

¹I am indebted to Seymour B. Sarason for inspiration and encouragement. Every intellectual endeavor in which I have been engaged over the last 25 years owes something directly or indirectly to him. Many of the ideas expressed here are developed in Levine and Perkins (1987) and I must share credit for them with David Perkins who has been a colleague, a coauthor, and a friend. I also appreciate the criticism I received of an earlier draft from my wife Adeline G. Levine, and my colleagues, Paul A. Toro and William H. George.

²Definitions and terminology are important. I am persuaded by discussions with my colleague Paul Toro that "mutual assistance" may be a better term than self-help, and that the term "self-help" should probably be reserved for the books, articles, manuals, and videotapes teaching individuals how to cope. Support group should probably be reserved for these groups organized around discrete problems by professionals. A definition provided by Maton et al. (1987) is helpful "1) to be composed of people who share a common experience, situation, or problem; 2) "mutual help" is provided by and for members; 3) the locus of control for running the group is with the members, with any involvement by outside professionals being ancillary in nature; 4) the group is voluntary, non-profit, and does not charge fees for services; and 5) it is open to the general public and holds regularly scheduled and ongoing meetings" (p. 5).

assistance" is a better description for the class. This growth is worthy of our attention because it represents a community response to what David Perkins and I (Levine & Perkins, 1987) have called the "soap opera of life." By that term we mean that it is highly likely that we or someone close to us is struggling with one or more critical life events of the type that make up the staple fare of soap operas. Two types of data support that contention. Within any 6-month period, approximately 20% of the population is sufficiently distressed so that their conditions may be classified into a DSM-III category (Myers et al., 1984). Perkins and I demonstrated through examining census data and other readily available national statistics that at any moment a substantial proportion of the population, perhaps as many as half, is coping with or is affected by the types of events (e.g., hospitalization for illness, victim of a crime, divorce, debt, loss of a spouse, etc.) that appear on the typical stressful life events scale.

Even today with the growth in the number of service providers, the number of professional hours of care per year available per person in need is miniscule (Levine & Perkins, 1987), as Albee (1959) predicted it would be many years ago. Our inability, as a matter of public policy, to rely totally on professional service delivery to respond to the apparent need is aggravated by the geographic maldistribution of services (Knesper, Wheeler, & Pagnucco 1984) and by our need to continue to improve outreach to minority and underserved populations (Snowden, 1982).

Although the medical model (i.e., fee-for-services provided by a professional helper) has much to recommend it for some people and for some problems, not all who have mental health related problems can use or benefit from the services that are offered. The medical model is built on the assumption that illnesses can be treated by time-limited, episodic interventions that have a definitive effect. Our system of care does not provide very well for those with chronic or enduring problems. Moreover, the cost of professionally delivered services is high. Insurance companies, wary of the potential cost of mental health services and the interminability of some treatment relationships, have imposed use limits on both inpatient and outpatient care. In addition to financial limits and cultural barriers to using professional services, what is offered is not necessarily what many of those in need want or can use. However, the imbalance in numbers and in distribution of personnel is not the only background factor related to the growth of mutual assistance. We can also point to the desire to regain the sense of community (Sarason, 1974) to help account for why people are banding together around discrete problems to provide mutual assistance.

Rather than consider the general social context within which mutual assistance has been developing, I want to concentrate on the helping aspects of mutual assistance. This movement has much to tell us about how to deliver

services in a cost-effective manner. Beyond that practical consideration, the study of how these groups actually work will inform and illuminate our general understanding of how people change and our understanding of the concept of social support. We may be able to develop a stronger theory of social support by examining the operation of manifestations of that concept in mutual assistance groups.

LIFE EVENTS AS DEPARTURES FROM THE NORMATIVE IDEAL

In what follows, I describe commonalities in problems that lead people to mutual assistance groups, and then I show how such groups address those issues.

There are two general types of mutual assistance groups. Sagarin (1969) noted that in one type, the model is Alcoholics Anonymous (AA), the goal is to assist the deviant individual to cope with a specific problem, to deal with the emotions and to dilemmas generated by the particular problem in living. The goal of the second type is to change the public definition of the condition. These groups seek to change public attitudes toward their deviance. The most notable examples here are many of the organizations making up the women's movement of the 1960s and 1970s, civil rights organizations, and gay liberation groups.

The twofold classification is insufficient because many groups have mixed characteristics, but we can begin our analysis by examining some implications of being in a state of deviance.³ Prospective members of a mutual assistance organization struggle with a core problem in living or with life circumstances that represent departures from some normative ideal. An alcoholic spouse, a retarded child, or a struggle to live with herpes, or AIDS are not images included in our vision of the good life.

The core problem or the circumstance does not resolve itself quickly, no matter the remedies sought. As a result the individual must adapt over a considerable period of time. Because we have all internalized our culture and social life is well structured, people experience common problems, but they are isolated from each other through the process of self-ostracization.

That one's life situation departs from a normative ideal has related personal and social consequences. Many no longer find relief by explaining mis-

³A number of other proposed classifications are in the literature (Levy, 1976; Katz & Bender, 1976; Levine & Perkins, 1987). Killilea (1976) has provided a comprehensive listing of characteristics of mutual assistance organizations that might serve as the basis for a multidimensional classification system. Maton et al. (1987) showed the value of a classification system in their study of differential growth rates of types of self-help groups in New Jersey.

fortune as due to the will of a god whose ways are unclear to mortals but whose eventual purposes are beneficent. Given our culturally determined, activist problem-solving values, our faith that all problems have solutions (Sarason, 1978), and our desire to use resources for the pursuit of personal success, personal development, and personal pleasure, we fault ourselves for feeling the complex of anger, resentment, guilt, failure, depression, and helplessness that accompanies frustrations emerging from seemingly uncontrollable forces. When we fault ourselves, we engage in a process of self-ostracization in which we feel alone, as if our problems, feelings and experiences are unique. The person may even limit contact with others, further losing the psychological sense of community (Sarason, 1974).

Because the experiences depart from a normative ideal, we are unprepared for the unusual which is more usual than we think (loss due to death or divorce, chronic illness, atypical sexuality, addictions etc.). The problems are outside ordinary experience. The individual will not have had the opportunity to develop a philosophy or an ideology useful for interpreting his or her specific life circumstances. If anything, our commonly held values of success and individual responsibility and our inclination to apply the "just world" concept to ourselves as well as to others encourage the assignment of responsibility for "failure" to achieve the normative ideal to the self. Self-esteem is low when one fails to live up to an internalized ideal.

The ordinary agencies of socialization (family, school) will not have provided the basis for developing methods of coping constructively with the problems that ensue. The ordinary agencies of assistance are often insufficient, inadequate, or punitive. The individual will have had little opportunity to learn, directly or vicariously, useful strategies for coping with the host of issues that arise because of the core problem. Potential role models who coped successfully with deviance may even have been shunned. Which mother pointed with pride to the relative on her father's side who did well even though he was gay, or without pity to her cousin who had a retarded child? Thus the person is faced with dealing with a problem in living for which he or she has had little or no preparation, and which tends to be isolating socially and in a psychological sense.

THE DYNAMICS OF MUTUAL ASSISTANCE

Given the dynamics of living with events that depart from our normative ideals, how do mutual assistance groups help their members? Psychological research and thinking have expanded our understanding substantially in the past few years. The rich research from a unique and comprehensive project, just beginning to be reported by Rappaport et al. (1985), promises to expand our understanding greatly. The research we have is uniform in

pointing out that from the member's perspective the most important factor is the social support provided in the group (Knight, Wollert, Levy, Frame, & Padgett, 1980; Maton, 1988; Roberts, 1987). The members' views are consistent with observational research showing that mutual assistance groups have a more supportive climate than professionally led therapy group (Toro, Rapaport, & Seidman, 1987). A high frequency of supportive comments and a low frequency of negative comments and personal probing questions are correlated with participant's positive evaluations of mutual assistance meetings (Roberts, 1987).

The concept of support is not well analyzed in the body of research on mutual assistance groups nor is support alone sufficient to cover all that happens in a mutual assistance context that can promote change in feelings, attitudes and behavior. David Perkins and I have pointed to six features of mutual assistance that may help to articulate the overly general concept of support. "Self-help groups: (1) promote the psychological sense of community; (2) provide an ideology that serves as a philosophical antidote; (3) provide an opportunity for confession, catharsis, and mutual criticism; (4) provide role models; (5) teach effective coping strategies for day-to-day problems; and (6) provide a network of social relationships" (Levine & Perkins, 1987, p. 243). I discuss each of these features.

Promoting the Psychological Sense of Community

Bringing people together who share the same problem, feelings, and experiences overcomes the tendency to ostracize one's self. The negative value placed on the uniqueness of one's situation is reduced when the individual discovers that others have been there. Probably the most common reaction of relief that is reported in mutual assistance groups and probably in all group therapy is the sense that "I am not the only one. I am not crazy. I am not alone!" The uniquely personal, previously defined as deviant and isolating, becomes social. In effect, the member gains the sense of community and enters what the anthropologist Naroll (1983) has called a "moralnet." A moralnet is a system of face-to-face relationships in which participants share common values and acknowledge reciprocal obligations. As a person with AIDS who was participating in a Gay Men's Health Crisis center said: "I would rather feel there were people fighting along with me than be at home suffering alone" (*Wall Street Journal*, March 13, 1987, p. 12).

Under some conditions, the discovery that the problem is social and not personal can be a stimulus for members of the group to undertake social and political action to change social conditions that come to be defined as oppressive, or to encourage the larger society to devote resources to the group's central interest. The women's movement of the 1970s adopted

consciousness-raising groups as an organizing tool. When women discovered they had common experiences, feelings, and grievances, they were able to attribute their problem to the social order. They encouraged members of consciousness-raising groups who came to that conclusion to take personal, social, and political action to change what they learned to think of as a sexist society. (See Levine & Perkins, 1987, Chap. 9, for a fuller discussion of women's consciousness-raising groups.)

When it is clear that some form of legal or institutional discrimination, oppression, or powerfulness is related to the problem members experience, they may have no other recourse but to engage in collective action or succumb. The story of the Love Canal Homeowners Association (A. G. Levine, 1982) provides an excellent example of the effectiveness of collective action in achieving a resolution of a stressful life situation. In that instance, the homeowners defined the cause of their distress as the inability or unwillingness of government to provide the relief residents believed they needed and deserved.

Ideology

Once members no longer feel isolated, they can pay attention to the group's ideology. The ideology, which all groups have, often in the form of a body of "sacred writings," provides a viewpoint and often a program for overcoming the distressing aspects of living with the core problem and its sequela. Ideologies consist of socially shared values that contribute to a sense of personal identity by articulating what an individual is to believe. Ideologies reduce uncertainty, and when tied to the analysis of concrete experience, provide the basis for making choices on an everyday basis (Suler, 1984). Weiss (1987) presented an excellent example of the expression of an ideology in written form. He wrote a self-help pamphlet for Mothers Against Drunk Driving (MADD) to be given to parents who have recently had a child killed by a drunk driver.

Antze (1976) stated that social scientists have paid insufficient attention to the ideologies of mutual assistance groups. He argued that a group's teachings are its very essence. He noted that the ideologies of different groups are different (see McFadden, 1987); some may even appear contradictory. How can contradictory propositions both be correct? Alcoholics Anonymous (AA) urges the alcoholic to give one's self up to "a higher power," whereas Recovery, Inc. urges its members to realize that distressing symptoms are basically mental in nature; no matter how powerful the feelings and urges appear, the "Will" can always be used to overcome the symptom. Antze argued that a core problem for the alcoholic is what may be termed exaggerat-

ed authorship (the belief that the alcoholic has the power to control people and events including drinking). It is that illusory sense of control that is at the heart of the alcoholic's difficulties. The higher power concept opposes the core issue of exaggerated authorship. Members of Recovery, Inc., on the other hand, have suffered with ego-alien symptoms of anxiety, panic, and demoralization. The Recovery ideology of reliance on willpower opposes the tendency to give in to the ego-alien symptom. As Antze (1976) put it, "although the ideologies of AA and Recovery represent mirror images of one another, . . . their opposition is explained by an equally marked opposition in the phenomenology of problems they treat" (p. 337). We may profit from Antze's analysis even while we recognize that it is not always easy to identify a single core problem or to show a one-to-one correspondence between ideology and a core problem.

To use another example, Carden (1974) believed that women's consciousness-raising groups were effective because they were a response to a core issue that can be characterized as a transitional state of normlessness related to social change. Consciousness-raising groups helped women to interpret their situations and to develop norms for conduct in a changing world, even as they were contributing to social change.

The axioms of the ideologies of mutual assistance groups are supplemented by corollaries in the form of conceptual tags tied to concrete experience. Recovery has its own language and procedures for identifying and labeling symptoms and taking actions in relation to them. Members practice using the Recovery method by reporting how each one used the method in relation to a recent experience. The members employ Recovery terminology when analyzing the particular experience. Others learn vicariously by using Recovery language to add to the analysis of the experience one member had had. Al-Anon, a group for relatives of alcoholics, has developed some of its own slogans: "loving detachment," "live one day at a time," and "learn to let go." Members attach these labels to their experiences as they share them in Al-Anon meetings. Gillick (1977) found that women who went to Al-Anon expressed the benefits they attained in terms of Al-Anon sayings. GROW (an organization for former mental patients) members are encouraged to learn the GROW ideology (McFadden, 1987). Members seem to increase their use of the GROW language as they discuss experiences in the group meetings (Toro, 1987 personal communication). Some AA meetings are devoted to a discussion of the meaning of one or another of the Twelve Steps in members' lives.

These methods are reminiscent of the use of gospel passages as the basis for sermons about the significance of the passage for everyday life. Those knowledgeable about concept formation will also recognize that a condition for the formation of a concept—the use of a tag line tied to diverse

experiences—is present here. The concept becomes available in the everyday life of a member to guide actions and choices and to help to interpret events and feelings (A. G. Levine, 1982, Chap. 7; Levy, 1976).

Confession, Catharsis, and Criticism

Many groups provide the opportunity for confession, catharsis, and criticism. As members share their feelings a sense of solidarity evolves. Members reveal their failures and uncertainties, experiences that are associated with lowered self-esteem and guilt. Confession is cathartic especially when met with understanding and forgiveness. In women's consciousness-raising groups, the discovery that all had similar experiences and similar feelings was greeted with surprise and was relieving (Cassell, 1977). As the feeling of solidarity grows, members feel freer to confront each other (Levine & Bunker, 1975), though perhaps in a gentler fashion than in therapy groups (Toro, 1987; Toro, Rappaport, & Seidman, 1987). As members learn to implement the group's ideology and to live up to its tenets, the conditions for enhanced self-esteem are created. After all one feels good about one's self when one lives up to the expectations of the ego ideal. In a social organization in which members feel reciprocal obligations, failure is not disastrous. There is always hope that the sinner may return to the fold, and when that occurs, the returning sinner is greeted with great joy. (See also Marlatt & George's, 1984, concept of the lapse and its use in relapse prevention. They note that the dictionary defines relapse in part as "backsliding.")

Social Roles and Role Models

Mutual assistance groups provide valued social roles for members, and offer role models. Those who have overcome problems and who have mastered the group's ideology and language are available as role models for others. The conditions for developing hope are present (Roberts, 1987). "If that person who is no different than me can overcome this problem, then so can I." Motivation to master the ideology and the language is aroused, for progress is attributed to adherence to the group's program.

Because the roles of helper and recipient of help are thoroughly interchangeable, members shift from one role to another. Even the recounting of humiliating failures is valuable in the group context because the account of the experience is useful to others. Reissman (1965) described the helper therapy principle. Participation in the groups in the role of helper provides the basis for heightened mastery of the mutual assistance program. Equally

important, the individual is not in the nonreciprocating "one-down" position that typifies the professional helping relationship.⁴ Maton (1988) found that mutual assistance group members who both gave and received support had lower levels of depression, higher self-esteem, and reported greater benefits and greater satisfaction than those who were primarily receivers, or primarily providers of support. For some, participation becomes quite central in their lives. A few become leaders, either formally or in an informal sense, and build new social identities around that role.

The Transmission of Practical Coping

Although professional training has many merits, professionals do not know what it means to live with a problem on a day-to-day basis. Therapeutic philosophies urge us not to make our clients dependent. In many schools of therapy, it is considered an error to respond to the plea, "Tell me what to do." In part professional reluctance to give concrete advice stems from theory and from a concern the client will misuse the advice. However, professional reluctance may also reflect ignorance of successful coping methods, or even a bias against coping methods that are not in keeping with some therapeutic ideal. Until recently, we did not think about coping. We still do not have a commonly accepted technical language to describe coping. All of us can readily name five defense mechanisms. How many commonly recognized terms do we have for coping devices?

Those living with problems develop gut-level, tried and true methods for handling recurring problems. To the degree that all wisdom is seen to reside in the professional method, theory, and experience, there is a loss of the wisdom that comes from the trial and error of day-to-day coping. Mutual assistance groups address that deficiency by providing forums for the oral transmission of learning that would otherwise be lost or unavailable. The manual written by Weiss (1987) for MADD is an example of a written means for preserving the feelings and experiences of those who have lost a child, and for presenting effective means for coping.

Levy (1976) showed that members of mutual assistance groups transmitted concrete behavioral suggestions for dealing with recurrent problems.

⁴The anarchist theorist, Kropotkin (1972), extended his argument that a centralized state interferes with spontaneously developing mutual assistance to the church. His sentiments may apply to the professional relationship as well: "Moreover, while early Christianity, like all other religions, was an appeal to the broadly human feelings of mutual aid and sympathy, the Christian church has aided the State in wrecking all standing institutions of mutual aid and support which were anterior to it; and instead of the *mutual aid* which every savage considers as due to his kinsman, it has preached *charity*, which bears a character of inspiration from above, and accordingly implies a certain superiority of the giver upon the receiver" (p. 238).

What should the spouse of an alcoholic do when her husband wants her to lie to his boss about the reason for his absence from work? What should the parent of a teen-ager do when he discovers his son is seriously involved with drugs? What should the parent of a diabetic child do when her son is invited to a birthday party where cake and ice cream will be served? Members who have experienced the problem can recount their experiences, can suggest different ways of handling the problem, and can show how to use the group's teachings to develop appropriate action. The authenticity of the suggestion is probably augmented because it comes from one who experienced the problem. An AA member told how he handled the problem of a host insisting that he take a drink by revealing that he was an AA member. He reported that that simple statement invariably had the result of turning the aggressive host into an apologetic admirer. Rychtarik (1986) has shown that Al-Anon members did considerably better than nonmember spouses of alcoholics on a behavioral assessment test of skills in coping with common crisis situations related to alcoholism.

A Network of Social Relationships

Members provide each other with a network of social relationships (Knight et al., 1980; Lieberman & Videka-Sherman, 1985; Maton, 1988; Rapaport et al., 1985). Cassell (1977) noted that women in consciousness-raising groups frequently had dinner together before a meeting and socialized in other ways. Members celebrate birthdays or holidays together and enjoy each other's success. The network of social relationships extends to providing concrete instrumental aid as well as emotional support. For example, one member of Cassell's group moved in with another when she decided to seek a divorce. Another provided baby-sitting services for a member during a crisis. Others kept a member company during the early days of a period of bereavement. Members of REACH, a mutual assistance organization for family members of psychiatric patients, sometimes provided respite care for the mentally ill person in another family to enable the family member with caretaking responsibilities to go on vacation. Concrete, instrumental aid is provided in a context of reciprocal obligation. It is therefore less demeaning to accept than when it is provided in trickle-down fashion, as in charity or welfare (Kropotkin, 1972).

MUTUAL ASSISTANCE AND ECOLOGICAL PRINCIPLES

Let me turn now to another level of analysis, applying ecological principles. Mutual assistance requires very little by way of resources for growth.

Meeting places are readily available. Newspapers list meeting times without cost. Many consciousness-raising groups on campuses were formed on the basis of bulletin board notices. Most cost participants little more than coffee money, or the price of publications. A few such as Parents without Partners have annual fees that can be waived for indigent members. In other words, the requirements for growth of resources such as money, space, and advertising for recruitment is minimal.

Mutual assistance groups provide behavior settings (Barker, 1968) that are high in support and high in the fostering of self-development, to use Moos' (1976) concept. The settings help to structure a member's time. In a large metropolitan area, an organization such as AA has meetings every day and at many different times of the day or night. It is not uncommon for a new member who is trying to stop drinking to go to meetings every day. Not every organization has as many meetings. However, many organizations provide members with the names and telephone numbers of sponsors or experienced members who are available for consultation at almost any time.

Those groups with many settings provide the opportunity for an enhanced person-environment fit. Members can "shop around" until they find a congenial group. The GROW organization, for example, is far from homogeneous in the characteristics of its membership and its groups. The membership includes individuals who are quite independent, those who are quite marginal, and everything in between (Salem, 1987). Several clusters of social network types have been identified among its members (Stein, 1987). Luke (1987) found four clusters of meeting types within the GROW organization. These differ by the degree to which they emphasize impersonal questions and information-giving, self-disclosing behavior, direct guidance, and agreement with each other's comments as a form of support.

Not everyone who attends a GROW meeting returns for another. Toro (1987) carefully monitored attendance in 15 GROW groups over a 2-year period: 26% came to one meeting only, and another 22% stayed for two or three meetings. Toro's figures do not differ greatly from those reported by Taube, Burns, and Kessler (1984) who found that 44% of patients seen in private psychotherapy by psychologists and psychiatrists stayed in treatment three or fewer visits. (See also Tuckman & Lavell, 1959.)

An homogenization process undoubtedly goes on. The characteristics of the behavior setting are such that some new members are admitted and others are effectively filtered out. There are apparently very few interracial Al-Anon groups (Gillick, 1977). The observation is probably true for most such organizations. There is no reason to expect more racial integration in this sphere of life than in any other. Cassell (1977) and Carden (1974) reported that consciousness-raising groups differed substantially in terms of members' ages, education, and even in their manner of dress. Cassell (1977) reported that she felt great discomfort when the composition of a consciousness-raising

group she attended changed to include to include more younger, bisexual, and lesbian women. Pattison, Courlas, Patti, Mann, and Mullen (1965) found that only 5% of Appalachian women referred to an Al-Anon chapter composed of middle-class women continued with the Al-Anon program. We do not understand the limits of this homogenization process. Under some conditions, groups may tolerate greater social heterogeneity among its members. The process is worth studying for its own sake. It may also help us to understand why some therapist and patient pairs get along better than others.

The Underlying Models

Some members may continue to participate in mutual assistance groups for months, years, and even a lifetime. Some argue that participation in AA for such a long period is bad because it represents a loss of independence. Some argue that AA may become another addiction. The very formulation of the argument reflects the assumptions of the medical model applied to mutual assistance. Within the medical model, we believe we should cure the sick person and discharge the healthy person. We should limit the cost of care and return value for the dollar expended.⁵ Mutual assistance organizations are like churches or fraternal groups. We make "visits" to a treatment setting, but we "belong" to a mutual assistance group. The image of a patient staying in therapy for a lifetime is disturbing, but we look with admiration on the person who was a member of a church for an entire lifetime. Mutual assistance groups involve little social or financial cost, and they are not a burden on the health insurance system. We must look at these organizations for what they are.

A Theory of Support

My analysis points to a theory of support and personal change. I believe the following are testable propositions. Changes in feelings, attitudes, and behavior will occur when the individual internalizes and uses a socially shared ideology that offers a useful interpretation of the person's situation. Conditions that enhance identification with others who espouse the ideology will enhance internalization of the ideology. When one internalizes an ideology and lives up to its tenets, self-esteem is enhanced.

⁵We do not have good data of a kind that we would like to have to measure outcomes. Some of the research shows there is not much difference in outcomes between mutual assistance groups and professional help (Videka-Sherman & Lieberman, 1985). If that is so, then mutual assistance wins the contest on the basis of cost effectiveness.

Greater master of and facility with a mutual assistance group's ideology and language will be correlated with greater personal change and improved adaptation. Those who are accepted as role models will have greater facility with the ideology than those who are not pointed out by others as examples of the success of the program.

The ideology, learned in a social context, has the property of reducing isolation. In fact, the shared ideology and language are signs of mutual identification and the possession of a common culture. The adoption of the ideology in a context of mutual obligation may be a precondition for giving and receiving effective emotional and instrumental support. Help offered by one member to another may be more potent in reducing distress than help offered by a nonmember.

Through the process of concept formation, the individual gains a basis for categorizing a new experience and then for using the actions the ideology correlates with the category to which the new experience has been assigned. Conditions that permit the individual to articulate ideology by assigning ideologically derived labels to many concrete experiences will enhance the power of the concepts making up the ideology to direct everyday choices. Mutual assistance in face-to-face groups may be more effective than help coming from a self-help manual because of the greater opportunity to apply the terms of the ideology to examples of behavior provided by other members. The person reading a self-help book is restricted to observing and analyzing his or her own behavior. Marlatt and George (1984) attempt to modify life-styles as well as specific behavior patterns as part of their relapse prevention program. They argue that life style changes are necessary to reduce the desire for immediate gratification or indulgence. Increasing use of the ideology in more and more sectors of life experience will be correlated with better adaptation.

These theoretical propositions will not be easy to test because we do not have good measurement for each of the terms. I suggest the theory be tested by examining its propositions within groups, rather than through the development of instruments suitable for all groups. A general statement of ideology will not do. One will have to develop statements of ideology appropriate to the particular mutual assistance group. Weiss' (1987) manual written for MADD is a good example of the development of a statement of ideology specific to a group and a problem. It is also a good example of how one may use professional skills and training in relation to a mutual assistance group.

MUTUAL ASSISTANCE AND THE PROFESSIONAL COMMUNITY

The growth of mutual assistance organizations does not imply the end of professional care. In fact, many mutual assistance organizations seem to

thrive best with a professional hand in the background. Maton et al. (1987) reported that the birth and survival rates, and thus the growth rate, was highest for professionally affiliated mutual assistance groups. The GROW organization, which proliferated rapidly in Illinois, used professionals as group sponsors and as leaders until indigenous leadership developed. Seventy percent of the paid, full-time field workers were brought in from outside the GROW membership in Illinois. Some trained leaders may be necessary to keep a group on target (Burton, 1987). It is also possible that the programs of some mutual assistance groups may benefit from the systematic analysis of relapse prevention provided by Marlatt and George (1984). A professional consultant may bring such material to the attention of mutual assistance group leaders.

Many mutual assistance groups also undertake advocacy. In this day and age, one cannot simply advocate by saying "I want x because I want it." One must have reasons, and as often as not the reasons are grounded in research. Professionals who become involved with mutual assistance groups will be faced with developing or producing research in relation to some advocacy task. The advocacy situation may pose a value conflict for the research worker. Can one be true to scientific values, and also to advocacy? Will the role as advocate compromise the role of scientist? Will the role of scientist compromise that of advocate? What if the professional is asked to serve in a professional capacity with a group whose aims may make the professional personally uncomfortable? How is that dilemma to be solved? We have faced these dilemmas in relation to consulting roles, but we are likely to face them again in this new arena of activity.

Mutual assistance groups may not be for everyone. Not everyone feels easy revealing one's self in a group. Some may feel so strongly about getting the "best that money can buy" that they may devalue what can be obtained from ordinary people. We have been culturally conditioned to seek professional assistance, and those expectations will not diminish quickly. There is still a large market for professional help. Also, we should not dismiss the possibility that different forms of help lead to qualitatively different outcomes. Helping styles of professionals and nonprofessionals are different in some ways (Toro, 1986). Some people may get a different experience in therapy than in a mutual assistance group (Videka-Sherman & Lieberman, 1985).

Mutual assistance may work better for some types of problems than for others. One of the most effective of the new national organizations, if one can judge not only by its growth but also by its political clout in affecting mental health policy, is the Alliance for the Mentally Ill, a group made up not of the mentally ill, but of their relatives. A group including those with fewer personal resources for coping may be less effective than one made up of persons with greater psychological intactness. The gay community in New York and in San Francisco, composed of many highly competent in-

dividuals, evidently organized very rapidly in response to the serious threat posed by AIDS (*Wall Street Journal*, March 13, 1987, pp. 1, 12). Problems that affect people with lesser degrees of social competence may not give way to a mutual assistance solution, although we should not accept that proposition until it too is thoroughly tested.

CONCLUSION

Why should community psychology be interested in mutual assistance? Mutual assistance organizations represent not an alternative to professional care but an addition to resources in the community of a kind that makes for a more competent community (Iscoe, 1974). Mutual assistance also reflects the values of empowerment that many community psychologists accept as primary (Rappaport, 1981). For those persons who suffer with conditions that may be attributed to oppressive social environments, there is no alternative to collective political and social action to produce change. The developing mutual assistance movement provides an unparalleled opportunity to enhance our understanding of the meaning and significance of social support and the conditions under which people change. Those of us in the field have every reason to embrace this movement for it is truly in keeping with the vision of community psychology.

REFERENCES

- Albee, G. W. (1959). *Mental health manpower trends*. New York: Basic Books.
- Antze, P. (1976). The role of ideologies in peer psychotherapy organizations: Some theoretical considerations and the three case studies. *Journal of Applied Behavioral Science*, 12, 323-346.
- Barker, R. G. (1968). *Ecological psychology: Concepts and methods for studying the environment of human behavior*. Stanford, CA: Stanford University Press.
- Burton, G. (1987, May 31). The family secret. *Buffalo Magazine: Magazine of the Buffalo News*, pp. 7-16.
- Carden, M. L. (1974). *The new feminist movement*. New York: Russell Sage Foundation.
- Cassell, J. (1977). *A group called women: Sisterhood and symbolism in the feminist movement*. New York: David McKay.
- Gillick, J. (1977). *Al-Anon: A self help group of co-alcoholics*. Unpublished doctoral dissertation, SUNY at Buffalo.
- Iscoe, I. (1974). Community psychology and the competent community. *American Psychologist*, 29, 607-613.
- Katz, A. H., & Bender, E. I. (Eds.). (1976). *The strength in us: Self-help groups in the modern world*. New York: New Viewpoints.
- Killilea, M. (1976). Mutual help organizations: Interpretations in the literature. In G. Caplan, & M. Killilea (Eds.), *Support systems and mutual help. Multidisciplinary explorations*. New York: Grune & Stratton.
- Knesper, D. J., Wheeler, J. R. C., & Pagnucco, D. J. (1984). Mental health service providers' distribution across countries in the United States. *American Psychologist*, 39, 1424-1434.

- Knight, B., Wollert, R. W., Levy, L. H., Frame, C. L., & Padgett, V. P. (1980). Self-help groups: The members' perspectives. *American Journal of Community Psychology*, 8, 53-65.
- Kropotkin, P. (1972). *Mutual aid. A factor of evolution*. New York: New York University Press. (Original work published 1902.)
- Levine, A. G. (1982). *Love Canal: Science, politics and people*. Lexington, MA: Lexington Books.
- Levine, M., & Bunker, B. B. (Eds.). (1975). *Mutual criticism*. Syracuse, NY: Syracuse University Press.
- Levine, M., & Perkins, D. V. (1987). *Principles of community psychology. Perspectives and applications*. New York: Oxford University Press.
- Levy, L. H. (1976). Self-help groups: Types and psychological processes. *Journal of Applied Behavioral Science*, 12, 310-322.
- Lieberman, M. A., & Videka-Sherman, L. (1985). The impact of self help groups on the mental health of widows and widowers. *Archives of General Psychiatry*, 42, 658-683.
- Luke, D. A. (1987, May). *The impact of organizational culture on group behavior*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.
- Marlatt, G. A., & George, W. H. (1984). Relapse prevention: Introduction and overview of the model. *British Journal of Addiction*, 79, 261-273.
- Maton, K. I. (1988). Social support, organizational characteristics, psychological well-being and group appraisal in three self-help populations. *American Journal of Community Psychology*, 16(1).
- Maton, K. I., Leventhal, G. S., Madera, E. J., & Julien, M. (1987, April). The population ecology of self-help groups. The influence of focal problems, national affiliation, and professional involvement. Paper presented at the Annual Meeting of the Eastern Psychological Association, Arlington, VA.
- McFadden, L. (1987, May). *Esposued theories and the ideology of mutual-help*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.
- Moos, R. H. (1976). *The human context: Environmental determinants of behavior*. New York: Wiley.
- Myers, J. K., Weissman, M. M., Tischler, G. L., Holzer, C. E. III, Leaf, P. J., Orvaschel, H., Anthony, J. C., Boyd, J. H., Burke, J. D. Jr., Kramer, M., & Stoltzman, R. (1984). Six-month prevalence of psychiatric disorders in three communities: 1980-1982. *Archives of General Psychiatry*, 41, 959-967.
- Naroll, R. (1983). *The moral order. An introduction to the human situation*. Beverly Hills: Sage.
- Pattison, E., Courlas, P., Patti, R., Mann, E., & Mullen, D. (1965). Diagnostic therapeutic intake group for wives of alcoholics. *Quarterly Journal Studies on Alcohol*, 26, 606-616.
- Rappaport, J. (1981). In praise of paradox. A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 233-246.
- Rappaport, J., Seidman, E., Toro, P. A., McFadden, L. S., Reischl, T. M. Roberts, L. J., Salem, D. A., Stein, C. H., & Zimmerman, M. A. (1985). Collaborative research with a mutual help organization. *Social Policy*, 15, 12-24.
- Reissman, F. (1965). The "helper-therapy" principle. *Social Work*, 10, 27-32.
- Roberts, L. J. (1987, May). *The appeal of mutual help: The participants' perspective*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.
- Rychtarik, R. G. (1986, August). Behavioral assessment of coping skills in spouses of alcoholics. In W. M. Cox (Chair). *Nontraditional Approaches to Treating Alcohol-Dependent Veterans*. Symposium conducted at the 94th Annual Meeting of the American Psychological Association, Washington, DC.
- Sagarin, E. (1969). *Odd man in: Societies of deviants in America*. Chicago: Quadrangle Books.
- Salem, D. (1987, May). *The culture of mutual help: Characteristics of the GROW membership*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.
- Sarason, S. B. (1974). *The psychological sense of community: Prospects for a community psychology*. San Francisco: Jossey-Bass.

- Sarason, S. B. (1978). The nature of problem solving in social action. *American Psychologist*, 33, 370-380.
- Snowden, L. R. (Ed.). (1982). *Reaching the underserved. Mental health needs of neglected populations*. Beverly Hills: Sage.
- Stein, C. H. (1987, May). *Social networks, social support and psychological adjustment among participants in a mutual help organization for the mentally ill*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.
- Suler, J. (1984). The role of ideology in self-help groups. *Social Policy*, 14, 29-36.
- Taube, C. A., Burns, B. J., & Kessler, L. (1984). Patients of psychiatrists and psychologists in office-based practice: 1980. *American Psychologist*, 39, 1435-1447.
- Toro, P. A. (1986). A comparison of natural and professional help. *American Journal of Community Psychology*, 14, 147-160.
- Toro, P. A. (1987, May). *Behavioral changes among members of a mutual help organization*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.
- Toro, P. A., Rappaport, J., & Seidman, E. (1987). Social climate comparisons of mutual help and psychotherapy groups. *Journal of Consulting and Clinical Psychology*, 55, 430-431.
- Tracy, G. S., & Gussow, Z. (1976). Self-help groups: A grass-roots response to a need for services. *Journal of Applied Behavioral Sciences*, 12, 29-36.
- Tuckman, J., & Lavell, M. (1959). Attrition in psychiatric clinics for children. *Public Health Reports, Public Health Service*, 74, 309-315.
- Videka-Sherman, L., & Lieberman, M. (1985). The effects of self help and psychotherapy on child loss: The limits of recovery. *American Journal of Orthopsychiatry*, 55, 70-82.
- Weiss, R. S. (1987). Principles underlying a manual for parents whose children were killed by a drunk driver. *American Journal of Orthopsychiatry*, 57, 431-440.
- Zimmerman, M. A. (1987, May). *Expansion strategies of a mutual help organization*. Paper presented at the First Biennial Conference on Community Research and Action, Columbia, SC.

PUBLICATIONS OF MURRAY LEVINE

- Levine, M., & Galanter, E. H. (1953). A note on the "tree and trauma" interpretation in the HTP. *Journal of Consulting Psychology*, 17, 74-75.
- Meltzoff, J., & Levine, M. (1954). The relationship between motor and cognitive inhibition. *Journal of Consulting Psychology*, 19, 355-358.
- Levine, M., & Meltzoff, J. (1956). Cognitive inhibition and Rorschach human movement responses. *Journal of Consulting Psychology*, 20, 119-122.
- Levine, M., Glass, H., & Meltzoff, J. (1957). The inhibition process, Rorschach human movement responses and intelligence. *Journal of Personality*, 25, 767-778.
- Spivack, G., Levine, M., & Sprigle, H. (1958). Barron M threshold values in emotionally disturbed adolescents. *Journal of Projective Techniques*, 22, 446-449.
- Levine, M. (1959). "Not Alike" response in Wechsler's Similarities subtest. *Journal of Consulting Psychology*, 22, 480.
- Levine, M., & Spivack, G. (1959). Incentive, time conception and self-control in a group of emotionally disturbed adolescents. *Journal of Clinical Psychology*, 15, 110-113.
- Spivack, G., & Levine, M. (1959). Spiral after effect and measures of satiation in brain injured and normals. *Journal Personality*, 27, 211-227.
- Spivack, G., Levine, M., & Sprigle, H. (1959). Intelligence test performance and the delay function of the ego. *Journal of Consulting Psychology*, 23, 429-431.
- Levine, M., Spivack, G., & Wight, B. (1959). The inhibition process, Rorschach human movement responses, and intelligence: Some further data. *Journal of Consulting Psychology*, 23, 306-312.
- Levine, M., Spivack, G., Fuschillo, J., & Tavernier, A. (1959). Intelligence and measures of inhibition and time sense. *Journal of Clinical Psychology*, 15, 224-226.

- Chorost, S., Levine, M., & Spivack, G. (1959). Bender Gestalt rotation and EEG abnormalities in children. *Journal of Consulting Psychology*, 23, 559.
- Herskovitz, H. H., Levine, M., & Spivack, G. (1959). Anti-social behavior of adolescents from higher socio-economic groups. *Journal of Nervous and Mental Disease*, 129, 467-476.
- Thompson, D., Spivack, G., & Levine, M. (1960). The experience of time as a determinant of self-control. *American Medical Association Archives of Psychiatry*, 3, 563-566.
- Gelfand, D., Lewis, D., Monheit, R., Levine, M., Shapiro, S., Thomson, H., & Hagan, J. (1969). Factors relating to unsuccessful vocational adjustment of cardiac patients. *Journal of Occupational Medicine*, 2, 62-70.
- Levine, M. (1960). Book review. The Behn-Rorschach Test. *Journal of Projective Techniques*, 24, 447-448.
- Spivack, G., & Levine, M. (1961). Note on the relationship between figural after effects and intelligence in diffusely brain-damaged individuals. *Perceptual and Motor Skills*, 13, 342.
- Levine, M. (1961). Book review. Beck, S. J., Beck, Anne, G., Levitt, E. E., & Molish, H. B. Rorschach's test. I. Basic Processes (3rd ed., rev.). *Journal of Projective Techniques*, 25.
- Levine, M., & Spivack, G. (1962). Rate of reversal of the Necker cube in diffuse brain injury. *Journal of Clinical Psychology*, 18, 122-124.
- Levine, M., & Spivack, G. (1962). Adaptation to repeated exposure to the spiral visual after effect in brain-damaged, emotionally disturbed and normal individuals. *Perceptual and Motor Skills*, 14, 425-426.
- Levine, M., & Spivack, G. (1962). Human movement responses and verbal expression in the Rorschach test. *Journal of Projective Techniques*, 26, 299-304.
- Levine, M., Spivack, G., & Fernald, D. (1962). Perceptual discrimination in diffuse brain damage. *American Journal of Mental Deficiency*, 67, 287-300.
- Spivack, G., & Levine, M. (1962). A note on the generality of discrimination deficiency in life-long brain damage. *American Journal of Mental Deficiency*, 67, 473-474.
- Goldman, A. E., & Levine, M. (1963). A developmental study of object sorting. *Child Development*, 34, 649-666.
- Levine, M., & Spivack, G. (1963). The Rorschach Index of Ideational Repression: Application to quantitative sequence analysis. *Journal of Projective Techniques*, 27, 73-78.
- Levine, M., & Spivack, G. (1964). *The Rorschach index of repressive style*. Springfield, IL: Charles C Thomas.
- Spivack, G., & Levine, M. (1964). The Devereux Child Behavior Rating Scale. A factor analysis. *American Journal of Mental Deficiency*, 64, 700-717.
- Spivack, G., & Levine, M. (1964). The consistency of individual differences in time judgments. *Perceptual and Motor Skills*, 19, 83-92.
- Jenkin, N., Levine, M., & Spivack, G. (1964). Wechsler profiles and academic achievement in emotionally disturbed boys. *Journal of Consulting Psychology*, 28, 290.
- Levine, M., Dunn, F., & Dolan, K. (1965). The use of student teachers in a preventative tutoring program. *Teacher Education Quarterly*, 23, 13-18.
- Levine, M. (1965). A suggestion for gaining rapport with children who appear resistant to testing. *Journal of Projective Techniques & Personality Assessment*, 29, 525-528.
- Sarason, S. B., Levine, M., Goldenberg, I. I., Cherlin, D. L., & Bennett, E. M. (1966). *Psychology in community settings: Clinical educational, vocational, social aspects*. New York: Wiley.
- Levine, M. (1966). Psychological testing of children. In M. Hoffman & L. Hoffman (Eds.), *Review of child development research*. New York: Russell Sage Foundation.
- Levine, M., Wesolowski, J. C., & Corbett, F. H. (1966). Pupil turnover and academic performance in an inner city elementary school. *Psychology in the Schools*, 3, 153-158.
- Levine, M., (1966). Book review of M. B. Kantor (Ed.), *Mobility and mental health* (Charles C Thomas). *American Journal of Orthopsychiatry*, 36, 748-749.
- Levine, M., & Olson, P. R. (1968). The intelligence of parents of autistic children. *Journal of Abnormal Psychology*, 3, 215-217.
- Goldenberg, I. I., & Levine, M. (1969). The development and evolution of the Yale psychoeducational clinic. *International Review of Applied Psychology*, 18, 101-110.

- Levine, M. (1969). Some postulates of community psychology practice. In F. Kaplan & S. B. Sarason (Eds.), *The psychoeducational clinic papers and research studies*. Springfield, MA: Department of Mental health.
- Levine, M., & Levine, A. (1970). (Ed. and Introduction). R. S. Bourne, *The Gary schools*, with an Epilogue by A. Flexner & F. P. Buchman, Cambridge, MA: MIT Press.
- Levine, M., & Levine, A. (1970). The more things change. A case history of child guidance clinics. *Journal of Social Issues*, 26, 19-34.
- Levine, M., & Levine, A. (1970). *A social history of helping services: Clinic, court, school and community*. New York: Appleton-Century-Crofts.
- Levine, M., & Levine, A. (1970). Gary plan transplant. *California Elementary Administrator*, 33, 16-24.
- Levine, M. (1970). Some postulates of practice in community psychology and their implications for training. In I. Iscoe & C. D. Spielberger (Eds.), *Community psychology, perspectives in training and research*. New York: Appleton-Century-Crofts.
- Levine, M., & Sarason, S. B. (1970). Graduate education and the Yale Psycho-Educational Clinic. In I. Iscoe & C. D. Spielberger (Eds.), *Community psychology, perspectives in training and research*. New York: Appleton-Century-Crofts.
- Levine, M., Dunn, F., Brochinsky, S., Bradley, & Donlan, D. (1970). Student teachers as tutors for children in inner city schools. *Child Psychiatry and Human Development*, 1, 50-56.
- Levine, M., & Levine, A. (1971). A historical study of the settlement house movement: A model for community psychology programs. In M. Feldman (Ed.), *Studies in Psychotherapy and Behavioral change. No. 2. Theory and research in Community Mental Health*. Buffalo: State University of New York at Buffalo.
- Levine, M., & Feeney, G. (1971). The effect of practice teaching in inner city schools on attitudes toward teaching in inner city schools. *Notre Dame Journal of Education*, 2, 245-255.
- Levine, M. (1971). Review of D. Adelson & B. L. Klein (Eds.), *Community psychology and mental health: Perspectives and challenges* (Chandler, 1970) and M. F. Shore & F. V. Mannino (Eds.), *Mental health and the community: Problems, programs, and strategies* (Behavioral Publications, 1969). *Community Mental Health Journal*, 7, 79-82.
- Levine, M., & Levine, D. I. (1971). On white liberals and black power in Negro education. *American Historical Review*, 76, 581-582.
- Levine, M., & Levine, A. (1971). Social change and psychopathology: Some derivations from "Civilization and its Discontents." In D. N. Milman & G. D. Goldman (Eds.), *Psychoanalytic contributions to community psychology*. Springfield, IL: Charles C Thomas.
- Levine, M. (1971). Take a giant step? Review of H. D. Werner (Ed.), *New understandings of human behavior* (Association Press, 1970). *Contemporary Psychology*, 16, 736-737.
- Levine, M., & Kay, P. (1971). The Salvation Army's anti-suicide bureau, London, 1905. *Bulletin of Suicidology*, 8, (Fall), 56-63.
- Levine, M. (1972). The practice of mental health consultation. Some definitions from social theory. In J. Zusman & D. L. Davidson (Eds.), *Practical aspects of mental health consultation*. Springfield, IL: Charles C Thomas.
- Levine, M., & Graziano, A. M. (1972). Interventions programs in elementary schools. In S. Goldman & C. Eisdorfer (Eds.), *Handbook of community mental health*. New York: Appleton-Century-Crofts.
- Fink, R., & Levine, M. (1973). The problem is always more complex than it appears (Book review essay). *Community Mental Health Journal*, 9, 287-291.
- Levine, M. (1973). Scientific method and the adversary model: Some preliminary suggestions. *Evaluation Comment*, 4(2) 1-8.
- Beach, D. R., Levine, M., & Goldberg, S. (1973). Teacher discussion groups: A community mental health approach. *International Journal of Social Psychiatry*, 19, 102-109.
- Levine, M., Tulkin, S., & Domenico, M. (1973). The search for Boulder: Three perspectives on graduate education in psychology. In I. I. Goldenberg (Ed.), *Clinical psychologists in the world of work*. New York: D. C. Heath.
- Zusman, J., & Levine, M. (Eds.). (1973). Program evaluation: An introduction. (special issue). *International Journal of Mental Health*, 2, 2-5.

- Levine, M. (1973). The randomized design provides circumstantial evidence. *International Journal of Mental Health*, 2, 51-58.
- Levine, M., (1973). Problems of entry in light of some postulates of practice in community psychology. In I. I. Goldenberg (Ed.), *Clinical psychologists in the world of work*. New York: D. C. Heath.
- Levine, M., Joss, R., Gelsomino, J., & Ayer, W. (1973). The consumer's perspective of rehabilitation services in a county penitentiary. *International Journal of Mental Health*, 2, 94-110.
- Levine, M. (1974). Scientific method and the adversary model: Some preliminary thoughts. *American Psychologist*, 29, 661-677.
- Levine, M., & Brocking, M. (1974). Mental health consultation with senior nursing students. *American Journal of Community Psychology*, 2, 229-242.
- Katkin, E., Bullington, B., & Levine, M. (1974). Above and beyond the best interests of the child. An inquiry into the relationship between social science and social action. *Law and Society Review*, 8, 669-687.
- Corbett, F., & Levine, M. (1974). University involvement in the community. In H. E. Mitchell (Ed.), *The University and the urban crisis*. New York: Behavioral Publications.
- Levine, M., & Bunker, B. B. (Eds.). (1975). *Mutual criticism*. Syracuse, NY: Syracuse University Press.
- Levine, A., & Levine, M. (1975). Evaluation research in mental health: Lessons from history. In J. Zusman & C. T. Wurster (Eds.), *Program evaluation: Alcohol, drug abuse and mental health services*. Lexington, MA: D. C. Heath.
- Levine, M. (1976). The academic achievement test: Its historical context and social functions. *American Psychologist*, 31, 228-238.
- Garvey, C., & Levine, M. (1976). Evaluation: On trial. *North Central Association Quarterly*, 50, 359-363.
- Levine, M., & Wishner, J. (1977). The case records of the Psychological Clinic of the University of Pennsylvania. 1896-1961. *Journal of the History of the Behavioral Sciences*, 13, 59-66.
- Levine, M. (1977). Sex differences in behavior ratings: Male and female teachers rate male and female pupils. *American Journal of Community Psychology*, 5, 347-353.
- Levine, A., & Levine, M. (1977). The social context of evaluative research: A case study. *Evaluation Quarterly*, 1, 515-542.
- Levine, M. (1977). President's column. *Division of Community Psychology Newsletter*, 11, 1-2.
- Levine, M. (1978). President's column. Should the Surgeon General require some government agencies to carry a label warning that dealing with them may be hazardous to your mental health? *Division of Community Psychology Newsletter*, 11, 1-3.
- Levine, M. (1978). President's column. Even when you win, you don't win. *Division of Community Psychology Newsletter*, 11, 1-3.
- Levine, M., Brown, E., Fitzgerald, G., Goplerud, E., Gordon, M. E., Jayne-Lazarus, C., Rosenberg, N., & Slater, J. (1978). Adapting the jury trial for program evaluation: A report of an experience. *Evaluation and Program Planning*, 1, 177-186.
- Levine, M. (1979). Some observations on the integration of children with special needs in the British primary school class. In S. J. Meisels (Ed.), *Open education and young children with special needs*. Baltimore, MD: University Park Press.
- Levine, M., Tulkin, S., Intagliata, J., Perry, J., & Whitson, E. (1979). The paraprofessional: A brief history. In S. Alley, J. Blanton, & R. E. Feldman (Eds.), *Paraprofessionals in mental health: Theory and practice*. New York: Human Sciences Press.
- Levine, M., & Rosenberg, N. S. (1979). A legal model of fact finding and decision making for program evaluation: Theoretical considerations. In H. C. Schulberg & F. Baker (Eds.), *Program evaluation in the health fields* (Vol. 2). New York: Behavioral Publications.
- Levine, M. (1979). Case management: Lessons from earlier efforts. *Evaluation and Program Planning*, 2, 235-243.
- Levine, M. (1979). Congress (and evaluators) ought to pay more attention to history. *American Journal of Community Psychology*, 7, 1-17.
- Levine, M. (1979). Review of G. Bermant, H. C. Kelman, & D. P. Warwick (Eds.), *The ethics of social intervention*. *Urban Education*, 14, 374-376.

- Levine, M., & Perkins, D. V. (1980). Social setting interventions and primary prevention: Comments on the Report of the Task Panel on Prevention to the President's Commission on Mental Health. *American Journal of Community Psychology*, 8, 147-157.
- Levine, A., & Levine, M. (1980). Editorial opinion. Science and politics: A dangerous mix. *Journal of Community Psychology*, 8, 189-190.
- Levine, M. (1980). A potential unanticipated consequence of legislation to protect human subjects. *American Psychologist*, 35, 583-584.
- Levine, M. (1980). Investigative reporting as a research method. An analysis of Bernstein and Woodward's, *All the President's men*. *American Psychologist*, 35, 626-638.
- Levine, M. (1980). Review of E. Roosens, *Mental patients in town life. Geel—Europe's first therapeutic community*. *Contemporary Psychology*, 25, 736-737.
- Levine, M. (1980). *From state hospital to psychiatric center: The implementation of planned organizational change*. Lexington, MA: D. C. Heath.
- Levine, M., Farrell, M., & Perrota, P. (1980). The impact of rules of jury deliberation on group development. In B. D. Sales (Ed.), *Perspectives in law and psychology. Vol. 2 The trial process*. New York: Plenum Press.
- Levine, M. (1981). *The history and politics of community mental health*. New York: Oxford University Press.
- Levine, M., Levine, D. I., & collaborators. (1981). Report of the President's Commission on Mental Health: The development of public policy. *Health Policy Quarterly*, 1, 179-182.
- Gibbs, L. M. (1982). (As told to Murray Levine) *Love Canal: My story*. Albany: SUNY Press.
- Levine, M. (1982). Adversary hearings. In N. L. Smith (Ed.), *Communication strategies in evaluation*. Beverly Hills, CA: Sage.
- Morrell, M. A., Levine, M., & Perkins, D. V. (1982). Study of behavioral factors associated with psychiatric rehospitalization. *Community Mental Health Journal*, 18, 190-199.
- Levine, M., Hummell, J. W., & Salzer, R. T. (1982). Mainstreaming requires something more: The person-environment fit. *Clinical Psychology Review*, 2, 1-25.
- Levine, M. (1982). Method or madness: On the alienation of the professional. *Journal of Community Psychology*, 10, 3-14.
- Levine, M. (1983). IRB review as a "cooling out" device. *Review of Human Subjects Research*, 5, 8-9.
- Levine, M. (1983). A comment on the debate on primary prevention. In H. A. Marlowe & R. B. Weiberg (Eds.), *Primary prevention: Fact or fallacy?* Tampa: Florida Mental Health Institute.
- Levine, M. (1984). The adversary process and social science in the courts: Barefoot v. Estelle. *Journal of Psychiatry and Law*, 12, 147-181.
- Levine, M., & Howe, B. (1985). The penetration of social science into legal culture. *Law & Policy*, 7, 173-198.
- Levine, M. (1985). Review of R. W. Rieber (Ed.), *Advances in Forensic Psychology and Psychiatry*. (Ablex, 1984). *Contemporary Psychology*, 30, 996-997.
- Levine, M. (1986). Review of R. E. Kogan & J. T. Salvendy (Eds.), *Outpatient psychiatry. Progress, treatment, prevention* (University of Alabama Press). *Contemporary Psychology*, 31, 157.
- Levine, M. (1986). Review of G. R. Leon, *Case histories of deviant behavior* (3rd ed). *Allyn & Bacon*. *Contemporary Psychology*, 31, 468.
- Levine, M. (1986). Review of I. Fast et al., *Event theory: A Piaget-Freud integration* (Erlbaum). *Contemporary Psychology*, 31, 817.
- Levine, M. (1986). The role of special master in institutional reform litigation: A case study. *Law & Policy*, 8, 275-321.
- Levine, M., & Perkins, D. V. (1987). *Principles of community psychology: Perspectives and applications*. New York: Oxford University Press.
- Levine, M., Ewing, C. P., & Hager, R. (1987). Juvenile and family mental health law in socio-historical context. *International Journal of Law and Psychology*, 10, No. 2.
- Duggan, III, L. M., Aubrey, M., Doherty, E., Isquith, P., Levine, M., & Scheiner, J. (in press). The credibility of children as witnesses in a simulated child sex abuse trial. In S. J. Ceci, D. F. Ross, & M. P. Toglia (Eds.), *Children take the stand: Adults' perceptions of children's testimony*. New York: Springer-Verlag.

- Levine, M., Levine, D. I., and Ewing, C. P. (1987). The use of law for prevention in the public interest. In L. Jason, R. Selner, R. Hess, & J. Moritsugu (Eds.), *Communities: Contributions from allied disciplines. Series in Prevention in Human Services*, 5, 239-276.
- Levine, M. (1987). Review of D. Finkelhor et al., *A sourcebook in child sexual abuse* (Sage, 1986). Understanding Child Sexual Abuse, *Contemporary Psychology*, 32(7), 654.