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LAY COUNSELING: THE BASIS OF PREVENTION IN MENTAL HEALTH

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ABSTRACT

The purpose of this paper is to increase the recognition of lay counseling as a basis of mental health prevention and to present a summary of the state of knowledge about it. Lay counseling is cast as one of several components of mental health prevention and treatment, a definition is offered which distinguishes it from paraprofessional and self-help services, knowledge about it both direct and tangential is summarized, and future research and policy implications are discussed.

"Figuratively, some people are Bosoms, some are Hands, some are Heads, some are Muscles, some are Feet, some are Backs for burdens. Hetty was a Shoulder. Hers was a sharp, sinewy shoulder; but all her life people had laid their heads upon it, metaphorically or actually, and had left there all or half their troubles."

From O. Henry, The Third Ingredient

O. Henry's Hetty is a symbol of a mental health resource which has strong implications for primary and secondary prevention of mental health problems, specifically, lay counseling. For the most part, the importance of lay counseling is only recognized in passing and it is a phenomenon about which relatively little is known. Caplan (1974: 8-16), Bergin (1971: 239-256) and others have acknowledged the existence of "natural support systems" and "lay therapists" and the obvious interaction effects between these resources and professionally delivered mental health services. Nonetheless, most literature in the area of community mental health is concentrated on the elaboration of roles for professionals or paraprofessionals in the treatment and prevention of mental health problems. The purpose of this paper is, hopefully, to increase the recognition of lay counseling as a mental health resource and to

present a summary of the state of knowledge about it. To accomplish this objective, the review and discussion will cast lay counseling as one of several components in mental health prevention and treatment, offer a definition of lay counseling and distinguish it from paraprofessional and self-help services, summarize what is known directly or tangentially about lay counseling, and, finally, suggest directions for future research and possible service delivery policy implications.

Prevention and Social Support Networks

The bulk of literature related to mental health problems and their amelioration is concerned with the description and etiology of the problems, and the presentation and evaluation of treatment modalities. Comparatively recent has been a growing emphasis on the prevention of mental health problems. Caplan and Grunebaum have noted that "in recent years psychiatrists have come to realize that psychological maldevelopment, maladaptation, and illness are so prevalent that treatment of established cases can never be expected to deal adequately with more than a fraction of the cases which occur. Therefore, one must consider how to reduce the incidence of mental illness, as well as to promote mental health (1972: 127)."

As intuitively pleasing and sensible as the concept of the prevention of mental health problems may be, it is not without problems. Various conceptions have been advanced on the meaning of prevention and the form of activities directed toward its advancement (Kessler and Albee, 1975; Caplan and Grunebaum, 1972; Kelly, 1968). Yet, there is considerable variation in these conceptions as pointed out by Cowen (1977) and the issue has been raised as to whether prevention is even a useful concept for the mental health field (Sanford, 1972). While it is not the mission of this paper to review the substance of these debates, it is important to note that almost without exception, when prevention is discussed, the emphasis is upon defining the roles of professional mental health workers and mental health service delivery systems. Where lay counselors are mentioned, again the emphasis is upon prescribing a role for the professional, namely, in training the lay counselors (Caplan and Grunebaum, 1972: 148-149).

The few acknowledgements of the existence of lay counseling as a mental health resource never include it as a major element in the conceptualization of the prevention of mental health problems. It is the contention of this author that lay counseling should be the major element in the conceptualization of prevention, but that at this point in time any prescription for tampering with this naturally occurring proc-

ess through training is premature. Obviously, once trained, lay counselors are no longer lay counselors. At this point in time, the policy approach should be to increase our knowledge about this phenomenon. Specifically, emphasis should be placed on learning how often it occurs; between which sets of participants; around what kinds of problems; via what techniques it is delivered and with what effects; the extent to which it is a prelude, accompaniment or follow-up to professional counseling; and so on. Possibly the very "naturalness" of the process is its key ingredient. On the basis of such knowledge, policy implications can be derived with more than the unwitting urge toward professionalization as a guide.

Toward A Working-Definition

To organize what is known about lay counseling and to form a basis for future research on the subject, there is need for at least a working-definition of the phenomenon to circumscribe it and to serve as an operationalization tool. In the broadest sense of the notion of the non-professional based promotion of mental health and restoration of mental health, there, obviously, is a range of social interactions which have these functions. On the one extreme might be the casual, momentary, cheerful greeting of "Good morning! Have a nice day!" between acquaintances; while on the other might be the relatively formalized request from a person to a friend for support and advice on a specific and serious problem over a sustained period of time. Beginning with the mid-point of this range and moving toward the latter extreme are a set of interactions which increasingly approximate actions Caplan (1974: 8-16) refers to as emanating from "spontaneous or natural support systems" and which includes what is defined here as lay counseling. As a working definition only, lay counseling is defined as the interaction between two or more individuals where at least one individual, without training for the role and without organizational auspices, attempts to help the other(s), predominantly through verbal means of an intuitive or unspecified origin, to understand, to cope with, or to modify problems of psychosocial functioning where the counselor is not a party to the problem. Within the limits of this definition, lay counseling obviously involves a range of techniques applied to a range of problems. The latter may be as common as the irritation caused by a noisy neighbor in the apartment next door or as severe as the drunken beatings perpetrated on a woman by her husband. At the same time this definition is somewhat restricting in that it excludes elements of the natural support system such as self-initiated, self-mediating interaction between conflicting parties, particularly as might occur in family units. It does, however, address issues of functional roles (whether or not those are openly recognized by the participants), preparation for

the counseling role, auspices, technique, general objectives and imposes no limits on the minimum duration or continuity of contacts. The definition may be of greatest importance as a basis for future study of the lay counseling element of natural mental health support systems, but it also serves as a framework for summarizing existing knowledge on the subject.

Even though the definition is, hopefully, clear, it should be emphasized that lay counseling as defined here is distinct from two other mental health resources with which it might be confused, namely, self-help groups and paraprofessionals. Self-help groups, in some cases local affiliates of national organizations, have proliferated to include a wide variety of problems of psychosocial functioning (Sagarin, 1969; Katz and Bender, 1976; Borman, 1975; Gershon and Biller, 1977). Alcoholics Anonymous is possibly the most widely known of such groups and forms the model for many of the others. Examples of problems in response to which self-help groups have been formed include: mental illness (e.g., Low, 1949; Wechsler, 1960), criminal offenders (e.g., Spiller, 1966; Burdman, 1974), widowhood (e.g., Abrahams, 1972; Silverman, 1969), child abusing and neglecting parents (Parents Anonymous), drug addiction (e.g., Yablonsky, 1965), obesity (Overeaters Anonymous, Weight Watchers, etc.), gambling (Gamblers Anonymous), and so forth. Groups of this type tend to operate on the premise that those who have dealt successfully with their problem or are in the process of doing so are in the best position to understand, tolerate, confront rationalizations, and direct the effort of others who are seeking similar goals. Beyond the primary objective of rehabilitation of members, many self-help groups direct public relations efforts aimed at changing societal attitudes toward their particular problem so that persons having the problem might be less stigmatized. Frequently the rehabilitation process follows very strict procedures which members must follow as contingencies to further support from the group; and leaders receive in-service training. The organizational context, rules for membership, and training of leaders distinguish this mental health resource from lay counseling as defined here.

Stimulated by (1) a recognition of the fact that the poor and minorities underutilized many services including counseling services, (2) a need for more personpower in the human services, and (3) a philosophical stance that those who had experienced poverty, racial discrimination, criminality, drug addiction, and so on, could more easily identify with and assist those having similar experiences, a movement to recognize, train, and utilize paraprofessionals and indigenous community leaders emerged in the 1960's. Considerable impetus for this

movement came through the national War on Poverty where many of the paraprofessional activities were of a social-action type aimed at bringing about change in numerous aspects of our society which contributed to or sustained poverty and discrimination of minorities. In addition to social action programs, paraprofessionals were used in the areas of education, mental health, social work, health, and corrections and law enforcement (e.g., Gartner, 1971; Pearl and Riessman, 1965; Kurzman, 1970; Kramer, 1972; Beless, 1972; Korn, 1968). More recently bartenders and hairdressers (Zaitz, 1976) are being trained in counseling and referral techniques. From the concern for child abuse and neglect have come proposals for "health visitors" (Kemp, 1976) and "visiting friends" (Barry, 1976). All of the above mentioned uses of paraprofessionals and others do, however, involve training as a critical element. This training and the fact that most paraprofessionals work through established service organizations provides a clear distinction from lay counseling as defined here.

The supposition here is not to suggest that professionally trained counselors, paraprofessionals, persons with self-help group experience, or others with varying degrees of formal and informal training for human service positions or in self-development do not participate in spontaneous, informal counseling with family, friends or others. It is suggested that the quality, and possibly quantity, of such activity on their part might be different from those who engage in similar activities without identifiable preparation for it.

Having defined lay counseling and distinguished it from closely related resources which can be used in responding to mental health problems, the framework is set to review what is currently known about this activity.

Knowledge on Lay Counseling

The response to the question of what's known about lay counseling is that relatively little is known specifically, but that there is some developing knowledge on topics at least peripherally related to lay counseling.

Much of the study of informal helping activities has been conceptualized within the framework of network analyses. In other words, within given social networks the queries have been focused on who helps whom, under what conditions, with what kinds of problems, and with what effects. A number of studies fall within this category.

Community and family social interaction networks have been the subjects of fairly intensive study in recent years (e.g. Mitchell, 1969; Gans, 1962; Craven and Wellman, 1973; Sutcliffe and Crabbe, 1963; Bell and Boat, 1957; Mayer, 1966; Stack, 1975; Bott, 1957; Litwak and Szeleni, 1969; Sussman and Burchinal, 1962; Sarason, et.al. 1977). These studies generally are concerned with patterns of social interaction within the unit of analysis, be that community or extended family, and the relative impact of socioeconomic, political, cultural and geographic factors on these patterns. Obviously lay counseling could be studied from this point of view. That is, patterns of lay counseling and general mutual aid within a community or neighborhood context could be the focus of investigation. While some of the above mentioned studies contain material from which inferences about informal helping could be derived, if necessary assumptions were made, few of them are directed at this topic.

An exemplary statement on the importance of informal helping networks is that by Shapiro (1971) who studied people living in single-room occupancy, low-cost rooming houses in New York City. She found it not infrequent for pseudofamily groups of poverty-stricken residents to develop spontaneously in these dilapidated hotels. These groups tended to unify around a dominant person who supplied nurturance, guidance, and control. A network of reciprocal kin-like obligations tended to develop which supported and protected otherwise isolated individuals.

Tolsdorf, in comparing the characteristics of the social networks and interaction with those networks of a group of hospitalized schizophrenics and a group of persons hospitalized for medical reasons only, found vast differences between the two groups. The (medical) normals "...had more contact with, and drew more heavily on, a broader and stronger base of network resources..." than did the schizophrenics (1976: 414). When the normals encountered stressful situations they engaged in two categories of coping responses: individual mobilization and network mobilization. The schizophrenics were unable to do either successfully.

Another recent study conducted in Scotland investigated the "...role of the family, and its kin and friendship networks, in the utilization of services" (McKinlay, 1973). While the focus of the study was on utilization of services, there are direct implications for the use of lay counseling. Previously identified "utilizers" and "under-utilizers" of a maternal care service were presented with five hypothetical situations and asked to whom they would turn for help. The situations involved household finances, obtaining housing, illness of a child,

quarrels with their husbands, and pregnancy and childbirth. Generally, McKinlay found that utilizers tended to have differentiated networks (members did not interact independent of the respondent) and made less use of these in seeking advice with problems. Underutilizers, on the other hand, tended to have fused or interlocking kin and friendship networks with which they had a greater frequency of interaction than did utilizers. McKinlay also raises two other interesting points of speculation. The first is that a "norm of reciprocity" as suggested by Gouldner (1960), may operate among underutilizers who tended to have less stable lives. That is, there may be more mutual, two-way counseling within the social networks of underutilizers. Secondly, McKinlay noted that in a reciprocal lay counseling network an individual's particular problem may be relegated to a position of low priority within the context of the problems of others in the network.

A more recent study, primarily concerned with day care arrangements of working mothers, made a serendipitous finding which relates to the phenomenon of lay counseling from the network perspective. Reported first in Collins et al. (1969), and later in Collins and Pancoast (1976), the study found that in relation to making family-based day care arrangements there tended to be "natural neighbors" (or "natural helpers") in various neighborhoods who acted as informal day care resource coordinators. That is, women who needed to work turned to these persons for help in making day care arrangements for their children with other neighbors who provided day care. These "natural helpers" provided a valuable service in matching need with resources, presumably to the mutual benefit of both parties. Collins and Pancoast (1976) recognize that such "natural helpers" may constitute a valuable resource as a prevention of a variety of problems much beyond the need for day care services.

It can be presumed that at least some of the activities described in these studies of informal helping networks fall within the bounds of the definition of lay counseling proposed here. However, these studies fail to provide much enlightenment as to the relative distribution of these activities in the population in general or the nature of the interaction process which occurs between lay counselor and the counseling recipient. Fewer studies address these issues.

The work which gives the greatest insights into the phenomenon of lay counseling is that of Gurin, et al. published under the title Americans View Their Mental Health (1960). This study was commissioned by the Joint Commission on Mental Illness and Health as part of the Mental

Health Study Act of 1955. The data consisted of the responses of 2,460 United States residents, at least 21 years old and representative of the U.S. population on characteristics of age, sex, education, income, occupation, and place of residence, who were interviewed in 1957 about their general state of mental health, classes of problems they experienced, and how they dealt with them. Only 14 percent of this sample sought "professional" help with their problems and of this group almost three-quarters sought their help from their clergy person or physician. An additional nine percent of the sample felt they could have used professional help with their problems but did not seek it. Of this nine percent, three-quarters either did nothing, tried to work out the problem themselves, withdrew from the stressful situation, or prayed about it. For the same group, less than one-tenth reported seeking help from family or friends (lay counseling). However, for the entire sample (2,460 respondents), 26 percent indicated the use of family and friends in helping them cope with "worries," while 20 percent reported the use of the same resources in coping with "periods of unhappiness," both further examples of lay counseling. Worries and periods of unhappiness may have been of a less serious nature than many of the problems for which professional help was sought or considered, but such a conclusion is not warranted given the form in which the data was presented. The reliance on use of lay counseling was observed to be more predominant among younger persons than among older persons.

While the report of the Gurin et al. survey includes a wealth of other fascinating information about the distributional characteristics of mental health and other problems among the U.S. population and the means employed to cope with them, the above few examples highlight the existence of a reasonably high degree of use of lay counselors (family and friends) as one of those coping resources. Because lay counseling was not a central concern of this survey, it is quite likely that the incidence of lay counseling is even greater than portrayed here. Nothing was learned from this survey about the interaction between professional counseling and lay counseling (e.g. the frequency of their simultaneous occurrence, whether one or the other complements or detracts from the other, and so on). Likewise, nothing was learned about the process by which lay counseling is delivered or its substance.

Some investigations have focused on the personality traits of providers and receivers of informal help with the objective of distinguishing the two groups. A recent example of this type of investigation is the work of Burke and Weir (1976). They found, for example, that helping was associated with higher levels of expressed affection and expressed control. That is, helpers tended to be more openly friendly and af-

fectionate with others and sought to establish more personal relationships; and, they showed a greater preference for responsibility, decision-making, directing and/or influencing interpersonal situations. While the foregoing held for both men and women, women also revealed a greater desire to interact and associate with others and a greater effort at being involved in social activities and interactions. Burke and Weir compare their findings with those of similar studies (e.g., Ribal, 1962) and, unfortunately, find major discrepancies in the results. To some extent this variation may be attributed to measurement variations, but the fact remains that knowledge on this dimension of informal helping is only beginning to accrue. Another problem with these studies is the failure to recognize the probability of the reciprocal nature of informal help-providing and help-receiving roles (i.e., on one occasion a person may be a help-provider, on another, the help-receiver).

It can be seen from this brief review that there is considerable evidence that social network interaction which approximates lay counseling does occur. But there is little systematic or confirmed evidence of the distributional properties of this activity in the general population and even less is known about the interaction process(es) which is used.

Discussion

The prevention of mental health problems, either at the primary or secondary level, represents the consummate effect of a number of factors. One set of these factors involves the day to day interaction between family members and friends focused on problems being encountered by at least one party to the interaction. This activity has been defined here as lay counseling. While lay counseling is probably the most common of numerous forms of informal helping (where professional training is not a prerequisite for engaging in the activity), it is also probably the least recognized of these forms of helping. Recent attention to the potentially vital role played by the several forms of informal helping in the maintenance of mental health is long overdue. However, this recognition has been accompanied by the overzealous motivation on the part of persons in professional helping roles to bring the informal helping processes under their control. Caplan, one of the prime proponents of the preventive mental health movement, proposes extensive involvement of professionals in "consulting" with those forms of informal helping such as self-help groups which possess enough organizational identity to provide a means of contact (1974: 8-16). This, of course, would not include lay counseling as defined here. Collins and

Pancoast are even more explicit in elaborating a detailed plan for the delivery of the consultation services of professionally trained helpers to "natural neighbors" (or "natural helpers") (1976). In this instance, the "natural neighbor" more closely approximates lay counseling as defined here.

This course of policy seems particularly ill-advised given the dearth of evidence as to the effectiveness of professional helping modalities and the dearth of knowledge about all aspects of lay counseling, ranging from its basic distributional properties to its process characteristics to its interactive effects with professional helping and its own degree of effectiveness. The promotion of such consultative linkages by professional helpers fails to recognize that the very "naturalness" of the lay counseling process may be the critical factor in its utilization and/or effectiveness. The imposition of professional consultation would unavoidably result in the socialization of lay counselors into the value, behavioral etiology, and treatment modality frameworks of the particular profession, thus, destroying the naturalness of the lay counseling process.

Given the state of knowledge about lay counseling the only appropriate policy seems to be one which would postpone the involvement of professional helpers and which would be directed toward increasing what is known about this activity. Two primary research objectives should be: (1) to determine the distribution of lay counseling first in a local population and later in the United States population with emphasis on the characteristics of the help provider and help receiver, the types of problems of focal concern, the general categories of counseling technique utilized, the duration and frequency of the counseling, self-reported estimates of the effectiveness of the process, the utilization of professional and quasi-professional counseling services, and the utilization of noninterpersonal helping processes (e.g., prayer, meditation) in resolving problems; and (2) detailed observational and self-report studies of the lay counseling process with particular emphasis on the technique of the help giver in relation to the type and severity of the problem, plus all the other factors just mentioned in relation to the distributional properties of the activity. A model(s) of lay counseling may emerge which can be compared to currently espoused models of professional therapeutic processes. Models of problem etiology and counseling technique should not necessarily be anticipated; but, if either do exist, it is presumed they will have been derived intuitively or through experiencing or observing the models of others.

The long overdue recognition of lay counseling as a resource in the prevention and treatment of mental health problems is praiseworthy.

The premature involvement of mental health professionals in attempting to formalize (through consultation or other means) an informal process should be averted until basic knowledge about this resource can accrue.

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