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A study to determine victims of Guillain-Barre' syndrome attitudes and beliefs about the effectiveness of an on-line support group as a way of coping with the disease

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ABSTRACT

SCHOOL OF SOCIAL WORK

WILLIAMS, RHONDA N. B.S. SOUTHERN CONNECTICUT STATE UNIVERSITY, 1996

A STUDY TO DETERMINE VICTIMS OF GUILLAIN-BARRE' SYNDROME ATTITUDES AND BELIEFS ABOUT THE EFFECTIVENESS OF AN ON-LINE SUPPORT GROUP AS A WAY OF COPING WITH THE DISEASE

Advisor: Dr. Sandra J. Foster

Thesis dated May, 1998

The purpose of this study was to examine victims of Guillain-Barre' syndrome attitudes and beliefs about the effectiveness of the on-line support group as a way of coping with the disease. The sample for this study consisted of 10 adults from the United States, 10 from the United Kingdom, and 10 from Europe and Canada. The population in this study had attended or were presently attending a support group for Guillain-Barre' victims.

A questionnaire consisting of 35 items was administered via the internet. The variables tested were general attitudes towards support groups and beliefs about the effectiveness of the support group. The participants were asked demographic questions as well. The results were analyzed by cross-tabulation to determine a relationship between variables. The findings indicated the participants in the study had positive attitudes and beliefs about the effectiveness of the support group.
A STUDY TO DETERMINE VICTIMS OF GUILLAIN-BARRE' SYNDROME
ATTITUDES AND BELIEFS ABOUT THE EFFECTIVENESS OF AN ON-LINE
SUPPORT GROUP AS A WAY OF COPING
WITH THE DISEASE

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SOCIAL WORK

BY
RHONDA N. WILLIAMS

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1998
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I would like to thank my family for their support and words of encouragement throughout my academic career. Also, I would like to thank my friends for listening to me during stressful times. Thank you Dr. Foster for being my thesis advisor and allowing me to call whenever I needed to. I especially want to thank my fiancé Richard for his faith and belief in me. A very special thank you to my mother Lena Williams for all her love. This thesis was written for the most important people in my life, my family, the Banks family.
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CHAPTER ONE

INTRODUCTION

In 1859, a French physician, Jean B. O. Landry described in detail a disorder of the nerves that paralyzed the legs, arms, neck and breathing muscles of the chest. Several reports of a similar disorder followed from other countries. The demonstration by Quinke in 1891, of spinal fluid removal by passing a needle into the lower back, paved the way for three Parisian physicians, George Guillain, Alexander Barre’ and Andre Stohl to show, in 1916, the characteristic abnormality of increased fluid protein with normal cell count. Since then, several investigators have collected additional information about this disorder. It can affect nerves not only to the limbs and breathing muscles, but also those to the throat, heart, urinary bladder and eyes.¹

The disorder commonly called Guillain-Barre’ syndrome is a rare illness that affects the peripheral nerves of the body. Its main feature is weakness, and even paralysis, often accompanied by abnormal sensations. The syndrome occurs sporadically. It can’t be predicted, and can occur at any age and in either sex. It can vary greatly in severity from the mildest cause that may not even be brought to a doctor’s attention, to a devastating illness with almost complete paralysis that brings a patient close to death.

Because it is so rare, most of the public have never heard of the illness, or if they have, know little about it. Yet, for those affected, the illness can be severely disabling.\(^2\)

The cause of Guillain-Barre’ syndrome is not known. A variety of events seem to trigger the illness. Many cases occur a few days to a few weeks after a viral infection. These infections include the common cold, sore throat, and stomach and intestinal illnesses with diarrhea.\(^3\) Guillain-Barre’ syndrome occurs in about 1 to 2 cases in 100,000 population each year, rehabilitation is the major treatment and recovery may occur over 6 months to 2 years or longer.\(^4\) The overall outlook for the Guillain-Barre’ patient is relatively optimistic. Fifty to 90 percent of patients may reach nearly complete recovery. Some of these patients may have persisting, but mild, abnormalities that will not interfere with long-term function. Perhaps 5 to 15 percent of Guillain-Barre’ patients will have severe, long-term disability that will prevent return to their prior lifestyle or occupation.\(^5\)

When an individual suffers from a serious illness they need the support from others who can identify with what they are going through. Lipowski wrote, the quality of the

\(^2\)Ibid.

\(^3\)Ibid., 5


patient's interpersonal relationships at the time of onset of illness and during its course tend to have a profound effect on his experiencing illness and coping with it.6

A support group helps people feel that others care about them. They are more likely to take the basic steps any grandmother would recommend for staying healthy or coping with illness. Support groups work for two other reasons. First, they simply counter isolation. Second, and even more important, they allow people to feel they can help each other, which makes them feel not only less helpless in the face of their illness, but competent and effective as well. By assisting each other in support groups, the physically ill can also enhance their sense of self-worth.7

**Statement of the Problem**

Many individuals will experience a significant chronic illness during their lifetime. Such conditions are inescapable realities for millions of people, potentially impacting every aspect of their lives, physical and mental health, family and social relationships, and productivity and functioning.8 One such condition individuals suffer from is Guillain-

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Barre' syndrome. Individuals with Guillain-Barre' syndrome were formerly healthy, so finding themselves suddenly paralyzed, weak and helpless can be emotionally upsetting.9 The syndrome occurs sporadically and can't be predicted. It can vary greatly in severity from the mildest cause to a devastating illness which can bring a patient close to death.10 The victims deal with many stressors during the course of the syndrome because it is a rare illness and require support from not only family members but most importantly individuals with similar experiences.

Purpose of the Study

The purpose of this study is to explore the effect that an on-line support group has on victims of Guillain-Barre' syndrome. The goal of this study is to identify the role a support group plays in the recovery of individuals stricken with the illness and their understanding and or knowledge of what Guillain-Barre' syndrome is.

Significance and Rationale for the Study

The rationale and significance for this study are various. The significance of this study is to determine if participation in an on-line support group helps victims understand what Guillain-Barre' syndrome is and how to cope with the illness. This study can also

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10Ibid., 3.
educate caregivers of Guillain-Barre' victims. It can help caregivers become more familiar with the disease.\textsuperscript{11} Most importantly, this study will help caregivers cope with the anger and depression that frequently occurs along with the fury of helplessness and other emotional distress.\textsuperscript{12} It is assumed that both the caregivers and Guillain-Barre' victims can benefit tremendously through the knowledge gained about the efficacy of a support group on Guillain-Barre' syndrome.

Support groups serve as a useful function in helping people deal with stresses related to common crisis', life transitions, and chronic conditions. Their proliferation over the past two decades is associated with the increasing need for formal and informal support in the wake of rapid social change, geographic dispersion of families and friends, and cutbacks in funding for human services. Support groups serve individuals who have similar health problems, to "find a friend"-someone the same age with the same health problems and similar symptoms, lifestyle effects, attitudes, interest and other "fitting" criteria.\textsuperscript{13}

Studies have found that social support serves as an ameliorating function during times of psychological distress in medical populations.\textsuperscript{14} Support groups are proving to be

\begin{itemize}
\item\textsuperscript{12} Ibid., 7.
\item\textsuperscript{13} Roxanne Black, "The Friends Connection," \textit{Exceptional Parent}, May 1997, 30.
\end{itemize}
an important adjunct to drugs, surgery, and major lifestyle changes. Social support offers strong emotional and practical benefits, they offer payoffs through a number of different avenues. For one thing, support groups help manage stress better. Dr. Spiegel explains that the surge of hormones released during emotional stress can potentially lead to a number of harmful physical and mental changes including elevated heart rate, poor metabolism of sugar, suppression of immune function, depression and anxiety. "Because illness is itself stressful", he speculates, "a disease can set off a damaging feedback loop in which the illness and the high levels of stress hormones it triggers continually reinforce each other. Feeling supported by others may serve as a buffer that mitigates the output of stress hormones during traumatic situations." So, while laboratory studies haven’t proved that social support increases resistance to disease or inhibits its progression, they do provide evidence that psychosocial support may have positive effects on the activity of the immune system. Members come to a group not because of any psychological dysfunction, but because the illness has created stresses that any person would have difficulty coping with. The patients are often referred by their doctors in hopes that they can learn to better adjust to their illness.


\[16\] Ibid., 86.

\[17\] Ibid., 88.

The benefits from a support group are two fold. First, a support group provides a safe and comfortable environment for open discussion of issues. It is an opportunity to ventilate and share experiences of facing a disease, or of feeling alienated as part of a minority group. Second, peer-support encourages youth to make life-style changes to ensure health and care for themselves. The peer groups help the teen to find new ways of coping and reinforces and sustains confidence in the new ways of coping. Caring supportive relationships are helpful for people going through stressful life events. Effective support may come from an inner core of significant relationships with a spouse, close family, and friends. Short-term support groups have been found useful for clients facing possible life-threatening diseases.

Similarly, support groups for cancer patients and their family members help each other cope with problems. The isolation a client feels upon diagnosis, and the resulting helplessness, is eased by seeing and talking to others in the same situation. Support groups provide members with social contact; emotional outlet; information sharing; education and health promotion; behavior change information and reinforcement for positive behavior changes; motivation; and psychosocial support and understanding that they are not alone. This study seeks to determine if this holds true for teens who participate in a Guillain-Barre’ syndrome support group.

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20Ibid., 240.

This thesis includes 6 chapters. Chapter one, the introductory provided the statement of the problem, the significance and rationale for the study, and a statement of the purpose of the study; chapter two of the thesis will include three sections: 1) the literature review will thoroughly discuss what other authors have said about support groups as well as communicate empirical findings, 2) the conceptual framework explains how and why the effects of participating in a support group helps individuals cope with the Guillain-Barre’ syndrome, and 3) a statement of the research questions and hypotheses.

Chapter 3 discusses the methodology of the study. It describes the data collection procedures and population used. This section consist of the design, sample and instruments used. Chapter 4 presents and discusses the results of the study’s data analysis.

Chapter 5 provides a detailed discussion of the study’s major findings, offers an explanation for these findings, and discusses how the findings are consistent or inconsistent with findings of previous investigations. Chapter 6 includes implications for social work practice and offers some recommendations for future research.
CHAPTER TWO
THE REVIEW OF LITERATURE

Overview of Guillain-Barre’ Syndrome

The illness now known as Guillain-Barre’ syndrome was first described in the medical literature not by Guillain and Barre’ but by Jean Landry, a French doctor, in 1859. Landry had noticed the symptoms in a patient of his superior and predicted the patient’s demise, contradicting his superior who had diagnosed hysteria. When the patient did indeed die of respiratory failure, Landry’s superior acknowledged his junior’s perception. With enthusiasm, Landry scoured the medical literature for similar cases and on the strength of ten, published his eloquent description that is instantly recognizable today.¹

Guillain-Barre’ syndrome is rare, affecting only one in 100,000 people. It affects those over 40 more often than younger persons, men more often than women, and whites more often than non-whites, but virtually anyone can get it. It is not communicable or inherited, and the exact cause is still unknown though there are a number of antecedent events that seem to trigger it, including vaccinations, respiratory infections, and herpes simplex infection. The most well-known outbreak followed mass vaccinations against Swine Flu in the 1970s.²

The disease is rarely fatal. The most danger comes from the chance of respiratory failure, since the nerves that control breathing can be affected. Other dangers are related to concomitant dysphagia or difficulty swallowing. This can lead to aspiration of fluids and choking or even pneumonia. If untreated, Guillan-Barre’s syndrome often leads to total paralysis, and requires the sufferer to be put on a respirator. Even untreated, it will eventually recede, though it may take months. The progress of the disease can often be reversed and recovery accelerated by plasmapheresis, in which the patient’s blood is withdrawn, run through a centrifuge, and the white blood cells removed. Chances for recovery are good for most persons. The younger and more healthy the person, the better his/her chances of recovery.3

Guillain-Barre’s syndrome affects the sensory and motor systems. However, the main problem is usually motor disorder characterized by a gradual diminution of muscular strength with flaccid limbs without contractures, convulsions or reflex movements of any kind. In almost all cases micturition and defecation remain normal. One does not observe any symptoms referable to the central nervous system, spinal pain or tenderness, headache or delirium. The intellectual facilities are preserved until the end. The onset of paralysis can be preceded by a general feeling of weakness, pins and needles and even slight cramps. Alternatively, the illness may begin suddenly and end unexpectedly. In both cases, the

3Ibid.
weakness spreads rapidly from the lower to the upper parts of the body with a universal tendency to become generalized.\(^4\)

The first symptoms always affect the extremities of the limbs and the lower limbs particularly. When the whole body becomes affected the order of progression is more or less constant: (1) toe and foot muscles, then the hamstrings and glutei, and finally the anterior and adductor muscles of the thigh; (2) finger and hand, arm and then shoulder muscles; (3) trunk muscles; (4) respiratory muscles, tongue, pharynx, esophagus, etc. The paralysis then becomes generalized but more severe in the distal parts of the extremities. The progression can be more or less rapid.\(^5\)

During the early stages of Guillain-Barre' syndrome, for the patient in an intensive care unit, events can be quite frightening. Most patients with Guillain-Barre' syndrome were formerly healthy, so that finding themselves suddenly paralyzed, helpless, with intravenous lines, a bladder catheter, and a heart monitor that continuously and monotonously beeps, can be emotionally upsetting. If the arms are too weak, even brushing teeth, feeding oneself or scratching an itch can become impossible. If a breathing machine is required, the inability to talk and communicate and a sense of isolation can become very frustrating. The feeling of utter helplessness and hopelessness, thoughts of

\(^4\)GBS Support Group of the UK, “History of GBS,”

\(^5\)Ibid., 2.
possible death, and the threat of permanent disability and dependence, can be emotionally overwhelming.⁶

Patients may go through a variety of emotional reactions to the weakness, unpredictability, and other aspects of Guillain-Barre-syndrome, including: denial, shock, and disbelief (this can't be happening to me, I must have a more common, treatable disease) fear (what will happen to me, to my family, how long will I be sick, can I handle this?); anger (why did this happen to me, what did I do to deserve this?, I don't deserve this); bargaining (if I get better fast or off the respirator or really have a more benign disease, in return I'll...be satisfied, do the following); frustration (I'm fed up with being in the hospital and want to be back home, I'm tired of needing to wait for others to help me, being dependent on others); depression (I feel terrible, will never get better, deserve this punishment, am worn out, can't put up with this any longer); and acceptance (I'll do the best I can, things could be worse, thank goodness I'm alive, am finally walking with only a cane, without a cane).⁷ The various emotional reactions of Guillain-Barre' victims warrant the need for a support system.

Guillain-Barre' syndrome patients, especially those in an intensive care unit or on a respirator, may benefit emotionally from the following suggestions for the hospital and family: Early in the hospital stay, the patient may benefit from an explanation of the


⁷Ibid., 13.
disease and the relatively good chance for recovery. If family, friends and medical personnel also understand the illness, they can present a more optimistic attitude to the patient. Frequent visits by family and friends will show caring and provide moral support and allow the patient to ventilate emotional reactions, such as anger, frustration, and fear, and will help him/her to deal with these feelings.8 Individuals who suffer from the disease would benefit from the support group a great deal because they share similar experiences.

**Benefits of Support Groups**

The benefits of support groups for people who share common stresses are widely publicized and seldom questioned. Both the professional literature and the popular media provide frequent reports of relief, reassurance, practical information, guidance, and enhanced coping skills that members of support groups gain as they share their experiences. Because human service professionals recognize the positive outcomes that are associated with this mutual approach to helping, they are offering an increasing number of support group services to help people deal with common crises, life transitions, or chronic conditions.9

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8Ibid.

Support groups can be viewed as the center of a continuum overlapping with self-help groups (also referred to as mutual help groups) at one extreme and treatment groups at the other. A primary focus in support groups is the development of reciprocal helping relationships among members so that the group can become both a supportive environment and a potential means for developing the capabilities of the members.¹⁰

Support groups serve a useful function in helping people deal with stresses related to common crises, life transitions, and chronic conditions. Their proliferation over the past two decades is associated with the increasing need for formal and informal sources of support in the wake of rapid social change, geographic dispersion of families and friends, and cutbacks in funding for human services. When people deal with common sources of stress join together in support groups, they form social networks that have the potential for bridging gaps in service and for providing emotional support, guidance and information.¹¹

Confirming the long-held beliefs of persons in self-help groups, researchers at Cornell University report that social contact with people who have been through the same crisis is highly beneficial. The more stressful the crisis, researchers say, the greater the benefits of knowing people who have been through a similar situation. Talking with people who are ‘experientially’ similar is by far a greater source of support says Karl

¹⁰Ibid., 79.

Pillemer a Cornell associate professor of human development and family studies. People who are experientially similar appear to be much more supportive and much less critical than others. Self-help groups provide emotional anchors and sources of identity and meaning for individuals struggling with the ups and downs of daily life. It is estimated that in the United States there are over 500,000 self-help groups with about 15 million members.

Cancer which is a stressful illness of major proportions can cause psychological distress. Social support can lessen some of the distress experienced by cancer patients. Peer support groups provide patients with needed support. Support groups can benefit patients in three areas: (1) mood, (2) ways of handling potentially difficult situations and (3) strategies for managing stress. Groups provide peer support in relieving the inevitable stress felt by patients in facing and dealing with the illness. It provides essential knowledge and skills pertinent to the medical condition and to changes in social living, it helps patients resolve crisis and to change or improve in some aspects their psychosocial

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12 Persons in Like Circumstances Are the Best Helpers,” Mental Health Weekly, 4 November, 1996 p.7


functioning that interferes with their social relationships and resolves interpersonal conflict.\textsuperscript{15}

The goals of support groups usually include one or more of the following: to reduce stress and social isolation; to enhance capacity to cope with diagnoses, hospitalization, and treatment regiments; to generate a sense of belonging; to provide opportunities for ventilation and universalization of feelings and concerns; to provide opportunities for socializing with persons who have something in common; to enhance self-esteem and lessen feelings of being stigmatized; and, to learn about the medical condition and its treatment and about available resources in the hospital and community.\textsuperscript{16}

Caring supportive relationships are helpful for people going through stressful life events. Effective support may come from an inner core of significant relationships with a spouse, close family, and friends. Short-term support groups have been found useful for clients facing possible life-threatening diseases. Support groups for cancer clients and their family members help each other cope with problems. The isolation a client feels upon diagnosis, and the resulting helplessness, is eased by seeing and talking to others in the same situation.\textsuperscript{17}


\textsuperscript{16}Ibid., 15.

In the article entitled "Breast Cancer Groups Support Women," a nursing intervention is helping to improve the quality of life for women living with breast cancer. The Hunter Breast Cancer Screening Project has undertaken a pilot study to research the effectiveness of support groups for women with breast cancer. Bev Rees and Kris Kelly, two nurse counselors, who run the support groups said the group intervention 'can and does' improve the quality of life for many breast cancer sufferers.\(^{18}\)

In a paper presented at the First National Breast Cancer Screening Conference, the two nurses said from an emotional and educational viewpoint, groups reduce isolation, allow for ventilation of feelings and re-evaluation of priorities. Women described improvements in their ability to cope due to the sharing of experiences which relieved anxieties and led to a decrease in levels of fatigue and feelings of depression and fear.\(^{19}\)

Studies have found that social support serves an ameliorating function during times of psychological distress in medical populations. One explanatory model holds that the social network is a source of support in a crisis and thus a buffer against the harmful effects of stress. Ell proposed that social relationships buffer individual perceptions or a stressor, provide resources to modify the environmental demand, and help manage individual affective response.\(^{20}\)


\(^{19}\)Ibid.

Wortman pointed out that even though studies have found perceived support to be associated with positive outcomes, such as improved emotional adjustment or better coping, generally these studies have been correlational and have not provided evidence of a causal relationship between support and adjustment. Rather, social support has emerged as a predictor of adjustment.21

Lack of social ties with others has been shown to be an important risk factor in psychological well-being, illness, and even death. Social network support enhances immunity to illness, influences health-related behaviors, and maximizes adaptation and recovery from illness.22 Building on twenty years of research documenting an association between life events and physical and psychological distress, investigators have proposed testing the hypothesis that social support buffers the physical and psychological impact of life events.23

Analyzing the role of social processes in health and illness, John Cassel proposed that social support is capable of moderating stressful life events and therefore is a major factor in distinguishing individual vulnerability to illness. The need for social support is assumed to heighten when the individual undergoes change, especially unwanted or

21Ibid.
23Ibid., 137.
unpredicted change, and that under these conditions, the buffering effect of support mediates chronic role strains as well as stressful events.24

Social support serves a primary preventive function in part by offering ongoing feedback and anticipatory guidance, and by conditioning a sense of reliable alliance in a peer network characterized by mutual affect. The sheer belief that peers are ready and able to help -the psychological sense of support -can increase feelings of self-esteem and security, psychological conditions which contribute to positive emotions. If these positive psychological states enhance immunity to disease by affecting neuroendocrine functioning, then there is a physiological mechanism linking social support to health protection.25

In a support group of burn victims, the purpose is to satisfy the informational and emotional needs of the victims in an efficient manner. Some objectives include institutionalizing opportunities to ventilate, and providing psychosocial support. The group is particularly conducive to instilling shared hope, an accurate perception of reality, and recognizing the lives of patients may be permanently altered.26

Group experiences can be helpful in meeting the psychosocial needs of members in many ways. All people need to develop and sustain satisfying connections with other people; human relatedness is the key to healthy development and functioning. The fact

24Ibid., 138.


that people need people is the raison d’etre for using group experiences to help people to deal with emotional stress that accompanies a severe illness.27

A medical illness upsets the patient’s steady state disrupting interpersonal relationships, and changing patterns of role functioning. The illness requires shifts in the attitudes, role expectations, and behavior of all concerned; it requires complementary adaptations by friends and others. These other people may support or sabotage realistic adaptation to the medical situation. The stress created by the illness is aggravated when other problems exist in the friendships, family or at school.28

There is considerable agreement that therapeutic group mechanisms of mutual support and mutual stimulation are especially pertinent to work in the field of health. The literature describes how the group process is well suited to ameliorating the emotional stress felt by many who feel isolated, lonely, guilty, stigmatized, depressed, helpless, or hopeless. In a successful group, these feelings are counteracted by a sense of belonging to a group in which a person feels understood and accepted, a powerful dynamic in the process of change.29

As members of a group universalize their experiences, they perceive that they are no longer unique and alone. Since the group’s purpose is one of enhancement or betterment, it is implied that members are expected to move toward physical and social


28Ibid., 10.

29Ibid.
health. As they come in contact with other members who are coping successfully with some problems, they develop a sense of hopefulness to replace the earlier one of uncertainty or hopelessness. Many people lack supportive sanction for ventilating the flow of feelings and painful experiences that accompany illness and its aftermath. The group provides a safe and supportive milieu for this important step toward channeling affect constructively. Distorted perceptions or ineffective behaviors are challenged through the interactional process in the group, which becomes a medium for testing reality. The group provides a reference outside the family against which to measure and judge one’s own thoughts and actions. The group thus serves as a corrective for distorted perceptions and relationships. The multiplicity of reactions and viewpoints provide the person with feedback relating to a particular interpersonal need for life issues.30

Negative Consequences of Support Groups

As the support group movement has gathered momentum, some systematic attention has been given to conceptualizing and evaluating support groups, but the possible negative effects of support group participation have received little attention. There seems to be an assumption that outcomes for participants in support groups are uniformly positive, but that assumption is neither supported by research nor experience.31

30Ibid., 11.

Concern with the negative experiences in support groups is rooted in the commitment of social work and other human service professionals to promote individual and social well-being. There is ample evidence that support group members may gain substantial benefits from their participation and that support groups are a highly effective helping approach for many people. A review of the literature indicates however, that the potential for negative outcomes exists. This conclusion is borne out by personal communications to the authors Galinsky & Schopler and exploratory research that demonstrates the problems and negative experiences that occur in these groups. Unfortunately, the negative impact of support groups is seldom reported or discussed.\footnote{Ibid.}

In the study of Negative Experiences in Support Groups, support group outcomes include a range of outcomes from negative effects for members (e.g. member distress, decline in member functioning, disruption of positive member relations with individuals and organizations) to group problems and the ethical and legal concerns of practitioners. The negative effects for members are associated with negative experiences in the group. Negative experiences stem from problematic group processes which are unnecessarily stressful, and from processes related to group development which are inadequately addressed by the leaders. It is important to note that some painful and conflictual group processes are expected in the course of group development and can enhance the experience of members with skillful facilitation by the leader.\footnote{Ibid., 79.}
Examination of several areas of the literature are particularly relevant to the study of negative factors. The practice literature related to groups provides evidence of negatives in a broad range of groups. The support group literature includes some limited discussion of negative features that have been specifically examined in support groups. The social science literature on social relationships addresses the conceptualization of negative interpersonal relationships and examines their impact on social networks.\(^{34}\)

The potential for negative experiences in therapy, personal growth, and disease management groups has been noted in both the theoretical and research literature related to group practice. The properties associated with these groups experiences and their implications for professional responsibility and ethical behavior are recognized by group leaders in a range of helping professions. Similar concerns have been raised about self-help groups.\(^{35}\)

A review of the support groups literature reveals that almost all accounts relate only to successful group experiences. Although some evaluations of support groups have been conducted, most studies measure only positive outcomes and tend to ignore negative effects. The exceptions include: Borkman's explication of the ways that personal networks can be unsupportive; Richman's study of hospice groups which finds that open communication can be threatening and that support group participation can increase stress

\(^{34}\)Ibid.

\(^{35}\)Ibid., 80.
and tension; and Schopler and Galinsky’s exploratory study of support groups as open systems.\textsuperscript{36}

This focus on the negative is not intended to exaggerate the prevalence or impact of interpersonal tensions and conflicts in social relationships nor to minimize the benefits that can be obtained from supportive social interactions. Rather, as Rook points out, a comprehensive understanding of both kinds of experiences is needed to design effective social interventions. To date, social network interventions have tended to address only the need to create supportive relationships. Information about negative as well as positive exchanges would make it possible to be responsive to the need to improve the quality of relationships and the need to disengage when stresses outweigh benefits.\textsuperscript{37}

Rook provides a comprehensive review of the research on negative interactions that occur in informal social networks. She also suggests that a critical threshold may exist for both supportive and negative interactions. The threshold effect refers to the point at which increasing levels of positive or negative reinforcement will have little impact. If this is the case, increasing either supportive or negative interactions alone will have little impact on an individual’s well-being once the threshold is reached. Thus, the threshold effects may confound comparisons of supportive and problematic exchanges.\textsuperscript{38}

The possibility of threshold effects is of particular concern in light of the fact that

\textsuperscript{36}Ibid.

\textsuperscript{37}Ibid., 81.

\textsuperscript{38}Ibid., 82.
Rook and other researchers have found that almost all respondents in their studies report some supportive interactions but only a small proportion report negative interactions. Further, Rook notes that individuals who are very deficient in support may tend to be underrepresented because they are often difficult to locate or may be reluctant to participate. However, when negative interactions are reported they tend to have a greater impact than supportive exchanges on psychological functioning. Rook suggests that the apparent disproportionate impact of negative exchanges may result from collected data that included the critical threshold for negative exchanges but excluded the critical threshold for positive exchanges. Understanding of the relative influence of negative and positive exchanges may be enhanced by the use of explicit test for threshold effects. It is important to study interactive effects of positive and negative interactions within small groups to gain a better understanding of what kinds of interventions can prevent or reduce negative exchanges and maximize positive effects.39

Galinsky and Schopler’s personal experiences and conversations with support group members and groups leaders in the course of consultation, teaching, and research affirm that participation in support groups can contribute to personal well-being and be immensely gratifying. It is also clear that these groups can be upsetting and create problems for their members. Listening to a variety of support group members’ confide their negative experiences has been instructive.40

39 Ibid.
40 Ibid., 83.
Several conclusions can be drawn from the review of literature related to negative support group experiences, support groups, the detrimental aspects of social relationships and from Galinsky & Schopler’s consultations with support groups’ leaders. First, of all, negative experiences can result from any social interaction. Secondly, gaining information about negative aspects of social relationships can be difficult to obtain. Finally, although positive features of support groups have been emphasized, a balanced perspective that includes both the positive and negative dimensions of group experiences is critical for designing group intervention that provide social support.41

Despite evidence of the effectiveness of support groups, many patients do not receive support interventions. Practical, medical and stylistic barriers account for the underuse of support groups. Practical problems involve having difficulties attending meetings, including lack of transportation, a far distance to travel, or inconvenient meeting times. Medical factors center on the impact of the illness. Stylistic barriers consist of attitudes of potential members that are inconsistent with the group’s format; for instance individuals may not want to join a formal group or may think that meetings are boring.42

Support groups are viewed in a positive light and are seen as offering many benefits to their members. The picture of support groups is not completely positive. Problems and issues arise in the groups and there are negative effects for members. These

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41 Ibid.

negative aspects are a cause for consideration, although not necessarily when possible; how to deal with inevitable issues; and how to intervene in the group or with individual members when negative experiences occur are all critical questions for practice with support groups.\textsuperscript{43}

Guillain-Barre's syndrome can be a frightening and debilitating disease. Victims suffer from a variety of emotional reactions due to the weakness, and unpredictability of the disease. Individuals need a support group which provides a safe, non-judgmental environment with emotional support, and information about the illness.\textsuperscript{44}

In spite of the negative consequences that can occur in support groups, being involved in a network of support will allow members to connect with others who have similar experiences. The participants are able to explore ways of coping with feelings of fear, isolation, depression and loss of control.\textsuperscript{45}

The Conceptual Framework

Practice based on models of self-help will be used for this study. The purpose of this model is to improve social functioning through a group experience and discussions with others who have or have had similar concerns or problems. In order for this


\textsuperscript{45}Ibid.
approach to be effective, the client must be willing and able to attend a series of group meetings, listen to others, and share personal information and concerns. This approach rests on the belief that an individual can be helped by those who have experienced similar problems that, in the process of helping others, people learn to better cope with their own problems.

This model is based on exchange theory. Social exchange theory focuses on the behavior of individual group members. Blau, Homans, and Thibaut and Kelley are the principal developers of this approach to groups. Social exchange theorists suggest that when people interact in groups, each will attempt to behave in a way that will maximize rewards and minimize punishments. Group members initiate interactions because these social exchanges provide them with something of value, such as approval. According to social exchange theorists, because ordinarily nothing is gained unless something is given in return, there is exchange implied in all human relationships.

In social exchange theory, group behavior is analyzed by observing how individual members seek rewards while dealing with the sustained social interaction occurring in a group. For an individual in a group, the decision to express a given behavior is based on a comparison of the rewards and punishments that are expected to be derived from the

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47 Ibid.

behavior. Group members act to increase positive consequences and decrease negative consequences. Social exchange theory also focuses on the way members influence one another during social interactions. The result of any social exchange is based on the amount of social power and the amount of social dependence in a particular interaction.49

Social exchange theorists are aware that cognitive processes affect how people behave in groups. Group members' perceptions of rewards and punishments are influenced by cognitive processes such as intentions and expectations. Thus, the work of social exchange theorists in psychology and or symbolic interaction theorists in sociology has helped to account for the role of cognitive processes in the behavior of individuals in groups and other social interactions.50

For those seeking help as well as those offering help, the exchange of tangible and intangible resources provides a framework for examining the helping process as well as the pathways through which individuals locate necessary resources. Individuals may seek out self-help groups not because they are disappointed users of other societal resources nor because other resources are unavailable, but rather because self-help groups require the least expenditure or resources, the least effort in order to locate a needed resource for themselves.51

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49Ibid.

50Ibid.

Statement of the Hypotheses

Do victims of Guillain-Barre' syndrome who participate in an on-line support group have positive attitudes and beliefs about the effectiveness of the support group as a way of coping with the disease?

H1: Guillain-Barre' syndrome victims who participate in an on-line support group have positive attitudes and beliefs about the effectiveness of the support group as a way of coping with the disease.

H2: Females who participate in an on-line support group for Guillain-Barre' syndrome victims have more positive attitudes and beliefs about the effectiveness of the support group as a way of coping with the disease than males.

H3: Individuals who participate in an on-line Guillain-Barre' syndrome support group for a longer period of time have positive attitudes and beliefs about the effectiveness of the support group as a way of coping with the disease.

H4: Professionals who participate in an on-line Guillain-Barre' syndrome group have more positive attitudes and beliefs about the effectiveness of the support group than nonprofessionals.

H5: Individuals with higher levels of education are more likely to have positive attitudes and beliefs about the effectiveness of the on-line support group than those with lower levels of education.
Terms and Definitions

Guillain-Barre Syndrome “Is a rare illness that affects the peripheral nerves of the body. It is a de-myelinating disorder, in which the body’s immune system actually attacks the nerves, stripping them of their outer coating, or myelin. It generally starts at the extremities, the hands and feet, and spreads distally, that is, toward the torso area.”52

Support Groups “Support groups can be viewed as the center of a continuum overlapping with self-help groups (also referred to as mutual help groups) at one extreme and treatment groups at the other. A primary focus in support groups is the development of reciprocal helping relationships among members so that the group can become both a supportive environment and a potential means for developing the capabilities of the members.”53

Self-Help Group “Is a supportive, educational, usually change-oriented mutual-aid group that addresses a single life problem or condition shared by all members. It’s purpose may be personal or societal change or both, achieved through the use of ideologies for dealing with a situation.”54

On-Line Support Group “Is a computer mediated group where members use home computers with modems to connect to a computer bulletin board. Members can read and enter messages as well as share information, express concerns and offer advice and support.55

Coping “The responses people make in order to master, tolerate, or reduce stress.”56

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CHAPTER THREE

METHODOLOGY

Design

A survey was used to collect data for this study and to determine the opinions of participants on the benefits of a Guillain-Barre’s syndrome support group. The sample for this study included 30 people who had participated or were currently participating in an on-line support group for Guillain-Barre’s victims. The individuals in the study lived in the United States, the United Kingdom, Europe and Canada. It was the intent of the researcher to administer the survey to adults, with an equal number represented from each country, and equal representation from both genders. The survey was administered over the internet by the researcher because the Guillain-Barre’s syndrome Foundation had on-line support for individuals who suffer from the disease. The researcher contacted members of the support groups in the United States and the United Kingdom about participating in the study. Each member was emailed a letter regarding what the study would entail and assured of confidentiality of their answers. The members responded with interest and shared their experiences of suffering from Guillain-Barre’s syndrome.
Sample

The method of sampling used was purposive.\(^1\) Purposive sampling was used because the probability of selection for this population could not be estimated. Consequently, there is no support for the claim that the sample is representative of the population from which it was drawn.\(^2\)

The participants in this study were involved with the Guillain-Barre' syndrome Foundation located in Wynnewood, Pennsylvania and were members of the Internet organization. Through the foundation’s website address, the researcher was able to get in contact with individuals all over the world. The basis for selecting such a sample is that it can yield considerable data when used with naturalistic research studies.\(^3\) This method was used because all participants have suffered from Guillain-Barre' syndrome and attended or were attending a support group.

Instrumentation

The instrument used in this study was a 25 item questionnaire, derived from the “Counseling Attitudes Scale” developed by Edwards and Kilpatrick. The instrument focused on three areas: 1) Fourteen questions which measured general attitudes toward groups; 2) Ten questions measured the beliefs about the effectiveness of groups and


\(^2\) Ibid.

\(^3\) Ibid.
3) twelve questions related to demographic data.\textsuperscript{4}

The Counseling Attitude Scale was used in a previous thesis on Attitudes of HIV Positive African American Males Towards Support Systems as a Form of intervention. In that study the sample did have a positive attitude about support groups in general.\textsuperscript{5} The overall mean for the general attitudes towards support groups was 2.89; the beliefs about the effectiveness of the support group was 2.72.\textsuperscript{6} The previous author did not discuss reliability or validity of the scale yet, this researcher assumes that it must have been tested since it was approved for the thesis. To test the validity for this study the questionnaire was given to three professionals in the field of social work to respond. Their responses indicated that the questionnaire was appropriate for this study.

Part one of the questionnaire consisted of 23 statements designed to determine how respondents felt about support groups as a way of coping with Guillain-Barre's syndrome. Eleven of the statements were positive and twelve were negative. Respondents were asked to use the response-value continuum from strongly agree, agree, disagree and strongly disagree. Strongly agree = 1, agree = 2, disagree = 3 and strongly disagree = 4. The 12 questions in the last section of the questionnaire asked demographic information.


\textsuperscript{5}Ibid., 41.

\textsuperscript{6}Ibid., 40.
Data Analysis

The information obtained from the questionnaire was entered into the computer program, Statistical Package for the Social Sciences. Frequencies were used to determine the value of each variable on the Counseling Attitude Scale. Its purpose was to reduce the whole collection of data to simple and more understandable terms without distorting or losing too much of the valuable information collected.

Respondents received scores between 23 and 92. The range of scores were 23-50= low which meant the respondents had mild attitudes towards the support group, 51-85= medium meant the respondents had positive attitudes towards the support group and 86-92= high meant the respondents had very positive attitudes towards the support group. The mean of all the scores was 56.

Next the researcher compared the demographic variables dealing with gender, level of education, occupation, and length of time in support group. Cross-tabulation was used to determine a relationship between these variables and attitudes and beliefs about the effectiveness of the support group as reported on the Counseling Attitude Scale.

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8Ibid., 16.
CHAPTER FOUR

FINDINGS

General Demographics

There was a total of 30 respondents in this study. The participants were stricken with Guillain-Barre’ syndrome at some time in their lives and were currently or had participated in a support group. Fifty percent (n=15) of the respondents were female and 50 percent (n=15) were male. Of those who participated in the study 90 percent (n=27) were Caucasian, 3 percent (n=1) were African-American and 7 percent (n=2) were of other races. The ages of the respondents were as follows: 7 percent (n=2) were 20-30, 23 percent (n=7) were 31-40, and 30 percent (n=9) were 41-50, 37 percent (n=11) were over 50 and 3 percent (n=1) was 16.

It was the intent of the researcher to have teen-agers respond to the questionnaire however, the population consisted of 29 adults and 1 teen-ager. Eighty percent (n=24) of the respondents represented the United States, 7 percent (n=2) lived in the United Kingdom, and another 13 percent (n=4) came from other parts of the world- Canada, Alaska, Europe and Sweden. As far as education, 3 percent (n=1) had less than a high school education, 43 percent (n=13) graduated from high school, 30 percent (n=9) obtained a bachelor’s degree, 13 percent (n=4) had a masters, 8 percent (n=2) had a Ph. D degree or higher degree.
The participants were asked when they were diagnosed with Guillain-Barre' syndrome. Three percent (n=1) were diagnosed in the 1960's, 3 percent (n=1) during the 1970's, 23 percent (n=7) in the 1980's and 67 percent (n=20) in the 1990's. One response was missing. They also shared how long they had been involved in a Guillain-Barre syndrome support group. Their responses were as follows: 10 percent (n=3) were in a group 5 or more years, 7 percent (n=2) were in for 3-5 years, 40 percent (n=12) were in a group for 1-3 years and 33 percent were in a group for less than a year. Three responses were missing. Out of the thirty responses 43 percent (n=13) of the participants were involved in the on-line support group of the Guillain-Barre' Syndrome Foundation in Pennsylvania while 57 percent (n=17) were in a face to face support group.

The respondents were asked about their occupation. Fifty percent (n=15) were professionals, 7 percent (n=2) were unemployed and 40 percent (n=12) had other occupations or were on disability. One response was missing. As far as income, 17 percent (n=5) earned under $10,000, 13 percent (n=4) earned $15,000-$25,999, 13 percent (n=4) earned $26,000-$35,999, 20 percent (n=6) earned $36,000-$45,999 and 30 percent (n=9) earned $46,000 or more. Two responses were missing. The respondents were asked how often they attended the face to face support group meetings. Thirty-three percent (n=10) never attended meetings, 23 percent (n=7) rarely attended meetings, 17 percent (n=5) frequently attended meetings and 10 percent (n=3) attended meetings very frequently. There were five missing responses. The participants also answered the question how many people are in your group. Seven percent (n=2) were in a group with
ten or less people, 7 percent (n=2) were in a group with fifteen to twenty people, 13 percent (n=4) were in a group with twenty-five to thirty people and 50 percent (n=15) were in a group with over thirty members. Seven responses were missing.

The last question of the survey asked participants to discuss one thing they would do to improve the support group meetings. Their responses were as follows: Thirteen percent (n=4) did not respond to this question; 23 percent (n=7) suggested increasing the awareness of the support group to Guillain-Barre’ sufferers, offer a variety among the different support groups and make the meetings attractive. Also, have the international symposiums in different countries, provide smaller groups and make them more personal, have more interaction from group members. Ten percent (n=3) suggested soliciting more input from the Guillain-Barre’ victims by allowing members to establish rules for the meetings, give shorter ways to the meetings, have meetings in accessible areas where those with disabilities can be comfortable and allow meetings in the home. Ten percent (n=3) of the respondents suggested setting up meetings on-line where members can chat and possibly have speakers; those individuals who are Guillain-Barre’ survivors are asked to keep new members interested with knowledge and experience of the disease, provide monthly publications where people can place announcements for donations and ask questions related to the disease.
Attitudes and Beliefs about the Effectiveness of the On-line Support Group

The respondents were able to score between 23 and 92 points on the Counseling Attitude Scale. The range of scores were separated into the low category of 23-50 points and seven percent of the respondents (n=2), the only African-American in this study and one Caucasian scored in this range. Ninety-three percent (n=28) of the respondents scored medium. None of the respondents scored high. According to place of residence, seven percent (n=2) of respondents from the United States scored low while 73 percent (n=22) scored medium. Seven percent (n=2) of the individuals from the United Kingdom scored medium. Thirteen percent (n=4) were from other countries and scored medium.

Three percent (n=1) of the respondents had less than a high school diploma and scored medium, forty-three percent (n=13) of the respondents were high school graduates and scored medium, while 30 percent (n=9) had a bachelor’s degree, one scored low and 8 others scored medium. Out of 14 percent (n=4) of the individuals with a master’s degree one scored low and the other 2 scored medium. Ten percent (n=3) had a Ph.D or other degree and scored medium.

With occupation, out of 50 percent (n=15) of the professionals, 2 respondents scored low while 13 scored medium. Seven percent of the unemployed (n=2) scored medium and 43 percent (n=13) of individuals on disability or with other occupations scored medium.

Seventeen percent (n=5) of respondents with incomes under $10,000 scored medium, 13 percent (n=4) earned $15,000-$25,999 and scored medium as well. Thirteen
percent \((n=4)\) of the respondents scored medium and had incomes of \$26,000-\$35,999.

Twenty percent \((n=6)\) scored medium and their income was \$36,000-\$45,999 and 30
percent \((n=9)\) made \$46,000 or more. One scored low and eight others scored medium.
There were 2 responses missing.

In the category of age, 7 percent \((n=2)\) were between 20-30 years old and scored
medium. Twenty-three percent \((n=7)\) of the respondents between ages 31-40 received
medium scores. Those ages 41-50 equaled 30 percent \((n=9)\), one individual scored low
and 8 scored medium. Thirty-seven percent \((n=11)\) of the respondents were over 50 and
three percent \((n=1)\) was a 16 year old. Their range of scores were medium.

Individuals diagnosed in the 1990s totaled 67 percent \((n=20)\), their scores were as
follows: 2 individuals scored low and 18 scored medium. Twenty-three percent \((n=7)\)
were diagnosed in the 1980s and scored medium, 3 percent \((n=1)\) in the 1970s scored
medium and another 3 percent \((n=1)\) diagnosed in the 1960s scored medium. One
response was missing. Seven percent \((n=2)\) of the respondents were in a face to face
group of ten or less and scored medium, another 7 percent \((n=2)\) were in a group of 15-
20 members and scored medium, and 13 percent \((n=4)\) were in a group with twenty-five
or more and scored medium while 50 percent \((n=15)\) of the respondents were in a group
with over 30 members. One respondent scored low while 14 responses were medium.
Seven responses were missing.

Eight percent \((n=2)\) of the respondents were in the support group for five or more
years and scored medium. Twelve percent \((n=3)\) were in the support group for three to
five years and scored medium, while 46 percent (n=12) were in a group one to three years. One individual scored low while the others scored medium. Thirty-nine percent (n=10) of the respondents were in a group for less than a year. One individual scored low and 9 scored medium. Three responses were missing. Forty-two percent (n=10) of the respondents who never attended the support group had low scores of one and the other scored medium. Thirty-three percent (n=8) scored medium points, 17 percent (n=4) scored medium and 13 percent (n=3) scored medium.
Table 1: Frequency Distribution Of Attitudes And Beliefs About The Effectiveness Of The Support Group (N=30)

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support groups are an asset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td>22</td>
<td>73</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
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</tr>
<tr>
<td>Support groups are inadequate</td>
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<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
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<td>67</td>
</tr>
<tr>
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</tr>
<tr>
<td>Trust in the support group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
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<td>3</td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>34</td>
</tr>
<tr>
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<td>63</td>
</tr>
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<td>100</td>
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<tr>
<td>Support groups are purposeful organizations</td>
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<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>16</td>
<td>54</td>
</tr>
<tr>
<td>Agree</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
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<tr>
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<td>100</td>
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<tr>
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<td>Support groups are a poor excuse</td>
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<td></td>
</tr>
<tr>
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<td>7</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>93</td>
</tr>
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Support groups are a good device
for advice
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<table>
<thead>
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<td>57</td>
</tr>
<tr>
<td>Agree</td>
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<td>40</td>
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<td>Disagree</td>
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<td>3</td>
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The Support group is no direct help
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<td>54</td>
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<tr>
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Take advantages of the support group services
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<table>
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<tr>
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<td>53</td>
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Criterion is necessary to be in the support group
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<table>
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<td>9</td>
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*8 responses missing

Support groups are not interested in Guillain-Barre' syndrome victims
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<td>3</td>
</tr>
<tr>
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<td>21</td>
</tr>
<tr>
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<td>76</td>
</tr>
<tr>
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*1 response missing
Lack of organization in the support group

<table>
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<th>Total</th>
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<tbody>
<tr>
<td>2</td>
<td>7</td>
<td>10</td>
<td>29</td>
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</tbody>
</table>

Agree 27
Disagree 17
Strongly Disagree 10
Total 29
*1 response missing

Family/friends are stronger support

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>7</td>
<td>13</td>
<td>4</td>
<td>29</td>
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</table>

Strongly Agree 5
Agree 7
Disagree 13
Strongly Disagree 4
Total 29
*1 response missing

Recommend Services of the support group

<table>
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<tr>
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<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>14</td>
<td>29</td>
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</table>

Strongly Agree 15
Agree 14
Total 29
*1 response missing

The Support groups as reassurance and guidance

<table>
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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
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</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>14</td>
<td>30</td>
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</table>

Strongly Agree 16
Agree 14
Total 30

The Support group’s efforts are impractical and inefficient

<table>
<thead>
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<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
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</thead>
<tbody>
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Agree 1
Disagree 4
Strongly Disagree 25
Total 30

The support group is helpful

<table>
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<tr>
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<th>Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>14</td>
<td>30</td>
</tr>
</tbody>
</table>

Strongly Agree 16
Agree 14
Total 30
Talks with peers are tension relieving

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Total</th>
</tr>
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<tbody>
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<td>14</td>
<td>1</td>
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</tr>
<tr>
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<td>14</td>
<td>14</td>
<td></td>
<td>28</td>
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<tr>
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<td></td>
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<tr>
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<td><strong>29</strong></td>
<td></td>
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<td><strong>99</strong></td>
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*1 response missing

The support group is a waste of time

<table>
<thead>
<tr>
<th></th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
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<tr>
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<td>3</td>
<td>27</td>
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<tr>
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The support group is helpful

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<th>Disagree</th>
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<tbody>
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<td>14</td>
<td>3</td>
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<tr>
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<tr>
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<td>10</td>
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<tr>
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<td><strong>30</strong></td>
<td></td>
<td></td>
<td><strong>99</strong></td>
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The support group is efficient and necessary

<table>
<thead>
<tr>
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<th>Agree</th>
<th>Strongly Disagree</th>
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<tr>
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<td>17</td>
<td>1</td>
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<tr>
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<td>18</td>
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<tr>
<td>Strongly Disagree</td>
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<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td></td>
<td></td>
<td><strong>100</strong></td>
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</table>

The support group is not effective

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<tr>
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The support group warrants existence

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<td></td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
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Table 2: Frequency Distribution of Respondents Scores on the Counseling Attitude Scale  
(N=30)

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<th>Value</th>
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<td>3</td>
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<td>50</td>
<td>1</td>
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<td>Total</td>
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CHAPTER FIVE
DISCUSSION AND SUMMARY

The study found that there is not a statistically significant relationship between the variables dealing with gender, level of education, occupation, length of time in the support group and attitudes and beliefs about the effectiveness of a support group. The sample size of thirty could have affected the statistical significance.

Over half of the victims of Guillain-Barre' syndrome who participated in the online support group had positive attitudes about the effectiveness of the support group. They seemed to feel that the support group played an intricate role in their recovery and being a part of a support group was beneficial in coping with Guillain-Barre' syndrome. This may be due to the fact that the support group was a place where they were able to communicate with others and vent anger and frustration about the illness. The participants were able to spend time on-line with others in the same situation. Being a part of a support group also gave them the opportunity to gain pertinent information about Guillain-Barre' syndrome and what new research was available.

The literature discussed the fact that social contact with people who have been through the same crisis is helpful and talking with others who are in a similar situation is a great benefit. Studies have also found that social support serves as an ameliorating

\[ \text{\textsuperscript{1}} \] "Persons in Like Circumstances Are the Best Helpers," Mental Health Weekly, 4 November, 1996 p.7.
function during times of psychological distress in medical populations. The social network is a source of support in a crisis and thus a buffer against the harmful effects of stress. Social relationships buffer individual perceptions or a stressor, provide resources to modify the environmental demand, and help manage individual effective response.\(^2\)

Victims of Guillain-Barre's syndrome suffer from psychological distress due to the sudden onset of the illness. They need social support when they go through change, especially unwanted or unpredicted change which occurs with this illness.

Social support serves a primary preventive function in part by offering ongoing feedback and anticipatory guidance, and by conditioning a sense of reliable alliance in a peer network characterized by mutual affect.\(^3\) The belief that peers are ready and able to help—the psychological sense of support—can increase feelings of self-esteem and security, psychological conditions which contribute to positive emotions.\(^4\)

This study found that more Caucasian individuals participated in the Guillain-Barre's syndrome support group than African-Americans and other races. According to the literature, whites are affected by Guillain-Barre syndrome more often than non-whites; however, anyone can get it.\(^5\) Demographic characteristics are important but must be


\(^4\) Ibid.

understood within the concept of group fit. The typical member of a self-help group is a middle-class, well-educated, middle-aged, European-American male. Other observations of this study found that as far as education was concerned more of the respondents in the support group were high school graduates. The study also showed more individuals with professional occupations felt positively about the support group.

Demographic findings related to the underrepresentation of minority-group members in self-help and support groups could be related to what is called “racial fit, or “person-group fit.” The idea is that people feel more comfortable in groups where they have the same racial or other ethnic characteristics as most of the other members.

Previous investigators found that participation was influenced by how well the recruit was matched with the racial makeup of groups attended. In predominantly European-American, rural Michigan, Europeans were likely to continue attendance while African-Americans were not. However, in African-American urban areas, African-Americans were more likely to continue attendance, while European-Americans were not.

Another observation made by the researcher was the majority of those surveyed over 40. Guillain-Barre’s syndrome affects those over 40 more often than younger persons. The group-fit concept clarifies the relationship between demographic

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7Ibid., 61-62.

8Ibid., 62.

9Ibid.

characteristics and affiliation. Research on GROW International which is an organization sponsoring groups for people with serious mental illness provides an example of how group fit affected member characteristics. Researchers found that older, more educated, never married persons experienced the best fit with the groups in the study. The various studies emphasized that one cannot easily make generalizations about who should or should not be expected to benefit from a particular self-help or support group. For gender as well as race, age, socioeconomic class predictions about appropriateness of the group must take into account the specific group in question, the goals of the member, and the fit between the member and the particular group.

Surprisingly, there was an equal amount of men and women in this study. Research says that men are affected by Guillain-Barre' syndrome more often than women. However, women are found to participate in many support groups such as Recovery, Inc., Al-Anon Family Groups, National Alliance for Mental Health etc. Groups like AA for alcoholism and GA for gambling, which are more typically male problems, are exceptions.

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12 Ibid.

13 Ibid., 65.

14 Ibid.


Predicting who will successfully bond with a self-help or support group can seem so complex as to be impossible. Research reveals the errors of assuming that men will bond and women will not, European-Americans will and African-Americans will not. Nor can one assume that women will find the larger percentage of men in some groups unattractive or that an all women’s’ group will be attractive to them. Each person must be given information and be allowed to make decisions on his or her own. Merely giving information is rarely enough.\(^\text{17}\)

Individuals in the Guillain-Barre’ face to face support group with over 30 members felt positive about the group. People with adequate support systems may be less in need of a support group and therefore less likely to attend one. Levy and Derby’s study of a bereavement support group found that an adequate size of an existing support system was one reason given by nonparticipants for their disinterest in joining a group.\(^\text{18}\)

This study found that victims of Guillain-Barre’ syndrome who participated in the support group for a short-term had positive attitudes and beliefs about the effectiveness of the support group. Short-term participation starts the process of change, provides information, and supports people in crisis—all worthwhile goals and often all that is needed by the participant.\(^\text{19}\) Longer-term involvement is necessary, however for the participant who needs to make a radical self-transformation, to maintain radical change in lifestyle, and to endure long-term afflictions.\(^\text{20}\) Long-term involvement gives one an opportunity to

\(^{17}\text{Ibid., 71.}\)

\(^{18}\text{Ibid., 60.}\)

\(^{19}\text{Ibid., 87.}\)

\(^{20}\text{Ibid., 88.}\)
give back, to help others, and to acquire leadership skills. Long-term attendance presents the participant with new avenues for achieving self-growth, increasing self-esteem, making a difference in society, and acquiring a sense of purpose.21

In the study of Guillain-Barre' on-line support group those that never attended the face-to-face support group felt positively about the on-line support system. Commitment to regular attendance bridges the period between the first contact and later stages of more intense involvement. The regular meeting attender may not participate in any other aspect of the group’s activities and may never do so.22 A study of people living with HIV found that persons who had attended HIV support groups reported less emotional distress and had more social contact than did non-attenders.23

21Ibid., 88.

22Ibid., 80.

CHAPTER SIX
IMPLICATIONS FOR SOCIAL WORK PRACTICE

Many people will experience a significant chronic illness during their lifetime. “Chronic illness” encompasses diseases such as diabetes, cancer and Guillain-Barre’ syndrome. Such conditions are inescapable realities for millions of people, potentially impacting every aspect of their day-to-day lives—physical and mental health, family and social relationships, and productivity and functioning.¹

Social workers should become knowledgeable about the illnesses individuals face in order to offer them support. It is important for social workers to be clear about the nature of support, which is the essence of a support group. Members prefer to meet where they will hear positive, supportive comments. Achieving this atmosphere depends on role modeling by the social worker. Social workers can enhance supportiveness by setting ground rules for the group and remember that they are more social in nature; a place to belong.²

Group cohesiveness can be promoted through increasing opportunities for members to become acquainted with one another, members should be encouraged to share


their success stories and achieve universality through self-disclosure and the recognition of similarity among members. Information is probably the most frequent contribution of social workers. It can be transmitted through presenting it didactically, recommending experts to speak to the group, and providing literature for members. While face to face support groups benefit individuals with illnesses greatly, technology is advancing and individuals are able to find support over the internet.

The application of computer technology to self-help and support groups is so new that little is known about the outcome and processes of on-line groups. What is obvious is that the rapid growth of this medium in a few short years makes the development of community self help over the previous 20 years seem minuscule in comparison. The technological revolution is running at top speed, and practitioners are racing to catch up with it.

Technological progress has brought the world closer together in many ways: For example electronic email can be faster and cheaper. Persons whose medical condition or place of residence makes face-to-face communication with fellow sufferers impossible find that the computer can put them in touch with comrades for the purpose of mutual aid. The personal computer is another tool for overcoming some of the traditional barriers to

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3Ibid., 32.
4Ibid., 194.
5Ibid., 183.
group participation: no local group available, lack of transportation or time for travel. rarity of the condition, limitations of severe physical disability.\(^6\) Little research has been published about on-line self-help groups, although several studies are in progress.\(^7\)

Acknowledging a new beginning-the rise of technologically-enhanced self help and support, in another 10 years researchers and academics will likely meet with social workers to assess the significance of support and self help in the electronic community. Social workers should begin and continue to experiment with on-line self help and support in order to offer help for individuals who cannot attend face to face meetings.\(^8\)

Limitations of the Study

The findings of this study are limited to 30 individuals so it cannot be assumed that the selected participants are representative of all who suffer from Guillain-Barre' syndrome. Purposive sampling was used since the population could not be estimated. Frequency distribution and cross-tabulation were used to determine relationships between variables.

\(^6\)Ibid., 190.

\(^7\)Ibid., 186.

\(^8\)Ibid., 195.
Recommendations for Further Research

Guillain-Barre’s syndrome strikes 1 out of 100,000 individuals and its cause is unknown. This researcher recommends that further research be done in order to increase the awareness of the disease, find out what kind of medical treatment can be received and what the long-range plans are for recovery. The research can also help individuals with other ways of coping with the disease and what their level of understanding of Guillain-Barre’s syndrome is.
Dear Participant:

My name is Rhonda Williams and I am a graduate student in Social Work at Clark Atlanta University in Atlanta Georgia. As a Social Work major we are required to write a thesis. I chose Guillain-Barre' syndrome as my topic because my uncle suffered from the illness in May 1997. Since Guillain-Barre' Syndrome is such a rare syndrome and we had not heard of it, I became interested in the research and would like to inform others about the syndrome and share information on how to cope with it. Most importantly, I am conducting this study to find out how you feel about the support group for Guillain-Barre' victims.

I want to ensure you that the information requested in this survey will be strictly confidential. I hope you will be able to participate in this important study. If you need to contact me my e-mail is RWILL700@AOL.COM. I am asking that you please complete the survey and return it within 48 hours. Please contact me if you have questions. Thank-you for your anticipated cooperation.

Rhonda Williams
Attitudes and Beliefs About the Effectiveness of Support Groups
Questionnaire

Directions: The following questions are designed to determine how you feel about support groups as a way of coping with Guillain-Barre’s syndrome. Please answer all questions. There are no right or wrong answers.

The abbreviations for questions 1-23 are as follows:
SA = Strongly Agree,
A = Agree,
D = Disagree
SD = Strongly Disagree.

1. I think that support groups are a great asset to the people who have Guillain-Barre’s syndrome.  
   SA  A  D  SD

2. I feel that support groups are highly inadequate to solve any kind of problem.  
   SA  A  D  SD

3. Sometimes the reassurance and guidance offered by the support group is helpful in making me feel better.  
   SA  A  D  SD

4. The support group’s efforts to help Guillain-Barre’s victims is impractical and inefficient.  
   SA  A  D  SD

5. I believe the support group is helpful in assisting persons with Guillain-Barre’s syndrome with their problems.  
   SA  A  D  SD

6. Talks with peers in the support group are tension relieving if nothing else.  
   SA  A  D  SD

7. It is a complete waste of time to go to the support group.  
   SA  A  D  SD

8. I feel the support group can be helpful to Guillain-Barre’s victims needing social support if they follow the rules or guidelines of that group properly.  
   SA  A  D  SD

9. I regard the support group as a very efficient and necessary part of the services offered.  
   SA  A  D  SD

10. I feel that I cannot trust anyone in the support group to help me.  
    SA  A  D  SD
11. I regard the support group as a purposeful organization that is serving people with the problem of adjustment.

12. The support group is not effective in helping persons who have Guillain-Barre' syndrome.

13. I believe the support group does not adequately interpret the feelings of others.

14. The support group is a poor excuse for a place where persons who have Guillain-Barre' syndrome may take their problems.

15. I believe the support group is a good device for advising persons with Guillain-Barre' syndrome with their problems.

16. The support group is no direct help to persons who have Guillain-Barre' syndrome.

17. I think more individuals who have Guillain-Barre' syndrome should take advantage of the services the support group offers.

18. I believe the criterion necessary to be a member of the support group is worth taking.

19. I believe the support group is simply not interested in Guillain-Barre' victims and their problems.

20. I recommend the services of the support group to all who need help.

21. I feel that the Guillain-Barre' support group does enough good work to warrant its existence.

22. There is complete lack of organization at the support group.

23. I feel as though my family/friends are a stronger support system than the support group?
This section consists of general information about you. It is important that you complete this information in order to make comparisons.

24. What is your gender?
   A. Male
   B. Female

25. What is your race?
   A. African-American
   B. Caucasian
   C. Other

26. Where do you live?
   A. United States
   B. United Kingdom
   C. Other

27. What is your highest level of education?
   A. Less than high school
   B. High school graduate
   C. Bachelors Degree
   D. Masters Degree
   E. Ph.D./Other

28. What is your age?
   A. 18-20
   B. 20-30
   C. 31-40
   D. 41-50
   E. Other

29. What is your occupation?
   A. Professional
   B. Unemployed
   C. Secretarial/Clerical
   D. Other

30. What is your annual income?
   A. Under $10,000
   B. $15,000-$25,999
   C. $26,000-$35,999
   D. $36,000-$45,999
   E. $46,000 or more

31. How many people are in your group?
   A. Ten or less
   B. Fifteen to twenty
   C. Twenty-five to thirty
   D. Over Thirty

32. When were you diagnosed with Guillain-Barre’ syndrome?
   A. 1960s
   B. 1970s
   C. 1980s
   D. 1990s

33. How long have you been in the support group?
   A. Five or more years
   B. Three to five years
   C. One to three years
   D. Less than a year

34. How often do you attend the support group meetings?
   A. Never
   B. Rarely
   C. Frequently
   D. Very Frequently

35. Briefly discuss one thing you would do to improve the support group meetings?
BIBLIOGRAPHY

Behavioral Health Initiatives L.L.C. “A Support Center for People Living with Heart Disease, Cancer, and other Chronic Illness.” (Riverdale : New Jersey, 1997).


Mental Health Weekly, "Persons in Like Circumstances are the Best Helpers." November 1996, 7.


