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Spoiled Child Syndrome

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SPECIAL ARTICLE

Spoiled Child Syndrome

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ABSTRACT. People often speak of children as being "spoiled," and many parents worry about the possibility of spoiling their infants and children. Many pediatricians, however, are uncomfortable with this term because it is a poorly defined and derogatory expression. Some would even deny that infants and children can be spoiled. Avoiding the use of the expression spoiled can create difficulties in communicating with parents concerned about their children's behavior. In this article, the spoiled child syndrome will be defined and those patterns of behavior that characterize it will be distinguished from other patterns of difficult behavior which may be confused with it. The spoiled child syndrome is characterized by excessive self-centered and immature behavior, resulting from the failure of parents to enforce consistent, age-appropriate limits. Many of the problem behaviors that cause parental concern are unrelated to spoiling as properly understood. Such behaviors are often age-related normal behaviors, reactions to family stresses, or patterns of behavior determined by factors inherent in the child. Pediatricians can provide counseling and reassurance for such behaviors and, by helping parents understand the etiology of true spoiling, can encourage the use of behavior modification techniques for its prevention and treatment. *Pediatrics* 1989;83:108–115; *spoiled child syndrome, behavior problem, behavior modification.*

People often speak of children as being "spoiled." Parents worry that certain approaches to managing their infants and children may result in spoiling them, and friends and relatives often encourage this belief with predictions of bad outcomes. However, although every grandmother can recognize a spoiled child when she sees one, many health care professionals are uncomfortable with the concept.[1]

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Most standard pediatric texts make no reference to the condition, and even sources dealing specifically with the management of behavior disorders fail to mention it.[2–5] A search of the literature during the past 10 years revealed only one article specifically including the term spoiled in the title.[6] Dr Benjamin Spock,[7] who is frequently criticized for encouraging excessive permissiveness, actually has more to say on the topic of spoiling and its avoidance than other writers in the field.

Those health care professionals who tend to avoid the term spoiled child do so, in part, because it has no clearly defined meaning and, in part, because it is a derogatory term that seems to identify a fault in the child him- or herself. This reluctance on the part of some to use the term persists despite the practitioner's daily contact with children whose inappropriate behavior cannot easily be summarized by any other expression. Avoidance of the term and denial of the existence of the pattern of behavior it describes can lead to difficulties in counseling parents concerned about the possibility of spoiling their child. Parents may not be fully reassured by generalizations such as, "You can't spoil a baby." "Perhaps not," they think, "but children do get spoiled. When does it start, and how can we avoid it?"

DEFINITION

The spoiled child syndrome is characterized by excessive self-centered and immature behavior, resulting from the failure of parents to enforce consistent, age-appropriate limits. Spoiled children display a lack of consideration for others, demand to have their own way, have difficulty delaying gratification, and are prone to temper outbursts. Their behavior is intrusive, obstructive, and manipulative. They are difficult to satisfy and do not remain

satisfied long. They are unpleasant to be around, even for those who love them, and one often gets the impression that they do not enjoy being with themselves.

Although most parents would agree with this description of the spoiled child's behavior, many would not understand the etiology of the problem. The common misconception is that children are spoiled by overindulgence, by being given too much—too much time, too much attention, too many things. This is incorrect. Indulging children is one of the joys of being a parent, and when combined with a positive parental presence in the form of clear expectations and limits it does not produce unpleasant, demanding children. Indulgence can result in spoiling when the parent, lacking confidence, time, or energy, attempts to meet the child's complex developmental needs with material gifts and uncritical acceptance while failing to provide essential guidelines for acceptable behavior.

BEHAVIOR PATTERNS NOT INDICATIVE OF SPOILING

Frequently parents and other care providers will be concerned that certain behaviors are indications that a child is becoming spoiled when these behaviors are really unrelated to spoiling as properly understood. The behaviors that provoke these concerns are often behaviors that are normal for a given age or are predictable responses to either usual or unusual stresses in the child's life. Although not true indicators of spoiling, these behaviors often provide opportunities for spoiling to occur if parents are not aware of appropriate responses to them.

Age-Related Normal Behavior Patterns

The Young Infant Who Cries. It is surprisingly common for parents to believe that it is abnormal for an infant to cry except when he or she needs feeding or changing. This is particularly true of inexperienced parents who may be quick to label the infant who cries without apparent reason as either "colicky" or spoiled. Brazelton[8] has provided useful information regarding this subject with his survey of crying behavior in normal infants. Daily records maintained by mothers of infants in his study indicated that healthy infants spend an average of 2¼ hours per day crying in the first 7 weeks of life. Some infants cry much more. This crying often comes in "paroxysms" of fussing not apparently associated with pain. Brazelton hypothesized that such crying may be a homeostatic mechanism, serving to discharge accumulated tension in the infant. Such crying is not an indication of being spoiled.

Parents often worry that holding a fussy baby will spoil him or her, making the infant excessively demanding in the future. A study by Taubman[9] concerning the management of colic has essentially put that concern to rest. In this study of infants less than 3 months of age with excessive crying of unknown cause, it was found that modification of the parent-infant interaction often decreased the infant's colicky crying time. Taubman's approach was to instruct parents to assume that the crying infant was attempting to communicate a need and to make a systematic attempt to identify that need by feeding, holding, or stimulating the infant or allowing him or her the opportunity to go to sleep. Parents were specifically instructed to try never to let the baby cry. If extra attention could lead to spoiling the young infant, it might be supposed that these instructions would have that result. In fact, however, the posttreatment crying of these infants was markedly reduced from baseline and was not different from that of untreated noncolicky control infants.

Parents may be reassured that they need not hesitate to comfort a crying baby because of fears of spoiling. Beyond 3 or 4 months of age the infant's cry becomes a less accurate indicator of genuine needs. Older infants may begin to use their crys in a manipulative way, and the application of behavior modification techniques becomes appropriate to prevent the development of true spoiling.

The Toddler Who Gets Into Everything. When infants become mobile, they are driven to explore the environment. First crawling, then cruising, and finally walking, they set out to discover the world. If they can see an object, they will try to reach it; if they can reach it, they will put it in their mouths. Many parents are unprepared for the intensity of this urge to investigate the environment. They find themselves following the child around, continually cleaning up messes, rescuing fragile possessions, snatching the child away from danger, and probing his or her mouth with their fingers to remove small objects. Their habitual response becomes a shouted "No!" as they start from their chairs to intercept some new trajectory of discovery. Eventually, they begin to suspect the worst, that the baby is spoiled. They may then attempt to regain control by increasing the frequency and severity of spankings and other punishments, creating a state of continuing conflict as the child finds normal impulses repeatedly frustrated.

Being aware of this developmental stage allows the health care provider to warn parents of what is to come. When the parents understand that their

toddler's curiosity is a normal, positive thing, they are less likely to perceive it as a behavior problem indicative of spoiling. Instead, they can take the appropriate steps to "child-proof" the environment. There will generally be some items that the parents are unwilling or unable to relocate. With the movable objects out of the way, the parents can concentrate on teaching the child to leave these remaining items alone. With fewer things to avoid, the child is able to learn more quickly which are acceptable playthings. Parents who do not teach the child that there are limits run the risk of raising a truly spoiled child who is unable to control his or her own behavior or to respect the possessions of others.

The Negative 2-Year-Old Child. The young infant is unaware of any distinction between him- or herself and the people and things surrounding him or her. By the latter part of the second year of life, however, most children have developed a sense of themselves as separate and independent beings. With this sense of autonomy comes an awareness of their ability to make decisions and to influence events around them. The dawning of this awareness frequently ushers in a stage of difficult behavior known as the "terrible twos," a phase that may actually extend from approximately 18 months of age until the third birthday. During this time, the toddler is likely to attempt to exercise autonomy by resisting the efforts of others to guide and control his or her activities. Parents are inclined to see this resistance of their authority as an indication that the child is becoming spoiled.

Parents who are concerned that the 2-year-old child's negativism is a sign of spoiling can be helped to understand that it is an important, positive thing that the child has developed "a mind of his or her own." The trick is to deal with the child's growing independence in such a way as to avoid unnecessary conflict and confrontation. One way to do this is to avoid appearing to offer the child choices when, in fact, he or she has no choice. If a given course of action is nonnegotiable, the parent should not ask the toddler how he or she feels about it; the parent should simply inform the child of it calmly and firmly and proceed. When appropriate, the child can be given choices, all of which are acceptable to the parent. This allows the child to feel a degree of control without causing the parent to relinquish any authority.

Patterns Related to Characteristics Inherent in the Child

Speech and hearing handicaps, chronic medical illnesses, and other problems such as autism may manifest themselves as behavioral difficulties. For this reason, an adequate medical evaluation must be performed on the child whose parents are concerned that he or she may be spoiled. History, physical examination, and appropriate laboratory tests should be obtained. Two conditions for which the history is particularly important for diagnosis are the difficult child and the attention deficit disorder.

The Temperamentally Difficult Child. Infants and children are not "blank slates" on which any personality desired may be written by environmental influences. Instead, each child is born with an inherent behavioral style that tends to remain constant throughout time. This innate, characteristic pattern of response is known as "temperament." Some children are inherently more difficult to deal with than others and may be perceived by parents, friends, and relatives as being spoiled.

The concept of the difficult child grew out of a longitudinal study of child development conducted by Chess.[10] In the course of a series of interviews, it became apparent to them that some children had temperamental characteristics that presented special difficulties for parents. These children tended to be irregular in physiologic functions such as eating, sleeping, and stooling. Their reactions to new foods and situations were negative and expressed with great intensity. As a result, simply establishing routines for eating and sleeping would be a challenge, and teaching more complex behaviors such as toilet training would become a major struggle. Parents who believe such difficulties are signs of spoiling may feel guilty or angry and may react with excessive or inappropriate physical punishments. Conversely, if they feel hopeless and defeated, they may give up on efforts to set limits with the results that true spoiling will be superimposed on the child's already difficult temperament.

A questionnaire for the evaluation of infant temperament is available[11] as well as forms to assist the physician in explaining the results to parents.[12] These may be used by the physician in counseling the family to avert the complications of difficult temperament through appropriate anticipatory guidance. Advice is focused on helping the parents to understand the nature of child's disposition and to accommodate their responses to his or her individual needs. By learning to take the child's actions and attitudes less personally, they can develop a degree of detachment that will enable them to avoid overreacting to the troublesome behaviors.[13]

The Child With Attentional Deficits. The attention deficit disorder is a common disorder of childhood estimated to affect 5% to 10% of all children with a male to female ratio of 3 or 4:1.[14] It is characterized primarily by poor attention and con-

centration, resulting in behaviors that create problems for the child both at home and at school.[15] The child with attention deficit disorder tends to act impulsively without weighing the consequences of actions. The child has trouble waiting his or her turn, talks excessively, and disrupts other children. Many, but not all, children with attention deficit disorder are also hyperactive. It is easy to see how this uncontrollable, disruptive behavior may be mistaken for spoiled behavior by families, teachers, and physicians unfamiliar with the condition.

The diagnosis of attention deficit disorder is made primarily on clinical grounds, a good history and physical examination serving to exclude other conditions.[16] Psychometric testing may be helpful in some cases. Pharmacotherapy with stimulant medications such as methylphenidate or pemoline may result in dramatic improvement in many school-aged children with attention deficit disorder.[17] Otherwise, management both at home and at school centers on the use of behavior modification techniques. Recognition of the child with attention deficit disorder allows these therapeutic modalities to be applied effectively and can result in the "unlabeling" of the child previously thought to be spoiled or emotionally disturbed.

Behavior Patterns Related to Common Family Stresses

A variety of family problems are capable of producing behavioral difficulties in the child which might result in the perception that he or she is spoiled. These include marital discord such as chronic verbal fighting and abuse, physical violence such as spouse or child abuse, and alcoholism or other substance abuse.[18] Such families are less capable of dealing effectively with normal childhood behaviors and through either inadequate or excessive responses tend to generate additional problem behaviors. Two specific examples of this are the family involved in marital separation or divorce and the family that includes a parent with mental illness.

Separation and Divorce. With the rate of divorce approaching 50% for all marriages in the United States, more than 1 million new children each year are being affected by the dissolution of their families. It is estimated that between one third and one half of all children will experience the separation or divorce of their parents at some time.[19] The loss of family structure is a major stress to children, and the response to that stress is largely age dependent. Infants, toddlers, and preschool children in particular are likely to respond in ways that may be mistaken for spoiled behavior. They may throw more temper tantrums, act out aggressively, regress in toilet training, develop sleep disorders, and become unwilling to be separated from the remaining parent.

These difficult behaviors become worse at a time when the custodial parent has a diminished capability for dealing with them, when reserves of physical and emotional energy are likely to be at a low ebb. Because of feelings of guilt, one or both parents may be reluctant to enforce the usual limits. The resulting increase in misbehavior may lead one estranged parent to accuse the other of spoiling the child and to set out, using inappropriately harsh techniques, to correct the spoiling. In general, any disagreement between the parents regarding child-rearing practices that existed prior to the separation will be exacerbated and serve as a source of continuing conflict.

Many of these difficulties with problem behaviors, and the misperception that they are signs of spoiling, may be obviated with appropriate anticipatory guidance. Children can be explicitly reassured regarding their lack of responsibility for the marital trouble and the continuation of their parents' love for them. Parents may be advised about the importance of keeping children informed concerning plans for the future to lessen their fear of the unknown. The importance of both parents maintaining appropriate and consistent behavior limits can be emphasized so that the children are not further stressed by the disappearance of familiar systems of support and guidance.

Parental Mental Illness. The child whose parent is emotionally disturbed is at particular risk for being perceived by that parent as spoiled. The psychiatrically ill parent frequently lacks insight. He or she tends to see the child's behavior from a distorted perspective so that age-appropriate activities may be viewed as intentional provocations or challenges to authority. In addition, the inappropriate response of a dysfunctional parent to both normal and problem behavior is likely to produce further reactive behavior problems in the child.

Rutter and Quinton,[20] when investigating the effect of parental psychiatric illness on children, found that in most cases it was not the illness itself that placed the child at risk but rather the associated psychosocial disturbance in the family. Among those children who were affected, disorders of conduct were common. Consequently, expressed concerns about spoiled behavior in a child should lead to questioning regarding all aspects of family integration and parental function. Although the "chief complaint" involves the child, the treatable disorder may be found in the parent.

BEHAVIOR PATTERNS SUGGESTIVE OF TRUE SPOILING

Although many behavior problems can be accounted for by developmental, temperamental, and environmental factors, there still remain a number of troublesome behavior patterns that cannot be well characterized by any other designation than spoiled. The health care provider need not use that term in discussing the behavioral difficulty with the child's family; some parents may resent having the label applied to their child. Instead, the physician can refer to the specific behavior problem by name or, in the case of the child with multiple behavior problems, can inform the parents that the child is exhibiting excessive self-centered and immature behavior because of their failure to enforce consistent, age-appropriate limits. In some instances, however, use of the term may facilitate communication by helping the parents better to understand the nature of the problem.

Trained Night Feeding

Although most newborn infants will require one or more feedings during the night, 50% of infants will be sleeping through the night before 2 months of age. By 4 months of age, 95% of infants will be able to sleep through the night without feeding.[21] Older infants who continue to demand a 2 AM feeding have been termed "trained night feeders"[22] and are an example of early, mild spoiling.

The parents of these infants are often caring, attentive parents who respond promptly to each fuss or cry with the offer of breast or bottle. The infant's stomach becomes accustomed to frequent, small feedings during the day, and the infant demands the continuation of this feeding pattern through the night. The infant's habit of taking frequent snacks is then perpetuated until the tired, angry, and frustrated parents come to believe that their baby has become a spoiled tyrant of the nighttime hours.

This form of spoiling can be prevented by helping parents realize that not all infant cries are cries of hunger. As noted before, young infants can be held and cuddled freely without fear of spoiling them; they do not need to be fed every time they are held. When a pattern of nighttime feeding has been established, parents can help the infant grow out of it by increasing the interval between daytime feedings. A pacifier, infant swing, or extra holding and attention can keep the infant occupied until 4 or more hours have passed.[23] When the infant's stomach becomes used to taking larger feedings, nighttime awakening because of hunger will become less common. When the infant does awaken at night, he or she should be fed just enough to get him or her back to sleep.

Trained Night Crying

New parents generally enjoy caring for their babies. At first it is a pleasure to care for them, even in the middle of the night. Each nighttime feeding or diaper change is an opportunity to talk and play, with parent and baby both enjoying the time together. Often the infant is rocked back to sleep before being returned to the crib. After a few months, when the novelty has worn off and the parents begin to desire the return of uninterrupted sleep, some infants are reluctant to give up these middle-of-the-night social hours. These infants older than 4 months of age who have given up their night feedings but continue to awaken and cry for attention have been termed "trained night criers."[24] Parents may sense that these infants are making unreasonable demands on them, but they are often reluctant to impose reasonable limitations because of fears that crying might be harmful to the baby.

The health care provider can help the family deal with this problem by explaining the manner in which the infant has been "trained" to cry at night by having his or her cries rewarded with attention during the preceding months. This will assist the parents in understanding that, to eliminate the crying, they must stop responding to it with attention and affection in the middle of the night. Sensitive parents may resist advice to simply let the baby "cry him- or herself to sleep" because that approach sounds cruel and uncaring. The treatment plan can be stated in more positive terms as "helping the baby to learn that he or she can get him- or herself back to sleep."

Trained night crying can be prevented if parents are encouraged from the outset to put the baby to bed while still awake. Infants who are routinely rocked to sleep come to think of their cribs not as a place to go to sleep when they are tired but as a place from which their parents pick them up when they awaken. Parents can be reassured that it is normal for infants to cry for ten to 15 minutes as they settle down to sleep and that such crying will not hurt the baby.

Recurrent Temper Tantrums

As mentioned previously, as soon as normal toddlers set out to explore the environment, they begin to get into things. When they come to realize that they have a mind of their own, they begin to act independently and often negatively. Although steps can be taken to minimize the number of confrontations these activities produce, not all conflicts

can be avoided. It is inevitable that toddlers will sometimes find their desires thwarted by the limitations reasonable parents will impose. On some such occasion, most children will eventually discover the temper tantrum.

A tantrum is an intense outpouring of anger and frustration which is frightening to both parent and child. During a tantrum, children will cry fiercely. They may fall to the floor, kicking their feet and banging their heads in fury. They may hold their breath to the point of turning blue or even losing consciousness. Some parents are so alarmed by these displays of temper that they will do anything in their power to avert them. If parents attempt to stop the tantrum by giving the child what he or she wants or allowing him or her to do what he or she wants to do, they are rewarding the inappropriate, disruptive behavior, and by rewarding the behavior they increase the chance that it will be repeated. In this way some children are taught that they can control their parents by throwing or threatening to throw temper tantrums. These children who continue to have frequent tantrums are truly spoiled through their parents' inability to enforce age-appropriate behavioral limits.

Fortunately, the treatment of this problem is extremely simple. Parents can be instructed to put an end to temper tantrums merely by ignoring them. The parents may be reassured that the children will not hurt themselves or die during the course of a tantrum. If temper tantrums have become an ingrained behavior problem during a period of time, they will not cease immediately. However, if the parents are consistent in refusing to acknowledge and reward them, they will decrease in frequency and ultimately disappear. This form of spoiling can be prevented altogether if parents are forewarned concerning tantrums as a part of anticipatory guidance during well-child checkups between 12 and 24 months of age.

The Toddler Who Is Out of Control

If the infant with trained night feeding can be taken as the mild end of the spectrum of spoiling, then the more severe end is represented by the intolerable toddler whose parents have completely lost control.[25] This child not only throws frequent temper tantrums but also kicks and bites others, is destructive in play with books and toys, and generally resists or ignores all parental efforts to guide his or her behavior. This child sleeps poorly, eats or refuses to eat at will, and declines to participate in toilet training. Because of his or her high level of uncontrolled activity, he or she may be incorrectly labeled as hyperactive. He or she is defiant, hostile, and aggressive, and neither adults nor other children want to have anything to do with him or her. He or she is, in common terminology, "a spoiled brat."

By the time out-of-control children are brought for evaluation, their parents are often at the end of their ropes. They are exhausted from lack of sleep and the stress of coping with continuous disobedience. They are also angry and frustrated by the negative effects their children's behavior is having on their lives. Such parents often seem helpless, hopeless, and defeated. When asked what they have been doing in an effort to control their child, they will usually answer, "Everything! But nothing works!"

The claim that they have tried everything is, in fact, a clue to the cause of the problem: In trying everything, they have not really done anything consistently. In attempting to deal with the child's common, everyday misbehaviors, they have vacillated from one approach to another without giving any technique a real chance to work. Typically, they will have relied heavily on shouting and scolding, reinforced with angry spankings when the child's behavior has taxed their patience to the limit. If they have sought advice from friends or books, they may have experimented briefly with "time-out" or "natural consequences" but will have given up on those techniques when the child's behavior did not immediately improve. On bad days, they have passively accepted the child's defiance and let him or her do as he or she pleased. This lack of parental consistency—in expectations, limits, and methods of enforcement—prevents the child from learning how to behave in an age-appropriate manner.

The health care provider can put the parents back in control by reassuring them, first, that they can and should exert a controlling influence over their child when behavior starts to become intrusive, obstructive, or dangerous. Normal behaviors can be explained and accepted, and attention can then be focused on those problem behaviors that require correction. Management of the toddler who is out of control, like the primary prevention of spoiling, centers on the effective use of behavior modification techniques to decrease the occurrence of undesirable behaviors and to increase the occurrence of appropriate behaviors.

AVOIDANCE AND TREATMENT OF SPOILING

Some parents, observing disagreements between the experts and seeing the changes in their recommendations throughout time, come to believe that when it comes to raising children one person's

opinion is as good as another. It is important to note, however, that modern recommendation concerning child discipline are not simply a matter of opinion. The principles of behavior modification underlying current guidelines for parents are based on scientific principles developed by the behavioral psychologists E. L. Thorndike and B. F. Skinner.[26] They have been in use for many years and may be expected to stand the test of time.

Behavior modification techniques such as the use of time-out can be applied regularly in everyday life to avoid spoiling or to "unspoil" the child whose parents have been delayed in teaching appropriate limits. Some parents trying to deal with a spoiled child may object that spending time in time-out is not a sufficiently severe punishment. They are forgetting that the purpose of punishment is not to make the child suffer but to teach him or her the limits of acceptable behavior. Time-out is successful precisely because it is not a severe punishment, and consequently, parents do not hesitate to invoke it consistently. It is the consistency of the punishment, not its severity, that helps the child to learn the rules.

Because many people believe that the spoiled child has suffered from a lack of physical punishment, a few words must be said about spanking. One serious problem with spanking is that, because it works well during the short haul, some parents come to rely on it exclusively and fail to learn other ways of teaching their children which behaviors are not acceptable. Parents cannot or will not spank the child for every infraction of the rules; to do so would leave the child angry or hurt. As a result, the rules are only inconsistently enforced and learning does not occur. Although the ideal would be for parents not to spank at all, a more realistic goal for the physician to promote may be to hold spanking to a minimum, limiting its use to the occasional swat on the thigh for emphasis. Parents may be encouraged to accept this idea if they are told that the less they spank the more effective it will be.

The basics of behavior modification are simple enough to be explained to parents during the course of routine well-child visits or when concerns about behavior problems, spoiling, and discipline occur.[27,28] There are a number of publications available to parents and professionals that provide detailed information concerning the use of time-out and other behavior modification techniques.[5,28–30] This information is essential to the parents concerned about spoiling their child.

SUMMARY

At birth, human infants are totally dependent on those around them for the gratification of their needs. These needs include food, warmth, shelter, and love. They are vocal in their demands that these needs be met and will not willingly wait for anything when a need is felt. These needs are virtually insatiable, always returning with renewed force shortly after they seem to be satisfied. The process of developing into a mature, well-adjusted child and adult is the process of socializing the expression of these needs. It involves learning that not all needs can be met immediately, that others have needs as well, and that there is a difference between "wanting" and "needing."

The spoiled child syndrome represents the failure of this process of socialization. Because of the failure of parents to teach the growing child age-appropriate limits, the child remains self-centered and immature, unable to delay gratification or to tolerate not having his or her way. There is no upper age limit on being a spoiled child; some individuals carry this pattern of behavior into adolescence and adulthood. Guidance and reassurance from the health care provider can help parents teach the necessary limits effectively, avoiding both the short- and long-term adverse consequences of spoiling. At the same time, the health care provider's advice can free the parents from unnecessary worry and help them to get full enjoyment from participating in their child's growth and development.

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SELF-HELP MOVEMENT

[There is] a social movement of "self-help" and "mutual aid" that is surging in the United States and worldwide. The movement includes Parents Anonymous, Emphysema Anonymous, Overeaters Anonymous, Debtors Anonymous, Pill Addicts Anonymous, California Smokers Anonymous, Gamblers Anonymous, Depressives Anonymous, Prison Families Anonymous, Impotence Anonymous, Cocaine Anonymous, WWL2M (Women Who Love Too Much) and thousands of others.

Submitted by Student

From Brown PL: Troubled millions heed call of self-help groups. *The New York Times*, July 16, 1988.

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