

Collaborative Research with a Mutual Help Organization

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In recent years we have experienced a declining faith in the power of government to implement positive social policies for people most in need. While there appears to be a lower limit in the willingness of Americans to eliminate direct government economic supports for needy individuals,¹ enthusiasm for substantive social programs is almost nonexistent. This attitude appears to apply to the development of mental health as well as to economic programs. Widespread recognition that deinstitutionalization, a key component of the community mental health movement, has failed to solve the problems of major mental illness is forcing many of its previous supporters, including the American Psychiatric Association, to recant from the ideals of community care.² To some extent, this decline may be predictable in the natural cycle of social interventions. As Richard Elmore has noted, "social intervention is always vulnerable to attack, on the one hand, because theories and policies always promise more than they can deliver, and on the other, because society's willingness to invest in remedial/redistributive policies is never quite what is needed to produce the results that the policy-makers and social scientists promise."³

Whether predictable or not, the loss of support for deinstitutionalization leaves many of our most vulnerable citizens at risk for institutional confinement. As prison populations reach a new high, and as social explanations turn increasingly back to individual "victim blaming,"⁴ it becomes more likely that our unwillingness to tolerate deviance will be expressed as a rediscovery of the asylum and a humanitarian effort to remove the homeless from the streets. In this scenario we will surely over-identify those in need of confinement for their

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own good. To avoid a simple-minded return to confinement in mental hospitals as the treatment of choice, we must find alternatives to inadequate and unrealistic traditional outpatient services and to the dumping of patients into the community with no services, no support, and no skills. Realistic assistance for the seriously and chronically mentally ill remains the "unfinished business" of the mental health movement.⁵ One positive alternative, albeit largely unresearched, may be mutual-help organizations.

This article describes an ongoing longitudinal program of research, which evaluates, at multiple levels of analysis, one such organization, known as GROW International. GROW is a network of former mental patients and others who have created what they call a "caring and sharing community," enabling one another to enjoy productive

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and meaningful independent living. Currently there are approximately 500 GROW groups in several countries.

The first two authors have been engaged in research for several years, driven by a basic premise about the nature of helping relationships and processes, particularly the ability of those without formal degrees to care for one another. We have argued that, while professionals may be quite useful as systematizers of knowledge and as facilitators and evaluators of organized action, we are more useful when we demystify the helping process and encourage those who are in key positions, by virtue of their place in the natural environment, to use their own interpersonal and other skills in a systematic way to provide support and assistance for one another.⁶

This view leads to an important assumption about the training of profes-

sionals. On the one hand, it suggests that the role for which we train graduate students should be that of evaluator, observer, catalyst, and communicator. On the other hand, it suggests that the attitude we should encourage in our students is one that communicates respect for the abilities of people to care for themselves and for those who are in need of assistance within their community. To state this negatively would be to say that those who obtain graduate degrees should not necessarily be trained to believe that they know, by virtue of their degrees, how best to engage in the process of helping. Rather, we must acknowledge that what we know about helping has been largely based on artificial interactions between professionals and clients, usually in an office, laboratory, or hospital. On the positive side, this means that we can learn a great deal by studying helping where it occurs, i.e., in the natural environment.

Much of what goes on in the natural environment among friends, family, teachers, and others, in places like schools, churches, and neighborhoods (what Berger and Neuhaus call the mediating structures of society⁷) is quite effective in solving problems in living for most people. However, for a variety of reasons, a fairly large minority of people are excluded, accidentally or by plan, from the benefits of such natural support systems. It, therefore, becomes necessary to see the role of the professional as one who studies helping processes where they are effective, and who designs systems, or helps to establish social policies, which either extend the reach of help provided by existing community structures or create new settings for those who are excluded.

In pursuing this viewpoint, we have evolved from those who began in what was called the nonprofessional movement, to those who now emphasize the more naturally occurring forms of mutual assistance that develop in communities as a normal consequence of social and community life. Our early work with college student nonprofessional volunteers was pursued in a project called the Educational Pyramid.⁸ We supervised a group of graduate students, each of whom in turn supervised a group of undergraduates who served as helpers for target people experiencing life dif-

faculties. In that project we consciously selected four different problem areas, representing four different developmental levels: children in elementary schools who were experiencing academic and behavioral problems, adolescents in legal jeopardy, adult mental patients, and elderly residents of a nursing home.

Each of the settings in which we worked (schools, the legal system for preadjudicated adolescents, the mental health system, and nursing homes) can be placed on a continuum of tightly to loosely institutionalized. The culture of these more-or-less formal settings tended to allow our college students more-or-less flexibility. The constraints tended to influence interaction among the volunteers and the targets and, in turn, the outcomes of their experiences. In our most successful project, working with adolescents in the legal system, flexibility was highest. But there were limits even there. The project required the close cooperation of professionals in order to be implemented. After we developed a dissemination package for other locations we followed the project as it was adopted and extended in our own community, and we found that new volunteers (outsiders) were unable to do what the demonstration project indicated they should be doing. The system had a well-established culture, and the project's essence and ideals were difficult to maintain once the demonstration formally ceased.⁹

The project for mental patients, designed to keep them out of the hospital, was organized in cooperation with local mental health professionals. We found that they were often unwilling to give up control over the lives of their patients, and yet they were unavailable other than at regularly scheduled meeting times or during an extreme crisis, and then almost always in their office. They were in no sense a part of the clients' day-to-day effective support network, and although our volunteers were able to develop many supportive relationships, we too were limited by role and time constraints that made us less than effective for people who most often lacked the day-to-day contact with viable significant others who were truly integrated into their real, ongoing lives.

It was in this context that we experienced directly what is now well

known by those who have systematically evaluated the failure of our efforts to create successful alternatives to hospitalization. There has been a failure to implement a positive philosophy of community care. In part it is a problem based on the inability of the mental health system to shift resources as the chronic hospital population was reduced and the outpatient population increased. We have retained a pattern of outpatient mental health services that was designed for the times when we considered long-term hospitalization for chronic patients to be a viable strategy of mental health care. The movement to deinstitutionalize has failed to modify the kind of care that outpatient services provide, even though the population in need of outpatient services has changed dramatically.¹⁰ Despite the fact that the deinstitutionalized patient population is

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one that requires more assertive day-to-day real life, concrete, and supportive services, we have failed to alter the type of services delivered.

There are many reasons for this failure, not the least of which is the fact that under current federal policies it is easier for states to fund services for brief hospitalization than for alternative care. But not all the reasons are economic. Mental health professionals are by and large unwilling, and perhaps unable, to do what is necessary to create the kinds of day-to-day support systems needed. Few are willing to be friends, socialize with, and become significant others in the lives of these people. Few are able, for example, to spend the time working closely with people in their apartments to set up housekeeping and to handle the

daily problems of living. Such assistance requires a different view of what mental health workers do. Few are able or willing to become an integral part of their clients' everyday life. And to do so at professional salaries would be quite expensive. The model of professional training is simply not suited to such work. Not only does it make unrealistic and costly time demands on professionals in terms of intensity, but it also requires ongoing involvement. Nor is a short-term commitment of volunteers, or nonprofessionals, feasible, if the problems are long-term.

A review of the empirical literature aimed at keeping people out of the hospital reveals several things.¹¹ Most striking is the finding that although patients in individual programs designed to keep them out of the hospital show specific gains idiosyncratic to that program's approach, in most cases when the program ends the gains made gradually disappear. For example, Stein, Test, and Marx¹² found that during treatment a community care group showed significant improvement in functioning over the hospital care group in terms of recidivism rates, employment, social contacts, and symptomatology. Once treatment ended, however, there was a rapid decline in the community care group. By 16-months post treatment there were no significant differences between the groups. This result has been found in a host of other studies: a key for effective community-based programs appears to be the provision of ongoing, rather than time-limited care.

Many point out that care must also be assertive in order to reach this group of community-based patients. Left to their own initiative they will not aggressively seek out mental health services and therefore will remain unserved. For example, in a study of the residents of a board and care home, Lamb found that 51 percent of the residents participated in a social rehabilitation program located down the block. When it moved and when transportation was provided, 27 percent continued to attend. When the van was sold and only public bus transportation was available, attendance dropped to 3 percent.¹³ Finally, others argue that care must be individually tailored in order to provide the particular skill training and support each in-

dividual requires.¹⁴ The program must be flexible so that individuals can develop their own resources without counter-productive, overdependence on the mental health system.

We can apply these findings to the development of a positive philosophy of community care. We must recognize that for many, mental illness is a life-long problem, requiring life-long support or care. If we are going to attempt to develop community programs that provide adequate alternatives to hospitalization, they must include provisions for *ongoing* rather than time-limited services. Care must be assertive as opposed to passive, and programs must be flexible enough to target the deficits and build on the strengths of each individual.

Our experiences convinced us that while nonprofessional volunteers could be shown to be useful as helpers in a variety of ways, we had made a fundamental mistake in limiting ourselves to the placement of outsiders into formal, professionally run systems for helping. In doing so, we were still dealing with the constraints of formal systems to which clients are usually assigned, and where professionals still control much of what goes on, while clients either fit into the constraints of the system or are ignored. At best, we could provide services for a limited time. Eventually the clientele would be left to its own devices. In short, the "cure model" of intervention only seems to work for certain problems and, even then, only for a limited period of time. Perhaps we need to think about facilitating or creating support structures, rather than cures. But what kind of structures?

We became interested in the possibility that much helping in real life goes on without the constraints of professional care, and that we do not know very much about what it is like, let alone how to think about how to expand it to those who are excluded from such help. One foray into this domain was to begin to conceptualize the meaning of empowerment as a mechanism by which people gain control over their own lives.¹⁵ Such control may involve political, economic, interpersonal, and spiritual, as well as psychological, dimensions.¹⁶ Empowerment may be the result of programs designed by professionals, but more

likely will develop in those circumstances where there is either true collaboration among professionals and the supposed beneficiaries, or in settings and under conditions where professionals are not the key actors, i.e., where people take responsibility for their own lives and learn to support one another as well. To see how it works we must look to many different and diverse settings where people are living.

If we are to inform a social policy of empowerment and to develop interventions or encourage the creation of settings useful for those who are not now empowered, we need to find ways to intervene in a form and with a style that is consistent with the idea of empowerment rather than with the idea of controlling others. We may find it necessary to become participant-observers rather than manipulators, and to learn to collaborate and develop trust among researchers and people living in their own settings, where the researcher is guest rather than host, and where the beneficiaries of the setting are those who make the decisions.

THE DEVELOPMENT OF COLLABORATION

We were approached one day by a Jesuit priest from Australia who had come to the United States to encourage development of a mutual-help organization for people with a history of serious psychopathology. Cornelius Keogh had been on full-time loan from the Catholic Church to an organization called GROW, which he helped to found, following his own "mental breakdown" in Australia 25 years earlier. Father Keogh came to the, perhaps, surprising location of central Illinois as a result of an invitation from our colleague, O. Hobart Mowrer. Mowrer, in the later part of his career, came to believe in the power of self-help, and was the sort of visionary who knew a good thing when he saw it, even if it was not recognized by the professional community.

GROW began in Australia when Father Keogh and a number of former mental patients who were attending Alcoholics Anonymous splintered off to form their own group. Now there are over 500 different GROW groups around the world, including about 400 in Australia, 50 in New Zealand, 38 in

Illinois, 30 in Ireland, and a few each in Great Britain, Canada, and Hawaii. Though open to anyone, the organization focuses on persons with a history of mental illness. Professionals occasionally join groups as members and sometimes attend for a short time as "community observers" to see what the groups are like. GROW has developed an extensive literature, written largely by the members themselves, and has organized a set of principles in what is known as the "Blue Book," a kind of manual for mental health that members carry and quote from regularly.

Groups generally have between three and fifteen members, meet weekly for about two hours, and follow a structured "group method." Important components of the "group method" include: personal testimonies, discussion of members' problems and progress, discussion of readings from the GROW literature, and assigning "practical tasks" and out-of-group contact between members for the coming week. Each group has an elected volunteer "organizer" whose role is to keep the group on task and consistent with GROW's principles. Each week the organizer selects a participant "leader" to run the meeting. In addition to the weekly meetings, GROW sponsors regular social events and leadership training functions and encourages members to develop relationships outside of formal GROW functions. The organization is structured horizontally, rather than vertically. The leaders are also the members. People are encouraged to take increasing responsibility as they become a part of the organization.

GROW's funding comes from several sources. The small costs of refreshments, literature, and other materials for each individual group are generally paid for by voluntary contributions of members of that group. GROW also operates drop-in centers that serve as headquarters for paid "field workers" from various regions. Field workers help new groups get started, serve a training function for organizers and other potential leaders, and visit groups in their regions to assure that groups are maximally effective and operating in line with GROW principles. The drop-in centers and field worker salaries are generally funded by a combination of

private donations and public mental health and social service monies.

We refer to GROW as a mutual-help organization, rather than a set of mutual-help groups. The distinction is not trivial. In order to understand what GROW is like, it is necessary to see the group meetings as important but not necessarily the sole or even the key ingredient in the approach. The groups may be like the glue that holds the organization together, but much of the effect, we suspect, is a function of the total involvement of an organization in the lives of its members. GROW's intentions are to create friendship networks and a "caring and sharing community" enabling members to enjoy meaningful lives by adopting varied roles and responsibilities in a complex organization designed to create social niches for people. In a sense, GROW becomes a mediating structure between the individual member and the larger community. It changes (or seeks to change) the social ecology in which the person functions.

But this is getting ahead of our story. The point here is that having been presented, above, with our evaluation of the need for community alternatives that are ongoing in the lives of people, assertive and individually tailored—for those in which the supposed beneficiaries of the program are also the decision makers and that create a sense of empowerment rather than dependency—you may have some sense of our reaction when on our doorstep there appeared an organization that was designed close to one we would create in fantasy. At that time, all we had was a priest's description of the organization; being academics, we were skeptical that the reality would match the words.

By the time Father Keogh and his colleagues sought us out, they had already established about a dozen groups in central Illinois. They approached us with an offer to evaluate GROW. It was their belief that if they were to be successful in the United States, they would need "scientific evidence" for the usefulness of the approach to problems of serious mental illness that GROW uses; and they were convinced that we would find data to support their claims. At first we were rather skeptical because we feared that these GROW advocates intended to

use us solely to increase their credibility and to garner support for their work in America. Did they realize the hassles and complexities involved in doing such research? Did they understand the difference between public relations and data, and that it was unlikely that we would find *only* positive results? However, after many conversations and interactions with key people, it became clear that GROW genuinely sought constructive empirical feedback. In fact, they had already developed and built into their weekly group meetings a brief self-evaluation component.

From the outset, a collaborative relationship was the mutual objective. In that relationship, our research staff has tried not to put themselves in the role of "experts" nor the GROW members in the role of "subjects." Rather, a

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"resource collaborator" model of interaction in which both parties have a say about the research approach, has been fostered.¹⁷ We obtained, through GROW, a grant from the McArthur Foundation, which enabled us to spend several months conducting a feasibility study. Our research staff became familiar with the extensive GROW literature and attended numerous GROW group meetings and other functions in order to understand the organization's philosophy and methods of operation. GROW members have been involved in every aspect of measurement development, including decisions about which constructs to measure and which could be easily obtained.

The result of this feasibility study was a decision to submit a research proposal for a longitudinal study of member out-

comes, group processes, and the development of the organization itself. The National Institute of Mental Health was favorable, and we have just completed a year-and-a-half of data collection and expect to continue to collect data for another year.

An important mechanism for maintenance of the collaborative relationship is the nature of the research methodology. Participant-observers, who attend the weekly mutual-help meetings on a regular basis, collect the bulk of the research project's data and provide a vital and direct link between the project and the GROW membership. The participant-observers are selected not only on the basis of their data collection skills, but also on the basis of their ability to form genuine relationships with members and their willingness to respect the GROW approach. Each participant-observer is responsible for attending a few GROW groups and conducting the interviews for members in those groups. Since they see members regularly, both in group and private interview contexts, often in the Growers' homes, participant-observers gain in-depth knowledge of members. We believe that participant-observers are better able to encourage members' participation in the research and to collect more accurate data because of this intimate knowledge. They come to be seen by members as genuine and concerned people, not mysterious or imposing figures.

Research staff also continue to regularly attend various GROW leadership and social functions, and to collect information on organizational development, as well as GROW's contacts with other organizations. We even have a research assistant assigned to follow the key leaders around to see what they do on a day-to-day basis.

There have been some disadvantages to the collaborative arrangement. It has been necessary for both GROW and the research team to devote considerable time to maintain the relationship. Both parties have had to compromise on certain matters. For instance, we had to settle for an initial interview assessment one month after starting GROW rather than sooner, so as not to "drive away" potential new members. The GROW leadership, on the other hand, has had to spend extra time to encourage mem-

bers' participation in the research. Overall, however, the benefits have seemed to outweigh the disadvantages. For the costs of a few compromises and the extra effort to maintain a collaborative relationship, we have gained high levels of trust and cooperation that have improved both the quality and quantity of data collected.

EVALUATION OF INDIVIDUAL PARTICIPANTS

Since GROW does not limit itself to focused therapeutic group meetings, but rather is a mutual-help organization that sets its goals around the creation of a community of social relationships for its members, an assessment of GROW members' social functioning is essential. Rather than allowing symptomatology and treatment to take overarching conceptual significance, we believe that a number of life domains are equally relevant in understanding individual functioning. Our individual assessment of GROW members focuses on four basic, conceptual domains: a) the nature of social relationships; b) community adjustment; c) symptomatology and cognitive coping style; and d) the role of the GROW organization in members' lives. Individual assessment data is obtained from multiple perspectives (self, interviewer, and significant other perspectives, as well as formal record data) at multiple points in time.

Research Design

Given the context of the research, a "true" experimental design is not feasible. For example, we cannot randomly assign subjects to GROW, another mutual-help group, or professional care. This is a naturally occurring "treatment" that we are monitoring rather than manipulating. However, two points should be noted. First, the population we are evaluating includes many for whom mental health services have proven to be inadequate. That is, to some extent their psychiatric history serves as an "own control" condition. Secondly, we are employing a variety of individual within-subjects and quasi-experimental comparison group designs to minimize alternative explanations for the findings. We are following GROW members over time to understand the pattern of individual change as a func-

tion of involvement in the organization. We are also assessing the same phenomena from multiple perspectives.

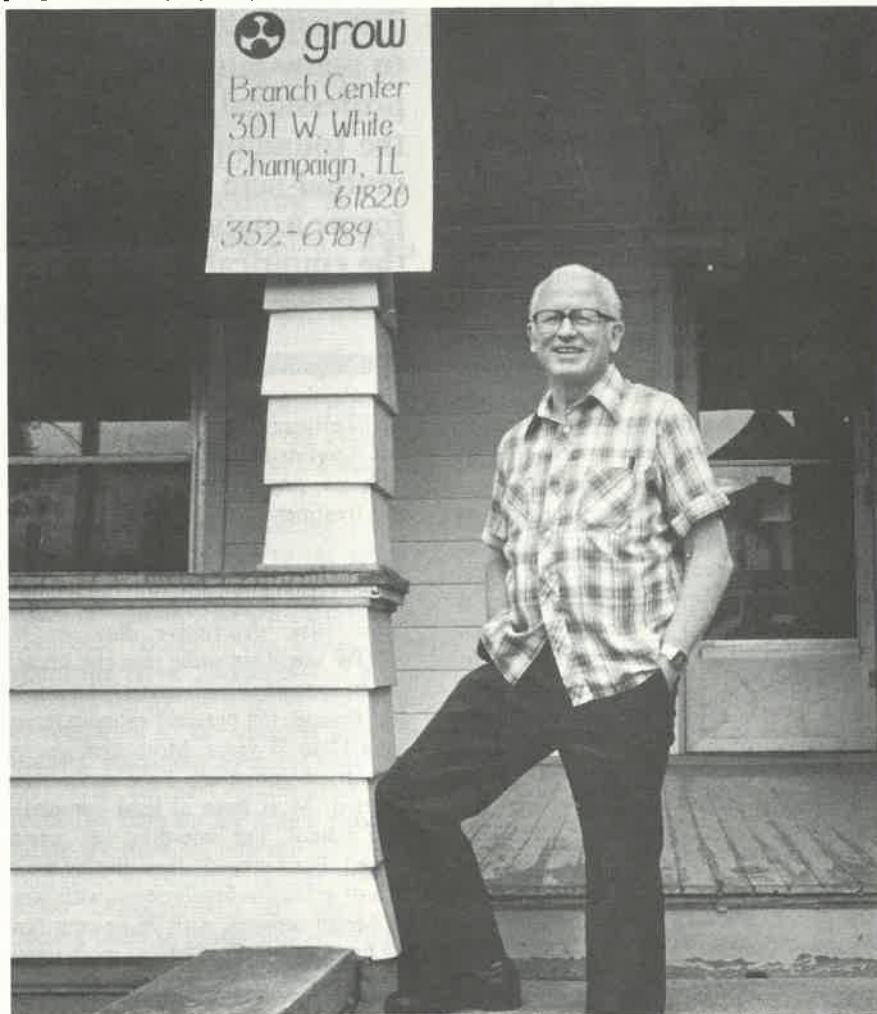
We are using both a longitudinal design, which follows new members over time, assessing them at 1, 3, 9, 15, 21 and 27 months after joining the organization, and a cross-sectional group design, which assesses GROW membership at the same time intervals. The within-subject longitudinal design allows us to understand individual change for those members who joined GROW after the research began. Over time, some individuals attend GROW frequently, others infrequently, and still others drop out of the organization early. These naturally occurring attendance patterns create several quasi-experimental comparison groups within the context of the longitudinal design. Cross-sectional analyses allow us to study and compare a larger sample of people with varying lengths of member-

ship in the organization on all the constructs of interest. We are also constructing a matched comparison group of individuals from the files of the Illinois Department of Mental Health and Developmental Disabilities.

Conceptual Domains

Social Relationships. As we have already noted, much has been written to indicate that chronic mental illness is a life-long process requiring long-term support systems. Patients may not be able to maintain gains outside of the hospital without a set of supportive relationships. One stated goal of the GROW organization is the development of relationships among its members outside the context of formal group meetings. Relationships formed in GROW are intended to evolve into supportive "friendships" that become embedded into individuals' previously existing social networks.

Researchers are only beginning to ex-



Brian K. Johnson/News-Gazette

Father Cornelius Keough

amine the relationship between social network characteristics and psychological well-being. There is some evidence to suggest that mental patients tend to have personal networks that are smaller than nonpsychiatric controls, as well as networks characterized by less symmetrical, or mutual, relationships. Those diagnosed as schizophrenic have been found to view network resources as less helpful than nonpsychiatric controls. Network size has also been found to be inversely related to the likelihood of rehospitalization. Such findings suggest the importance of examining social network characteristics for individuals experiencing severe psychopathology.¹⁸

Given the need for ongoing social support and the explicit goal of the organization to foster friendships, a detailed assessment of Growers' subjective personal networks is an important component in understanding individual adjustment. We are interested in determining the extent to which GROW "infuses" members' networks with helping resources, the extent to which network members are perceived as helpful and satisfying, and the degree to which the organization affects existing network ties over time.

Community Adjustment. In conceptualizing "community adjustment" for GROW members, it is important to go beyond concepts of adjustment for chronic patients such as community tenure (the time spent out of hospitals and in the community). Community adjustment is a multifaceted construct that not only includes an understanding of psychiatric history and community participation, but other life domains such as living situation, employment history, and performance of daily living tasks. As gainful employment and high social functioning might be unrealistic goals for many chronic patients,¹⁹ indices sensitive to smaller performance tasks such as movement toward independent living and responsibility for daily living skills are considered important aspects of community adjustment. We are interested in indices of community adjustment that are sensitive to change in a heterogeneous sample, and consequently we are using a wide variety of such adjustment indices.

Symptomatology and Coping Style. Symptomatology remains important,

albeit not the only aspect of individual functioning. We are interested in the capacity of the GROW organization to help individuals deal with disruptive feelings, attitudes, and behaviors. As the organization advocates particular methods for coping with psychiatric symptoms and problems in living, individual coping style is also an important area for assessment. We are interested in understanding connections between symptomatology and adaptive style within the larger context of the individual's social-psychological world.

Role of GROW. We also wish to understand perceptions of the role of the GROW organization in members' lives. We hypothesized that members' perceptions of GROW would be related to participation and that the significance of the organization for the individual may change over time. Individuals' attitudes,

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both negative and positive, toward the organization play a key role in evaluating its efficacy. To a lesser extent, we are also interested in attitudes towards issues such as hospitalization, medications, and treatment.

An Early Look at Descriptive and Cross-Sectional Findings

Some basic descriptive data on the GROW members show that the organization appeals to both males (41 percent) and females (58 percent) ranging in age from 17 to 77 years. Most members are unmarried and many have never been married. Most have at least completed high school, but one-third are unemployed. Furthermore, they display a pattern of extensive involvement with mental health services, with 76 percent having been hospitalized one or more times.

While we have not yet collected enough information to conduct the

longitudinal outcome analyses, we have already discovered some suggestive, albeit preliminary, cross-sectional observations in the data analyzed so far. A cross-sectional comparison of persons in GROW for nine months or more with those in GROW three months or less failed to reveal any differences in background characteristics, such as history of psychiatric hospitalization, age, education, and marital status; however, those in GROW for the longer time period were significantly better off in terms of larger social networks, a higher rate of current employment, and lower levels of psychopathology on several dimensions, including psychoticism and depression.

As we look at the information over time in our longitudinal study, the data set should not only answer obvious questions regarding GROW's efficacy, but has the potential to uncover relationships between social network characteristics, symptomatology, coping, and community adjustment for a sample of individuals experiencing severe psychopathology.

In summary, these assessment procedures are used to examine patterns of individual functioning exhibited by GROW members. A longitudinal research design and a comprehensive assessment of individual functioning in a variety of life domains from multiple sources provide a rich database upon which to understand the impact of the mutual-help organization on its members. While data analysis is in its beginning stages, we expect future analyses to have important implications for understanding relationships between social networks, symptomatology, coping, and community adjustment for individuals experiencing serious mental illness.

EVALUATION OF GROUP PROCESS

Despite abundant speculation about the behaviors, processes, and changes that occur during mutual-help group meetings, there is little empirically-based description available. Though it is widely assumed that the most obvious characteristic of mutual-help group functioning is group members openly discussing their problems and using their personal experiences to help and guide one another, we have no idea to what ex-

tent mutual help of this type actually occurs in group meetings. Rather than assume a close correspondence between mutual-help organizations' descriptions of their group methods and the actual behaviors and processes characteristic of their group meetings, it is important to test the correspondence. Empirical description of group functioning based on careful observation and recording of group behavior must form the foundation of our understanding of mutual help group methods. An adequate descriptive base would also enable us to address the question of the relationship between particular group behaviors or processes and individual outcomes.

It is not surprising that the literature on mutual-help groups is characterized by a dearth of empirical description. The commitment to anonymity and non-professional help that is the foundation of the mutual-help movement forms a natural barrier to the empirical researcher. In what represents a significant advancement in the study of mutual-help groups, Levy and his research team observed a variety of self-help groups and recorded observations and impressions of the group process immediately following the meetings.²⁰ On the basis of these observations, Levy postulated that both behavioral and cognitive processes are operative in mutual-help groups, and detailed several specific behaviors characteristic of the helping processes in mutual-help groups. He also studied the help giving activities that members themselves see as characteristic of these settings. The members of eight groups completed a questionnaire in which they indicated the frequency of occurrence of each of 28 helping activities. Among other things, Levy concluded that mutual-help groups provide members with a safe, supportive environment.

As Levy points out, however, the strategy he was forced to adopt (post-group observer and retrospective opinions of members) given the constraints mutual-help organizations placed on him, created several methodological problems: questionable accuracy of both the observers' and the participants' ratings, highly inferential descriptions of the psychological and group processes operative in group meetings, and the impossibility of analyzing interaction between members.

The collaborative nature of our work allows us to circumvent certain constraints that have plagued previous researchers. Our research team has been able to record group behavior *as it occurs* in the group meeting, thereby improving the accuracy of our records and providing for the possibility of analyzing the *interaction* between group members. To our knowledge, this is the first time such *in vivo* recording has occurred in the mutual-help context.

Assessment Devices

The initial excitement of being the first to attempt to record behavior *in vivo* at a mutual-help meeting was tempered by the formidable task of being first to figure out how to do it. The fruits of over three years of development and refinement, and the concerted effort of

We found ourselves in a common researcher's dilemma: If something is easy to measure accurately, it must be trivial; if something is really interesting and vital, don't hope to measure it accurately.

many individuals, are the three measurement procedures we call the *Observer Rating Form* (ORF). It was developed by first reading all of the GROW literature, and then attending groups and tailoring the device to the groups themselves, rather than to pre-determined categories. The ORF-I is an observational coding system designed to record the verbal interactions of group members during the meeting; the ORF-II, completed by the observer after the meeting, elaborates upon the ORF-I by providing further quantitative and qualitative data on the topics discussed during the meeting; and the ORF-III is comprised of observer ratings of more global characteristics of both the meeting (such as group atmosphere and effectiveness) and the group members (such as helpfulness and level of participation). We felt it was as important

to capture the members' perspective on these global variables as the observer's perspective, so a very brief inventory, the Participant Rating Form (PRF), was also designed for group members to complete after each meeting.

Despite the current ubiquity of videotaped data for interaction analysis, we were obviously not able to bring our cameras into ongoing mutual-help meetings. Indeed, despite close collaboration with the GROW organization and a mutual goal of high quality research, it was clear both to us and to the GROW leadership that even audio recording would be highly intrusive. Paper and pencil recording of group behavior was mutually agreed upon. In order to make written recording as comprehensive as possible, yet still feasible, we first separated information that was easily remembered after the meeting, e.g., the nature of the problems discussed, from information that required immediate recording. (This is the distinction between the ORF-I and ORF-II measures.) Nonetheless, a paper and pencil methodology severely limits the amount of information that can be recorded, and several compromises in our research ideals were required.

We decided to employ a continuous, comment-by-comment coding strategy that uses a small set of coding categories, but allows an analysis of group interaction. A different research strategy would have been simply to make frequency counts of relevant behaviors using, for example, Levy's 28 categories of help-giving activity.²¹ Such a strategy would have promised a fine-grained analysis of the types of help-giving behaviors that naturally occur in group meetings. However, such a large, complex, and non-exhaustive coding system would not lend itself to continuous, comment-by-comment coding. Continuous coding, on the other hand, provides the opportunity to look at patterns and sequences of behavior in addition to rates or frequencies of behavior. The interactive qualities of a group meeting are completely lost in simple frequency counts.

There is a growing realization among researchers of the importance of patterning and sequence in social interaction.²² Consider, for example, two groups in which suggestions or "guid-

ances" are given in response to someone with a problem at the same rate, but in one group the problem presenter responds with a qualification, additional information, acceptance, or rejection of the advice immediately following each interpretation, while in the second group, the guidances fly in shot-gun style with no chance for the problem-presenter to respond to or assimilate the barrage of information. The sequences in which behaviors follow one another clearly differentiate these two groups. Similarly, we may find that a high rate of supportive comments may not be as important as a high rate of the particular sequence in which supportive comments follow heart-felt personal disclosures.

In order to employ a continuous comment-by-comment coding strategy, we had to find or design a coding system that would enable our observers to make reliable coding decisions in very rapid succession. To preserve the possibility of interaction analysis of group meetings, we required coding categories that were exhaustive (every comment must be codeable), few in number, and relatively intuitive. Based on his extensive experience with coding systems, Gerald Patterson has recently come to the conclusion that coding systems need to be tailor-made for each setting and perhaps each purpose.²³ This, indeed, seemed to be the case for us and, although we were able to draw on three existing systems,²⁴ the ORF-I is comprised of a unique constellation of coding categories specifically suited to our research task.

One of our goals in choosing coding categories was to be able to look at variables that the GROW organization believes characterize their meetings and induce change and growth in its membership. However, we found ourselves in a common researcher's dilemma: If something is easy to measure accurately, it must be trivial; if something is really interesting and vital, don't hope to measure it accurately. Much of the GROW wisdom, described in detail in their literature, falls in this latter category—it is theoretically interesting but very difficult to measure and quantify. For example, love and caring are central to the GROW group method; Growers believe that "to really help a maladjusted fellowman we must so value and appreciate him that he soon be-

comes aware of his tremendous value and worth";²⁵ or, as it is more succinctly put in the Blue Book, "you've got to love people back to health."²⁶

"Support" and the other eleven categories we chose (interpretive comments, direct guidance, requests for feed back, personal questions, impersonal questions, personal disclosures, general sharing, group process, agreement, disagreement or disapproval, and irrelevant talk) represent a compromise between an abstract, highly inferential coding process and a trivial count of concrete behaviors. Coders are asked to make inferences about the meaning of verbal behaviors in the group drawing on their natural skills as judges of interpersonal meaning. Given a common linguistic and cultural background among coders and a sufficient training period, these inferential judgements of the meaning of a comment do not pose a serious threat to accurate and reliable coding.

Reliability

Observers are trained in the ORF system using videotapes of mock GROW meetings. Reliability is assessed by comparing an observer's set of codes for a given tape with a standard or criterion set of codes. When an observer reaches a 75 percent agreement level with the criterion, he or she takes a reliability test. An effort is made to insure that the videotapes used for reliability tests resemble actual GROW meetings as closely as possible. Although we cannot videotape regular weekly GROW meetings, we do have enough cooperation with the organization to permit us to videotape several GROW meetings in our video lab. These tapes are used to assess observer reliability. It is necessary to use videotapes for reliability testing, rather than live inter-observer agreement, because we are calculating point-by-point agreement and have no way of synchronizing two observers' streams of codes at a live meeting. Observers are not considered reliable until they achieve a level of agreement equal to or greater than a Kappa of .70 on a reliability test.²⁷ In order to check for reliability drift and decay, observers must take reliability tests every three months and maintain a minimum Kappa of .70 or retrain if they slip below it.

We have ten reliable observers; six

have so far been assessed for decay at the first three-month interval and two have also been tested at a second three-month interval. At both intervals, 50 percent of the observers required some retraining to maintain the .70 level of agreement. The percent agreement calculated across observers and tapes appears to be adequate, with the exception of the Negative and Personal Question categories. We are currently involved in training to improve observers' coding of these.

Early Results: Descriptive Findings

Preliminary data are presented from the observation of 113 meetings representative of 12 different GROW groups in Illinois. Groups rather religiously adhere to the Group Method suggested by GROW and do not differ greatly in form. The meetings open and close with group recitations of prayers and pledges, and a period of objective discussion and learning of GROW literature is sandwiched between two periods of group interaction. Coding is done only during the periods of group interaction.

The GROW training manual outlines five ingredients of a good meeting:

1. An encounter of persons through personal testimonies, i.e., descriptions of a member's decline to maladjustment and growth to maturity.
2. Friendly support and help through current problem solving.
3. Adult education through reading and discussion of the GROW program.
4. Mutual activation through the recommendation of practical tasks to be carried out in day-to-day living between meetings.
5. Personal development through reports on and assessment of member's progress.

Only the third ingredient is not a component of the group interaction segments of the meeting. Overall, we are finding that the other four ingredients provide an accurate portrayal of the types of activities that actually occur during group interaction. A discussion of practical tasks, for example, occurred in 98 percent of the 113 meetings, and a personal testimony was offered in 91 percent of the meetings. Group problem-solving and reports on progress are only rarely

omitted. The proportion of comments coded "irrelevant talk" also provides an index of the extent to which meetings drift from their expressed purpose and format. The average proportion of such comments across meetings was only 3 percent.

The principle of mutual-help is a fundamental component of the GROW philosophy on problem-solving. In GROW literature the mutual-help principle is stated as follows: "The more maladjusted I am, the more I need help; yet to grow out of maladjustment I need to become concerned for and to be helping others."²⁸ Indeed, our data indicates that a large proportion of the comments participants make at a typical GROW meeting are made in the service of helping one another. The three help-giving categories (support, interpretive comments, and direct guidance) together represent 22 percent of the total number of comments made. There is also an expectation that GROW members will share their own experiences and coping strategies in order to help fellow GROW members. GROW believes that a good group "has one or more members who are generous enough to humbly reveal their innermost selves including their past or present disorders and character defects in the hope of benefiting another Grower in need."²⁹ Although self-disclosure helping behaviors occur at a low base rate in the meeting as a whole (2 percent), a full 11 percent of help-giving comments have an element of self-disclosure. The emphasis placed on the use of self-disclosure in help-giving behaviors represents a departure from traditional group therapy models and is the basis for a great deal of speculation about the curative factors operative in the mutual-help context.³⁰ In the future, we hope to be able to address the question of the impact these behaviors have on group members.

Consistent with Levy's³¹ contention that mutual-help groups create safe, supportive, benign environments for their members, we find that codes indicative of a positive, supportive climate (support and agreement) were seven times more frequent than their negative counterpart (negative) in GROW meetings. In an average GROW meeting, 7 percent of all comments are explicitly supportive of another group member.

Based on these preliminary data, it appears that the average GROW meeting functions in a manner very consistent with the structure and ideals espoused by the GROW organization. Typical group meetings successfully contribute to the organization's stated goal of fostering a "caring and sharing community." However, the range in frequencies and proportions of different group behaviors indicates that there is considerable diversity among groups and among meetings. Irrelevant talk, for example, ranges from nonexistent to characterizing 18 percent of the codeable comments in a meeting. Heartfelt personal disclosures may be completely absent from a meeting or extremely frequent (0-55 comments). Future analyses will hopefully refine our understanding of the nature and extent of differences between GROW meetings and suggest what effects these differences may have on the quality and effectiveness of the group and changes in group members over time.

HOW DOES THE GROW ORGANIZATION DEVELOP?

The emergence of mutual-help groups amidst a number of peer-oriented and consumer-initiated services in society has led to the recognition that such groups are manifestations of a collective effort to produce social change in mental health services. Many mutual-help groups split, form new groups, form an organization, publish literature, and attempt to establish groups in new communities (with or without the cooperation of established mental health services).

Such is the case with the GROW organization. The first group formed outside of Sydney, Australia, in 1957. By 1967 there were nearly 50 groups, and as of 1982 there were over 400 groups operating in Australia. GROW established its first group in Champaign in October, 1978. As previously noted, when we began observing the groups in June, 1981, there were 12 groups operating in central Illinois. At that time the organization employed two full-time fieldworkers. By August, 1984, there were 38 groups operating throughout Illinois with 11 fieldworkers. More recently, expansion has accelerated. Understanding such organizational expansion may be

enhanced by utilizing sociological theory and research paradigms developed in the study of social movements.

Early attempts to understand the emergence of social movements were based on an assumption that shared grievances or discontent and generalized beliefs about causes and possible means of reducing grievances are two important preconditions for the emergence of a social movement. A number of studies, however, have demonstrated little or no support or expected relationships between objective or subjective deprivation and the outbreak of movement phenomenon or collective action. This led social theorists to consider the idea that social movement phenomena flow directly out of the population's central political processes rather than heightened diffuse strains and discontents within a population.³²

McCarthy and Zald have offered a theoretical perspective that starts with the assumption that there is always enough discontent in any society to supply the grass-roots support for a social movement, if the movement is effectively organized and has at its disposal the power and resources of some established elite group.³³ This assumption directs our attention away from an emphasis on shared grievances and toward an emphasis on resource mobilization processes. We chose the resource mobilization perspective to guide our efforts to understand GROW's organizational expansion because it provides an interactive view of the organization, the larger social movement, and society.

This approach emphasizes both societal supports and constraints on social movement phenomenon. The unit of analysis is the social movement organization (the SMO). An SMO is a formal organization that identifies its goals with the preferences of a broader social movement and attempts to implement those goals. An SMO often competes for resources with other SMOs or established organizations within the same social movement. For instance, the various civil rights social movement organizations (NAACP, Black Panthers, Congress of Racial Equality) competed not only for members, but for media coverage during the 1960s. Viewing GROW as a social movement organization calls attention to the types of

resource mobilization tactics and strategies GROW employs to generate a variety of resources including money, facilities, labor, and members (or beneficiaries). We are also interested in how the organization's choice of tactics and mobilization success is affected by its relationships to external groups and potential resource providers.

Expanding SMOs are subject to a range of internal and external pressures that affect their viability, their internal structure and processes, and their ultimate success. Internal resource mobilization requires attention to the selection of incentive and cost-reducing mechanisms or structure. The primary internal resource in GROW is volunteer labor, which is donated by those members who are highly committed to the goals of the organization. Mobilizing resources external to the organization requires locating them and choosing strategies that will maximize the opportunities to mobilize new resources without threatening existing resources. Primary external resources are money for operational funding, meeting facilities, and members.

From our early observations and discussions with GROW's fieldworkers and organizational leaders, we were impressed with the organization's ability to identify and mobilize volunteer labor from the members of the groups. Barker's theory of undermanning may elucidate the emergence of volunteer leaders in this organization.³⁴ In Barker's theory, the unit of analysis is the *behavior setting*, which is defined by ongoing patterns of behavior that are independent of the particular participants, by an arrangement of physical objects (walls, chairs, Blue Books, coffee cups) at a particular time and place, and by their relatively stable persistence over time. Behavior settings contain opportunities to satisfy a number of personal motives as well as obligations to maintain the setting. In an undermanned setting the number of participants is reduced below optimal levels and the set number of opportunities and obligations are therefore shared by fewer people.

Viewing the GROW organization and the group meetings as behavior settings, GROW's expansion efforts, which are undertaken without the optimal manpower, create undermanned settings.

Groups are established without leaders or even members. Organizational roles emerge (accountant, typist, fundraiser) without resources to hire personnel. Barker suggests that participants in undermanned settings experience greater functional importance and heightened responsibility, thus providing an incentive to adopt volunteer roles.

GROW external resource mobilization efforts seem to follow a flexible strategy where personal contacts lead to a variety of resource pools. Since 1978 GROW has received operational funding from private donations, foundations, and the state of Illinois' Department of Mental Health and Developmental Disabilities. Meeting space has been secured in churches, outpatient settings, psychiatric hospitals, and even prisons. These observations have encouraged us to think that GROW competes for resources within several broader social movements: the community mental health movement, the church-related social service movement, and the mutual-help movement.

Starting with these initial impressions, we adopted a multi-method research strategy that will enable us to address key mobilization issues with an adequate level of confidence. We do this through the process of triangulation. Confidence in information gathered from one source of data is supported when the information is confirmed or gathered independently from another data source.

The key questions we are asking and the methods used to collect data are:

1. What resources does GROW mobilize? This question is addressed through surveys of GROW leaders, weekly logs kept by GROW fieldworkers, naturalistic observation by evaluation staff, and investigative reporting.
2. What mobilization tactics are used? We get at this through fieldworker weekly logs, naturalistic observation, and investigative reporting.
3. How do potential resource providers feel about GROW or react to GROW's mobilization tactics? Here again we use information from fieldworker logs, investigative reporting, and also by surveys completed by professional mental health service providers.

We also are interested in how members and leaders construe GROW's organizational activities. We are assessing the extent to which Growers view GROW as a mutual-help group or as a social movement. We are interested in their perceptions of the important resources for GROW's expansion and GROW's relationship to other social change movements in society.

Survey of Mental Health Professionals

Mental health professionals represent a potential resource to aid GROW's expansion primarily in terms of referring their clients and providing professional support for GROW in the community. Four major areas are being tapped by the survey:

1. Familiarity with mutual-help groups—how familiar they are with various mutual-help groups.
2. Evaluation of these groups—how effective they think each group is.
3. Involvement with these groups—how involved they are with each group (e.g., do they refer clients?).
4. Feelings about mutual-help groups in the context of them being competitors in the mental health arena.

We are distributing the survey in communities where GROW has groups. We intend to link the information we will have about professionals' views toward GROW with archival data about GROW's development. For example, the relationship between the views of professionals and rate of expansion within a given community will be explored.

Investigative Reporting, Staff Logs, and Observation

We have primarily followed the program coordinator, looking at the tactics he uses for mobilizing resources and also at the kinds of resources he goes after. Consistent with resource mobilization theory, we have come to view him as an entrepreneur who is seeking new resources to develop his organization. We observe how he spends his time, ask questions about who he talks to, how he finds these people, and what it is he hopes to gain by contacting them. Other times we get the story first hand by at-

tending meetings with potential resource providers such as a state psychiatric hospital staff and a local mental health funding board. We have observed him discuss a grant application with GROW's budget committee, as well as recruit members and supporters at a public meeting set up by GROW. We also follow fieldworkers and their efforts to mobilize resources.

Another important source of information on expansion efforts is attending bi-weekly staff meetings, where we get inside information on what paid staff are doing. We may get leads about meetings to observe or descriptions of activities that have already taken place.

It is important to note that investigative reporting isn't simply naturalistic observations of meetings. It also involves asking a lot of questions, unobtrusive eavesdropping, and collecting written materials, e.g., grants, letters to potential resource providers, newspaper articles. Below we describe a "scoop" generated from this research strategy, which illustrates how GROW utilizes the incentive features of undermanned settings to mobilize membership and group leadership.

A staff member of the local state hospital suggested that the Peoria fieldworker call the local daily newspaper and even gave her the name of a sympathetic reporter. After talking about GROW, the reporter was interested and agreed to do an interview and write an article. In the meantime, the fieldworker thought that this might be a good opportunity to get some free advertising for starting a new group. She asked two Growers from another group if they would be willing to come to a meeting she was setting up on Wednesday nights. They agreed. When the reporter came over for an interview, she was sure to tell him that there was a new group starting the following Wednesday night. The story was published on Saturday, and on the following Wednesday ten new people showed up, some of whom displayed "leadership potential," according to the fieldworker. They've been meeting ever since. In fact, the group grew large enough to split into two groups. This is an example of taking advantage of an opportunity to recruit new members by initiating an undermanned setting.

As noted above, another method we

are using to collect information on how GROW mobilizes resources is to keep track of the contacts made by members of GROW's staff that are related to GROW's expansion efforts. GROW staff is made up of the paid fieldworkers, the entrepreneur leader, and other volunteers. We developed a weekly log for the staff to record demographic data on "community people and mental health representatives" who are contacted. The logs also ask them to indicate the amount of time spent with each person, the purpose of the contact, type of contact, who initiated the contact, and whether they perceived the contact as helpful to GROW. This method will help us determine who GROW contacts for what resources, how much time is spent mobilizing resources, and how GROW approaches people in order to expand.

"The more maladjusted I am, the more I need help; yet to grow out of maladjustment I need to become concerned for and to be helping others."

In the course of collecting data during the group meetings and individual interviews, all evaluation staff, at times, observe or hear about organizational efforts to mobilize resources and the effects these efforts have on the organization itself. We write occasional fieldnotes when we become privy to such information. At approximately six-month intervals, evaluation staff complete a "midterm" examination that requires them to generate examples of how GROW identifies and attempts to mobilize potential resources.

Early Findings on Organizational Development

By employing several methods of data collection from several data sources we are able to verify facts about GROW resource mobilization efforts. We have noted that GROW utilizes a strategy of initiating undermanned settings, that is, the organization creates settings without

adequate manpower. This establishes meaningful opportunities for leadership involvement—a key incentive for members who become volunteer leaders. We have also noted that GROW seems to maintain an overall flexible mobilization policy that allows it to take advantage of unexpected mobilization opportunities. The research strategy that we have developed will allow a continual generative and confirmative process for understanding GROW's expansion efforts.

CONCLUSION

Given the traditions of the mental health system and current economic and political realities, professional mental health services are not likely to be expanded to provide ongoing, assertive, flexible community care for those most in need. We must therefore look for other means. One possibility is grass-roots developed mutual-help organizations. A national policy aimed at encouraging the development of such organizations is a promising alternative that is politically and economically feasible. Given that such organizations appear to provide many of the characteristics identified in the experimental literature on community care, the formation of such a policy seems to be worth pursuing. This is an approach that, as of now, is largely un-researched. It is our hope that, through the systematic use of a collaborative research plan, we may be able to learn more about the kinds of programs that develop naturally in a community, and which can serve as alternatives to hospitalization. Such research requires multiple levels of analysis (individual, group, organizational) as well as data from multiple sources (the members themselves, members' significant others, observers, and professionals). If research shows mutual-help organizations meeting their promise, it could be a major step in dealing with what the founders of the modern community mental health approach called "the unfinished business of the mental health movement."³⁵

Our long-run aim is to understand the impact of mutual-help organizations on individuals and groups, and to discover how they gain acceptance in a community. If we are able to understand helping where it occurs, we may be able to sug-

gest social policies that make more of it possible, in more places, for more people. However, one caveat is in order. It is likely that mutual-help organizations can be best understood as *one* viable alternative that can be encouraged by policymakers, rather than as a panacea. It is therefore necessary to place such organizations in the larger context of all mental health services. This is important for at least two reasons.

First, mutual-help organizations will need some amount of stable financial support if they are to reach many of their potential users. Secondly, we will need to be alert to the possibility that some policymakers may try to rationalize elimination of other needed services by pointing to successful self help. Such a policy, however, would quickly lead to a result that would undercut one of the most important rationales for encouraging mutual-help organizations—they *expand the choices available to people with problems in living*. It is this expansion of choices or of alternatives for those who traditionally have none, which we believe is so important a step in finishing the unfinished business. ■

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