ORIGINAL PAPER

Capturing Dynamic Processes of Change in GROW Mutual Help Groups for Mental Health

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Abstract The need for a model that can portray dynamic processes of change in mutual help groups for mental health (MHGMHs) is emphasized. A dynamic process model has the potential to capture a more comprehensive understanding of how MHGMHs may assist their members. An investigation into GROW, a mutual help organization for mental health, employed ethnographic, phenomenological and collaborative research methods. The study examined how GROW impacts on psychological well being. Study outcomes aligned with the social ecological paradigm (Maton in Understanding the self-help organization: frameworks and findings. Sage, Thousand Oaks 1994) indicating multifactorial processes of change at and across three levels of analysis: group level, GROW program/community level and individual level. Outcome themes related to life skills acquisition and a change in self-perception in terms of belonging within community and an increased sense of personal value. The GROW findings are used to assist development of a dynamic multi-dimensional process model to explain how MHGMHs may promote positive change.

Keywords Mutual help groups · Mental health · Community · Psychological well being

Introduction

In this paper we examine the impact of GROW, a mutual help for mental health organization, on psychological well-being.

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The GROW research outcomes presented here align with the social ecological paradigm. Outcomes drawn from data gathered in Australia are employed to assist development of a dynamic model describing processes of change. The aim is to understand how mutual help groups for mental health (MHGMHs) may operate to help their members. The investigation underlined the need for research to describe complex and interrelated networks of factors across multiple variable domains and analysis levels.

Mutual help groups (MHGs) are a complex phenomena and represent a formidable challenge to the researcher seeking to explain how they work and what they do. Multiple factors on different levels operate in any equation of group effectiveness (Bloch and Crouch 1985; Kyrouz and Humphreys 1996; Maton and Salem 1995). MHG researchers worldwide have long argued that traditional positivistic methodologies are inappropriate for the study of these groups. They say the positivistic paradigm will never map comfortably onto MHGs because it would destroy the indigenous control that defines MHGs (e.g., Borkman and Schubert 1994; Jacobs and Goodman 1989). Researchers say control group studies would jeopardize research validity in that the natural composition of MHGs would thereby be changed (Humphreys and Rappaport 1994). MHGs do not exist as an "intervention" apart from their members, who are both the intervention and the objects of the intervention (Levy 2000).

GROW describes itself as an organization promoting rehabilitation, personal growth, recovery from mental health problems and prevention of mental illness (GROW 2004). Most people who join GROW in Australia have been diagnosed with a mental illness. Anxiety and depression are the most prevalent, but diagnoses of panic disorder, schizophrenia and bipolar disorder were also reported by a substantial percentage of GROW's membership (Finn et al. 2007).

Improving quality of life and health maintenance are viewed as being more important than a cure among psychiatric populations (Baker and Intagliata 1982; Borman 1982; Checkoway et al. 1990; Mercier and King 1994). MHGMHs align with this view. They are viewed as affecting the social consequences of psychiatric problems, not primary symptomatology (Katz 2003; Kaufmann 1996; Kurtz 1990; Kyrouz and Humphreys 1996). They are seen as offering long-term community support systems, as well as opportunities to develop social support networks (Davidson et al. 1999; Madara 1990) and social functioning (Yip 2002). Alongside this important supportive social role, MHGMHs are also regarded as encouraging self-care and the development of coping skills (Barath 1991; Gussow and Tracey 1976; Humphreys 1997; Yip 2002).

A model that can explain process aligns with GROW's *modus operandi* as an MHGMH organization promoting mental health rehabilitation/recovery (GROW 2004). Recovery is not defined in terms of symptom reduction; rather, it is viewed as an ongoing process of learning to live with a disability, to develop a sense of belonging, to rebuild a sense of agency, autonomy and purpose despite limitations (Davidson et al. 1999; Davidson et al. 1995), and to deal with stigma and discrimination and regain a positive sense of self (Markowitz 2001). Successful programs are seen as needing to provide ongoing long-term support and a context where individuals can develop their own resources and skills with less dependence on mental health services (Katz 2003; Seidman et al. 1982). Based on more than a decade of research in America and Australia, GROW has been described as an empowering organization. GROW mutual help group members are viewed as progressing through a participatory process that emphasizes responsibility and taking control of recovery (Maton and Salem 1995; Rappaport et al. 1985; Young 1992; Young and Williams 1989).

Theoretical approaches to MHGs in the past half century have developed from initial bi-directional linear approaches to more recent multidimensional frameworks attempting to capture the more complex multifactorial make up of these groups. Bi-directional linear approaches range from cognitive mechanisms to restructure group members' approaches to problems/events—including the role of ideology in change (Antze 1976, 1979; Katz and Bender 1990; Kurtz and Powell 1987; Levy 1976, 1979), to behavioral processes working to increase or reduce members' behaviors (Levy 1976, 1979; Lieberman 1979). Other bi-directional hypotheses for change in MHGs include social learning via instruction and role modeling, where instruction is based on experiential knowledge (Borkman 1976; Katz and Bender 1990; Levy 1976, 1979; Lieberman 1990; Stewart 1990). Social comparison is proposed as an avenue for providing hope for recovery, as well as positive appraisal in comparison with others (Katz and Bender

1990; Medvene 1992). Expansion of social network is hypothesized to assist acquisition of a social identity, as well as to provide increased social, emotional and material support (Kurtz and Powell 1987). Another important conceptual approach was the notion of MHGs as providing an alternative setting or culture within which members could undergo a process of identity change or transformation (Borkman 1999; Levy 1979; Mankowski and Rappaport 2000). Aligning with this concept of alternative culture or setting (Rappaport and Simkins 1991) was the description of MHGs as social microcosms with their own ideologies and cultural values (Antze 1976; Goodman and Jacobs 1994), or communities of belief within which group members and the group collective evolved a new constructive worldview and meaning perspective (Antze; Borkman; Kennedy and Humphreys 1994). A pivotal mechanism proposed in the identity transformation process was the sharing of stories and experience at MHG meetings, where these individual stories were framed by a community narrative established over time by MHG members, and were based on their knowledge and experience (Borkman; Humphreys and Rappaport; Mankowski et al. 2001; Rappaport 1993).

Two fundamental principles put forward as key mechanisms for change in MHGs were experiential knowledge (Borkman 1976) and the helper therapy principle (Riessman 1965). Experiential knowledge is based on lived experience. The sharing and exchange of information by group members about a focus problem built up a pool of experiential knowledge about ways of coping (Borkman). In cognitive and behavioral terms, experiential knowledge was described as being action-oriented and pragmatic (Borkman) and as a shaping cognitive restructuring process where MHG members sharing testimonies and progress were simultaneously providing normative and instrumental information/advice about problem management (Levy 1976, 1979).

The "helper" therapy principle embodied the idea that those who helped others in MHGs were, in fact, helped the most. The principle looked to the helper, rather than the one being helped (helpee), as being the person likely to benefit from helping (Riessman 1965). The helper therapy principle can be aligned more with the conceptualization of MHGs as offering the opportunity for identity transformation via an alternative culture where a mutual helping ethos is dominant (Levy 1979). Improvements for helpers could come via increased self-esteem, motivation and commitment and less preoccupation with the self via involvement in reaching beyond the self (Riessman). The helper therapy principle is considered a central catalyst in worldview change (Levy 1979). Benefits experienced via involvement in helping were viewed as being closely linked to the systems of meaning operating through the

ideology of the group (Antze 1976; Levine and Perkins 1987).

Research application of the theoretical models described above has been limited. A review of the literature by Stewart (1990) found that 13 theoretical approaches had been applied, but only five had been tested, and those sporadically, in single investigations of MHGs. The review concluded there were still a variety of approaches to explaining the impact of MHGs, and there has been no consensus regarding a dominant theoretical approach (Luke et al. 1993; Stewart 1990). There is a body of descriptive findings supporting several of the theoretical/conceptual approaches described. Descriptive studies, particularly studies focusing on MHGMHs, have provided some support for cognitive (Antze 1976; Lieberman 1979) and cognitive and behavioral theories (Levy 1976, 1979; McFadden 1987; McFadden et al. 1992; Roberts et al. 1991; Young 1992; Young and Williams 1989), and social learning theories (Wechsler 1976). In other empirical investigations, findings have provided support for social network theory (Lieberman and Videka-Sherman 1986; Kaskutas et al. 2002). Adoption of a new worldview and support for the concept of identity transformation has been determined, particularly in studies of MHGMHs (Cain 1991; Kennedy and Humphreys 1994; Maton and Salem 1995; Rappaport 1993, 2000; Ronel and Humphreys 1999). Research with MHGMHs has provided evidence for the role of the helper therapy principle in psychosocial adjustment and identity change (Emrick et al. 1993; Roberts et al. 1999; Zemore et al. 2004). Stewart's (1990) review concluded that there were still a variety of approaches to classifying and explaining how MHGs might assist their membership. Development of models for understanding MHGs is still considered to be in its early stages (Gray 2001; Stewart 1990). In explaining the impact of MHGs, each approach provides only a part of the whole picture, but is unable to offer a comprehensive account of the way in which the multiple factors/processes which are likely to be operating in MHGs bring about positive change.

A leap in understanding of the potential mechanisms underlying positive individual change in MHGMHs, and other types of MHGs, occurred when researchers began to conceptualize them as functioning in a multi-dimensional framework incorporating multiple levels of analysis (Gartner and Riessman 1984; Humphreys et al. 1994; Maton 1994; Powell 1987). This pushed conceptual understanding beyond other cogent but nevertheless largely bi-directional linear theoretical approaches put forward to explain their impact. Multi-dimensional theoretical frameworks opened the door to ways of grasping the essentially dynamic nature of factors operating within MHGs to assist group members. These frameworks view MHGs as complex entities with multiple factors influencing group effectiveness and individual change. These multiple factors were postulated to operate at different levels of analysis, and across levels of analysis, in non-linear and reciprocal fashion. The multidimensional theoretical frameworks proposed for MHGs considered more complex impacts in terms of change across three or more dimensions. Theories variously looked to factors, such as group characteristics, group program, personological characteristics and life context that were likely to boost "fit," or an individual's involvement in a particular MHG, and thereby increase benefits of group membership (Humphreys et al. 1994; Mankowski et al. 2001; Maton 1989). Maton (1994) proposed a 3-dimensional social ecological model to aid the conceptualization of MHGs. This model viewed a MHG as an "individual-group-community"—based phenomenon, shaped by a complex and interrelated network of factors across multiple variable domains and analysis levels. Variable domains proposed included group level of analysis variables, community level of analysis variables and individual level of analysis variables. Pathways of influence were posited to be reciprocal or unidirectional and could operate within domain or cross-domain. The group was seen as both the medium and the context within which individual changes took place.

Several studies support the usefulness of the social ecological paradigm in capturing the wider multifactorial picture driving change in MHGs. Involvement in MHGs, and thereby increased benefit, has been viewed as being influenced on a three-dimensional basis by factors including personal characteristics and life context of the MHG member, how these fit with a MHG's characteristics (Maton 1988, 1989), and compatibility between treatment belief systems and personal beliefs (Mankowski et al. 2001).

The following section describes GROW research that aimed to determine how GROW helps its members, how people change in GROW, and how GROW impacts on psychological well-being. Data collection and analysis showed that the findings of this study aligned with the social ecological paradigm. Study outcomes indicated that GROW's impact is multifactorial, operating at and across different levels of analysis to promote the psychological well-being of its members. This research points to the social ecological paradigm's ability to capture process via its consideration of multiple and reciprocal pathways of impact among variables. After reflection on the study outcomes, a model charting dynamic processes of change is proposed which can be applied more generally to explain how MHGMHs may foster positive change. The GROW findings provide an example, while the model developed in response to the current research can be applied more broadly to MHGMHs.

Method

The current research into GROW, conducted in Western Australia (WA), employed a research design consistent with aspects of grounded (Glaser and Strauss 1967) or substantive theory (Wicker and August 2000) in that understanding the context is fundamental (Pepper 1942). The qualitative research model is called *bricoleur* (Denzin and Lincoln 1998). A bricolage pieces together understandings of phenomena and concepts to develop a larger picture. This bricolage emerges from an iterative-reflective process (Bishop et al. 2002; Denzin and Lincoln; Dokecki 1996). A variety of methods, including ethnographic observation, phenomenological interviews and collaborative validation, were used to better appreciate the phenomena. Triangulation of method and data offered wider vantage points in which micro-theories could emerge and then undergo reflection and testing. Issues of self-selection of participants and value biases of the researchers were made explicit as part of the reflective process. Biases of the researchers included the expectations that empowerment processes would be observed in MHGs and would have positive benefits. While the issue of self-selection is pertinent in research with MHGs, it was not thought to be a major issue, in that this investigation did not set out to evaluate the effectiveness of GROW, but to investigate the processes by which change occurred.

A pilot study was conducted 6 months prior to the beginning of the formal study to develop the trust of GROW members and make them more familiar with the project. This, together with archival data, furnished the following broad description of GROW operations. GROW was founded in the 1950s by former psychiatric patients, although today its membership includes people who have not been hospitalized or given a diagnosis. Over time GROW members (Growers) documented what they felt had helped them to manage their problems. These experiential aids are included in the GROW program, which is encapsulated in GROW's ''Blue Book'' (GROW 2004), a small booklet used by Growers at group meetings to provide solutions, encouragement or aids for others sharing problems and progress. The program most frequently used from the Blue Book could be described as a layperson's cognitive-behavioral therapy (CBT).

GROW groups range from 3 to 15 members and meet weekly in community venues. Group meetings are highly structured, following a "Group Method" (GROW 1982), which specifies how to allot group time. This structured group procedure keeps the group on task and prevents a free-for-all-advice session. At the beginning of a meeting, GROW group members share a personal testimony of how GROW has helped them. Time is spent sharing and discussing individual problems and progress. Group members are encouraged to assist other members sharing problems by offering knowledge from the Blue Book about ways of managing problems, and also to offer pragmatic knowledge derived from their own life experience. GROW's encouragement of phone networking, social activities, and residential training weekends are designed to enhance communication and social skills.

An important aspect of the GROW program is the leadership structure set up to run groups and manage the organization. This includes roles such as chairing a meeting, or being the organizer of a group: setting up the weekly meeting, welcoming group members, and keeping the group on task. More seasoned GROW members can sit on committees set up to manage the organization. GROW leadership roles can extend the life management and social skills of group members as they take on new responsibilities and enter a wider GROW community.

The methods employed in this research involved three components beyond the initial piloting: (1) ethnographic observational study; (2) phenomenological interviews; and (3) a collaborative reflection and validation process. All of the groups in Perth, WA ($n = 21$) were observed for two sessions to prepare for the more intensive observations of a smaller number of groups. Groups were categorized according to the membership's familiarity with GROW procedures. Groups were described as being embryonic, developing, mixed (where members were still developing an understanding of the GROW program and procedures) and strong groups (where the members were active and familiar with the GROW program and procedures). Five groups were selected in consultation with GROW group fieldworkers to get a representative picture of groups operating in GROW (three developing, one mixed and one strong group). Each group was approached by a GROW fieldworker and asked whether group members would participate. On agreement, 3 groups were observed weekly for 6 months. The remaining 2 groups were observed weekly for 3 months. The first author attended all the meetings. She could not make notes, but she could record observations after group meetings. She also observed monthly GROW leader training meetings (24 in total) and weekend training meetings (4).

The phenomenological interviews employed a volunteer sample of convenience which included 20 volunteer GROW members and four GROW fieldworkers. Participants were recruited through a letter of invitation to all GROW WA members (n=121). The response rate was 16.5%. The mean age was 48, with a range of 32–77. Thirteen participants were female, and 54% were employed at the time of interview. Thirteen participants reported having been diagnosed with a mental illness, including depression (6), schizophrenia (4) and bipolar disorder (3). Sixty-three percent of the sample had belonged to GROW

for five or more years, and 87% had held the role of group organizer at some time. Informed consent was obtained in accordance with the Australian National Health and Medical Research Council's guidelines (NH&MRC 1999). Unstructured interviews lasting between 1 and 2 h were conducted either at GROW offices or at the participants' homes. Interviews were tape recorded, transcribed and coded using Microsoft Access. The analysis involved all researchers, and through a process of consensus, the eight themes described in the results section emerged.

The collaborative reflection and validation process was based on participatory action research principles (e.g., Kemmis and McTaggart 2005; Knightbridge et al. 2006). Volunteer participants were members of GROW WA's Program Team committee of seasoned GROW members and staffers set up to manage GROW activities in WA. The team included 8 Growers with at least 5 years experience in GROW, and 4 staffers who were former grass roots GROW group members. The collaborative group met once a month for a year. The members received lists of discussion items based on the analysis of the observations, interviews, and the collaborative groups' previous discussions. The meetings were tape-recorded and transcribed.

The data from the ethnographic and phenomenological studies were content analyzed to understand the processes of GROW, as suggested by Creswell (1998). The process was iterative and reflective. As themes emerged, they were treated as "assertoric knowledge," defined as the situation where knowledge claims are asserted, or made, to allow others to comment on them (Polkinghorne 1983). In this study, researchers and the collaborative panel debated emerging themes. The model drawn from the data presented here emerged as a consensus of the researchers and the collaborative panel, gained over an extensive period of reflection and modification.

Results

In this section the themes of change that emerged from the qualitative data are categorized according to two overarching themes of life skills development and change in self-perception.

Themes of Change

Table 1 presents an overview of the themes of change that emerged from group observational data and interviews with GROW members. These themes were validated in the collaborative phase of the study. The overarching change themes of Skills Development and Application, and Change in Self Perception with relevant sub-themes are illustrated. The Change Mechanisms outlined in the centre

of Table 1 are viewed as impacting on skills development and application, and change in self-perception. The themes are depicted in a 3-dimensional social ecological paradigm (Maton 1994) framework describing change processes at the levels of Group, GROW Program/Community and individual GROW members. The GROW Program/Community level represents the experiential knowledge drawn from the GROW community over time, and provides overarching guidance and education to GROW group members. This is through, for example, the layman's CBT drawn together in the Blue Book, the leadership role structure and training events, etc. This ordering of group, GROW program/community, and individual is deliberate. It allows a more coherent view of processes that might bring about positive individual change. However, no linear or chronological pathway is implicated. Extracts from the ethnographic and phenomenological data are provided as useful exemplars in the description of the themes.

Skills Development and Application

Active–passive continuum. Movement along an active–passive continuum from a passive to an active stance emerged as a fundamental change process fostered in GROW. A female GROW member in her 30 s with a history of anxiety and panic attacks expressed this concept, as follows:

> I got sick of sitting smoking cigarettes and drinking tea and coffee, just "waiting for life to happen." From virtually day one in my GROW group I was given practical tasks to do during the week to change my situation. One of my first tasks was to catch a bus to a GROW meeting with another female GROW member there to support me. Catching buses was something I had avoided for years.

Group factors creating positive change included group encouragement, support and challenge. GROW groups offered an important "holding process" for members going through crises, providing feedback, and reframing problems experienced by members in a more positive light. At one group, a woman in her 30s with a history of major depression and anxiety received support for 6 months to return to university to complete nursing studies. One evening she arrived at the group extremely distressed because her psychiatrist had told her that returning to study was a waste of time; she would never be able to manage a job as a nurse. The group scorned what he said and encouraged her to continue, emphasizing her courage and progress to date. It was touch and go for 6 months, but the group's ongoing support appeared to assist this woman to hang in despite high levels of anxiety. She eventually completed her qualification and now has a job nursing.

Table 1 Overview of change themes

	Group process	GROW program/community process	Individual process
Skills development and application			
Active–passive continuum	Encouragement by the group	Practical tasks	Becoming active
	Challenge by the group	Pro-active blue book content and group method	Taking responsibility for change
Interpersonal development	A group of people to relate to	Egalitarian organizational structure	Development of trust
	Universality and trust	Emphasis on friendship as key to health	Communication and social skills development
Bridging skills out to the community	Practice in a "micro" GROW community	Hospital orientations	Using new skills in the wider community beyond GROW
		Talks at GROW seminars	
Change mechanisms			
Education	Group feedback/suggestions	CBT to develop life management skills	Learning to cope
	Role models	Platforms of growth via leadership roles	Behavioural change, cognitive restructuring
		Learning by doing	Hope
Helping	Affirmation	Program keyed to a "mutual help ethos" while learning new skills	Motivation
	Maintenance of progress		Inward to outward focus
	Supportive "holding process"		
Change in self-perception			
Sense of belonging	Group/community context to belong to universality	Regular attendance/active participation	Member of a group
		Part of a 12-step phone "network"	Participant in a group
Feeling useful	Group provides context for being useful ("to others")	GROW program's "helping ethos" as medium for feeling useful	A purpose in helping others
			Role as a group member
Feeling valuable/ acceptance	Non-judgmental group approach	Focus on human potential	Increased self-esteem/confidence
	Group acceptance	Helping others as a medium for feeling valuable	An "expert" helper

Interpersonal development. GROW members said the common problem of addressing mental health difficulties helped remove interpersonal barriers, develop trust, and foster a safe environment in which to practice new social skills. At GROW meetings, group members operated as a sounding board for members sharing interpersonal difficulties, offering suggestions and encouragement.

Observation at GROW residential training events of a young man in his early 30s indicated the potential importance of GROW in providing an opportunity for re-socialization. At a first residential weekend, he reported that in his mid-20s with a university career ahead of him, he had been diagnosed with schizophrenia and thereafter had spent 7 years hiding from the world in his home. He left his first residential weekend after 2 h; he said he found it hard to be among so many people. Six months later, he came to a residential training weekend again. This time he stayed for a whole day, and 6 months later at a third training weekend he stayed for the whole weekend. In a later interview, he said that, while he had a beneficial relationship with a psychiatrist and an occupational

therapist, it was GROW which had enabled him to be amongst people again.

At the level of GROW program change processes, participation in group work and attendance at social activities gave opportunities to practice development of listening, communication and social skills. A male Grower in his 40s, who had been diagnosed with schizophrenia, explained the important role of a community in offering a context for socialization and interpersonal development. He described how GROW residential training weekends put him among people in a safe context where he could develop social skills:

…by the end of the first year I started to live-in at GROW weekends and spending time, like up until then I hadn't spent much time with people but I was at GROW weekends, sitting out until 2 am in the morning, talking to people. And actually being with people, speaking with people, and then gradually the fear, because I had boosted my confidence, the fear collapsed for quite a long time. I began to socialize and do things outside of GROW.

GROW's leadership structure appeared to foster interpersonal development. Some Group organizers reported that leadership tasks of welcoming and encouraging group members were initially daunting but became easier through practice. Group leaders said leadership introduced them to a wider unknown GROW community via leadership training events.

Bridging skills out to the community. Generalization of life management and interpersonal skills was reflected in the theme Bridging skills out to the community. Generalization appeared to be a salient GROW goal. Growers had the opportunity to develop skills via practice in a micro-GROW community which encouraged them to operate in ever wider social contexts. The GROW program advocated taking on voluntary work, both in and out of GROW. Later in membership, Growers were encouraged to share their personal testimonies at hospital orientations, GROW seminars and training weekend events, thereby increasing their communication skills.

Change Mechanisms

Change mechanism outcome themes were so- labeled as they appeared to promote or drive positive change in GROW. The two central change mechanisms of education, including platforms of growth and learning by doing, and the helping ethos, including motivation, can be viewed as impacting positively on overall skills development and application (relating to the outcomes themes described above them in Table 1) and on a change in self-perception (relating to the outcome themes described below them in Table 1).

Education. The education offered in GROW's program appeared to increase positive change. This included layman's CBT from the Blue Book. This offered strategies, for example, for changing behaviors or attitudes towards emotional responses. Seasoned GROW members giving personal testimonies provided role models and experiential knowledge about problem management for newer members. Growers spoke about development of hope after hearing other group members talk about recovery.

Platforms of growth. Graduated skills extension within the GROW group leadership structure appeared to promote further positive movement along the active–passive continuum. One Grower described these extensions as "platforms of growth." Growers described taking on a leadership role as a commitment that demanded increased action and the development of new skills. A 45-year old seasoned GROW member diagnosed with schizophrenia expressed succinctly the challenge of taking on a leadership role:

> GROW offers platforms of growth as transition points. It's designed to provide tasks of increasing complexity and responsibility that people can take on,

and we are either challenged, sucked up or pushed up to the next platform of growth. Early in GROW, I didn't feel ready to lead a meeting when I was asked to take it on, so for me it was a jump. But I landed on a platform with the Group Method to guide me and I was able to do it.

Learning by doing. Group leaders emphasized the importance of "learning by doing". They said they had been reluctant to take on leadership roles because they felt they did not have the required skills. However, it was by undertaking leadership that they had learnt new skills and made what they considered to be a leap in progress. This in turn boosted their confidence and self-esteem.

During group observation, a 35-year old female group organizer who had been a Grower for 2 years gave a Personal Testimony about her fears of welcoming people when she first became a group leader. She had to act "as if," welcoming people in the way more seasoned GROW members advised her to, until it became a more natural behavior for her.

Helping ethos. More than any other outcome theme, Helping appeared to illustrate the essentially dynamic nature of GROW and its potential impact on change. Helping emerged as a pivotal mechanism promoting change in GROW, and appeared to work across different levels of analysis in reciprocal fashion.

From virtually the first GROW group meeting, each new Grower appeared to be immersed in a group value system that encouraged and highly valued helping others to solve problems. This was done by offering a piece of Blue Book program to address a problem shared, or by proffering practical advice or tools based on lived experience with similar problems. Benefits for the helper came from the fact that in the very act of helping, GROW members became active. Mutual helping also involved employing interpersonal skills such as listening. At the level of GROW program change, pieces of Blue Book program offered to help Growers focused on ways of coping and persevering with difficult life challenges. A practical task given out to each group member at the end of a GROW meeting was to ring one other group member during the week. This phone link opened avenues for support, particularly in times of crisis.

Helping was valued by both helpee and helper. A female Grower in her 40s, who had previously been a member of GROW, returned to GROW after her teenage son died from sleep apnea. She told a group meeting that the first person she had contacted after he died was a Grower she had been close to before who had offered the comfort of a "listening ear and heart".

With the adoption of a leadership role, GROW members were, again, involved in extension of skills by helping in a

wider context, where they were now responsible for a group of people. GROW Group Organizers facilitated group proceedings, and in doing so, they were involved in exercising interpersonal skills, such as assertiveness and empathy.

Motivation. Motivation is vital to recovery and especially important with people who have experienced more severe mental health problems. Maintenance of recovery and prevention of relapse can also be viewed as an important ingredient in sustaining motivation. The acceptance and non-judgmental environment of GROW groups for newcomers, followed by development early on of a sense of belonging, were reported to act as motivators to return regularly to the group. Later acquisition of effective life management skills could be viewed as longer-term reinforcement and motivation for further change. Most important, the role of helping was reported to be a motivator via the rewards it brought, from a feeling of satisfaction and accomplishment through helping another person to the skills developed in so doing.

Change in Self-Perception

Sense of belonging. GROW members said that one of the first, and important, early changes they experienced was the development of a sense of belonging in a GROW group. They reported it was this sense of belonging which initially motivated them to keep returning to GROW meetings, and then they were slowly able to learn new skills.

At the level of group influence on change, newcomers to GROW who had become isolated were able to connect with a community of people on a regular basis. In the group, the shared common experiences with mental health problems, along with the welcoming, understanding and accepting atmosphere encountered by new group members, were reported to assist the development of a sense of belonging and to help dissolve a sense of stigma and isolation. During group observation, a female GROW member suffering with depression was observed initially leaving meetings quickly. She did not appear relaxed or comfortable with other group members, looking tense and pale and rarely saying much. Over time she started to share in the group and to take part in the process of helping other group members. She brought refreshments when it was her turn for the after-meeting cuppa, she stayed on to talk to people, there was color in her face, and she appeared more animated.

Leadership roles which drew the GROW member into a key position in relation to running the group were reported to increase a sense of belonging. This was articulated by a male group leader in his 30s, who had been given a diagnosis of bipolar disorder. He was going through a marital

breakdown without access to his children. He said group leadership had motivated him to attend regularly, and he felt connected and useful in this painful time:

> When I joined GROW I was all by myself, and so when you have got problems, you bottle it up. With GROW there was a sense of connection with other people who had problems, but there was that connection that they were there to help you as well.

Feeling useful. Helping others in group appeared to be a central catalyst for a change in self-perception. Growers interviewed reported they had joined GROW with a sense of failure and alienation. However, by helping others they had gradually developed a sense of purpose and usefulness. The GROW group provides a context in which to be useful to others. Leadership roles appeared to further enhance a sense of usefulness. Group Organizers reported that feeling useful as a group leader derived not only from accomplishing new tasks designed to facilitate group proceedings, but also from a sense of passing on experience to newer members. This process was articulated by a 30-year old female group Organizer:

> I think because you have helped somebody else and plus it's through your suffering so to speak…or watching other people suffering use the same GROW program that you have used and offered to them ….it's that feeling, I've given some information here and it's been useful for that person. This makes me feel good; it makes me feel I have a purpose.

Feeling valuable/acceptance. Again, the benefits of helping others are implicated in the theme of feeling valuable. GROW members reported that helping others in the group increased their sense of personal value.

The theme of feeling valuable/acceptance also includes the notion of self-acceptance and self-esteem, as well as a sense of being accepted by others, although the latter is likely to impact on the former. At the level of group influence on change processes, GROW members' common problem and goal in terms of acquiring well-being/mental health appeared to help barriers to drop, fostering acceptance amongst peers. A 60-year old male GROW member expressed the crucial importance of feeling accepted and not judged, when he told his group that he had joined GROW to try and avoid a jail sentence. He was not successful in avoiding jail, but his experience of being accepted in GROW prior to being imprisoned brought him back to GROW on release:

> The names of the people there, I couldn't remember after my first meeting. But what I took away with me was a feeling that these people accepted me, and that there was a love in that meeting and no expectations.

Just an acceptance of who I was. That amazed me because I didn't think anybody could accept me after what I had done.

At the level of GROW program influence on change, the fact that group proceedings are controlled by GROW group members themselves appeared to foster an egalitarian context which can facilitate the development of self-esteem. The culture of self-disclosure and openness encouraged in GROW groups appeared likely to help normalize the problems experienced by Growers. At the level of individual change, Growers reported increased self-esteem and confidence in a non-judgmental environment.

Summary: Identity Transformation

In summary, improved coping skills, confidence, self-esteem, and interpersonal relationships were reflections repeated again and again when GROW members participating in the phenomenological study were asked to describe any change in self-perception between the time of the study and when they joined GROW. Their answers pointed to a sense of identity transformation, where identity transformation is herein defined as a radical positive change in self-perception. This transformation was spoken about in terms both of acquiring coping and interpersonal skills, and of increased self-confidence and self-esteem. Motivation via involvement in the GROW mutual helping culture, and the platforms of growth sewn into the GROW program via group leadership roles, were seen as mechanisms fostering positive change in skills development and self-concept. Identity transformation is viewed both as an overall "ultimate" outcome pulling together the multiple change processes which a GROW member can achieve in the pursuit of well-being and mental health, and as a process which is ongoing in GROW.

A veteran Program Team member in his 40s described the radical changes which GROW had assisted him to make in his life. In the early months attending group he had sat at the back of the room near the door, speaking to no one and leaving quickly at the end to avoid social interaction. When he had been there for 6 months, his GROW group organizer challenged him to take on a leadership role. This required him to welcome members and to speak out to get them involved in an evaluation of meeting proceedings. Although he feared getting more involved, he said he accepted the role because the group's acceptance was important to him at that time:

I have gone from being a very isolated sick person, to someone who is married, holding down a job very confidently and getting on with people around me. There's a vast change in my ability to relate to

people, to sympathize with people. My whole lifestyle has broadened to include many other people.

GROW members interviewed spoke about various facets in the ongoing process of change in identity. From that initial spark of "hope" which newcomers experienced watching other role models in GROW who had got well, to that first "sense of acceptance by the group." Members expressed that there was "a feeling of achievement in accomplishing new tasks in small steps and a growing sense of self-acceptance, from years of low self-esteem, and distrust, to finding myself and being quite happy with the person that I am." Membership in GROW was seen as helping a male Grower to be "true to himself…recognizing what I wanted to do rather than subordinating my wants to those of everybody else," and helping a female Grower to "become open to people and new experiences."

Collaborative participants captured the potential in GROW for identity transformation when they spoke about Growers "changing their story" from one of great unhappiness, sense of failure, and aloneness to one of overcoming problems, gaining control in their lives, and belonging. It was a transformation where GROW members stopped seeing themselves as problem people who needed help, and started to see themselves as learners and helpers.

Discussion

This study aimed to determine how GROW helps its members, how people change in GROW, and how GROW impacts on psychological wellbeing. The research design looked to triangulation of qualitative methodology, which allowed deeper understanding of GROW's impact and enhanced the validity of the findings. Validation of themes was also enhanced via the GROW collaborative study. An important emphasis regarding the information collected from multiple perspectives for this research is that the knowledge gained is assertoric (Polkinghorne 1983), contributing to an understanding of GROW's impact on change rather than immutable scientific truth (Bishop et al. 2002).

Study outcomes aligned with the social ecological paradigm (Maton 1994), indicating multifactorial processes of change operating in GROW at three levels of analysis: group level, GROW program/community level, and individual level. Outcome themes were related to life skills acquisition and change in self-perception in terms of belonging within community and increased personal value. An overall sense of identity transformation was communicated by GROW members, who spoke about change in terms of becoming capable and confident, and about the development and use of interpersonal skills in their lives

outside GROW. The discussion proposes a tentative model of processes of change and identity transformation in GROW.

Tentative Model of Change

The postulated model of change processes emerged out of the GROW study findings through iterative and reflexive process over lengthy, ongoing data analysis (Bishop et al. 2002). At a reflective level, a GROW member can be conceptualized as undertaking a journey of personal transformation, the extent of which is likely to be dependent on a continuum of time and extent of involvement. This conceptualization is illustrated in Fig. 1.

In the model, transformation is viewed as coming about via immersion in a new value system driven by the helping ethos pervading GROW group proceedings. This ethos is viewed as being a central mechanism promoting change. Individual change in a GROW group is described as occurring in two principal areas: (1) development of life-management skills, including positive movement along an active–passive continuum, interpersonal development, and bridging of skills out to the community; and (2) a change in self-perception, including development of a sense of belonging, an increased sense of feeling useful and valuable, greater self-acceptance, and greater acceptance by others. The helper-therapy principle of "helping yourself by helping others" underpinning GROW activities can be viewed as an engine driving the change dynamics across different domains and levels of analysis. Within a value system driven by mutual helping, the criteria for success are viewed as the willingness and ability to help others. Motivation for change, stemming from the helping ethos, is viewed as arising out of a desire to achieve well-being. The rewards of helping others are conceptualized as increased well-being, translated as the acquisition of concrete life-management skills and a change in self-perception.

Another pivotal change mechanism proposed as engendering skills acquisition and change in self-perception is education, or exposure to learning in GROW. Education includes access to the GROW program's experiential knowledge about managing problems, and role modeling by more experienced GROW members, who speak about their recovery and ways of solving problems. Two important processes in this educational process, which relate more particularly to GROW, are as follows: graduated learning via the platforms of growth embedded in the GROW leadership structure; and learning by doing. In MHMHGs such as GROW with graduated leadership structures, learning by doing takes place by performing the role in situ.

Aligning with the social ecological paradigm (Maton 1994), this tentative model is envisaged as being non-linear. Rather it is potentially circular, with reciprocal influence among change domains which are all ultimately interconnected, as is implicit in the helper principle. The descriptive change themes relating to skills acquisition and change in self-perception are viewed as impacting reciprocally, positively, and incrementally upon each other in a dynamic fashion across domains and levels of analysis. Circularity of impact is seen as providing ever-extended and strengthened levels of positive individual change across domains. A more global sense of personal transformation, incorporating all of the change processes described, is envisaged both as an "endpoint" of the potential benefits of GROW membership, and as an ongoing and continuing process. Transformation is postulated to occur gradually at varying levels all along the way.

Fig. 1 Processes of change in GROW
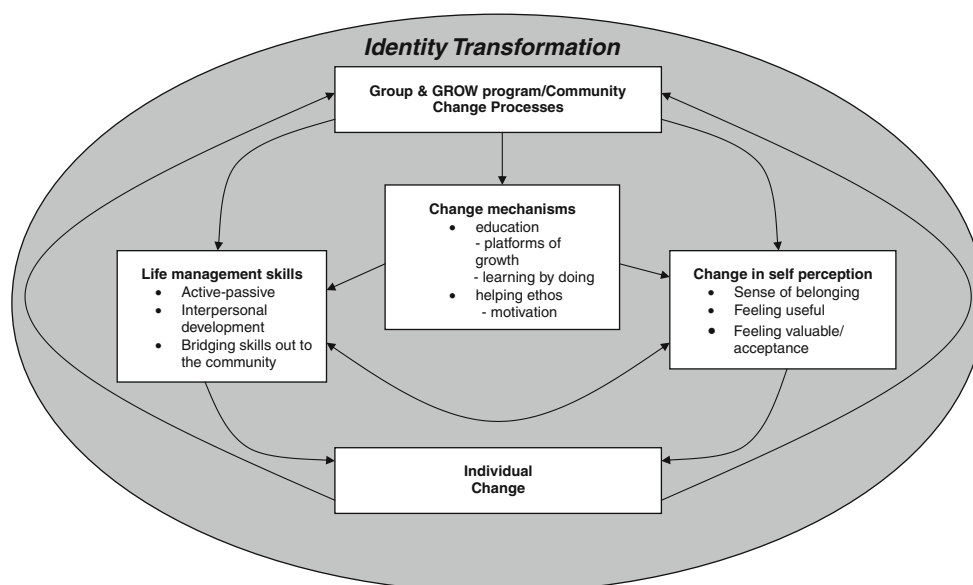
This tentative social ecological model of change can capture and provide an overview of the many processes which appear to be driving positive change in GROW. As such it may be a good exemplar which can be usefully applied to other types of MHGMHs. The process model also aligns with extant theoretical approaches explaining MHGs. In the model the fundamental helper-therapy principle proposed for MHGs of being helped by helping (Riessman 1965) is viewed as the central driving force or mechanism for change in GROW. Another important change mechanism put forward is education which incorporates cognitive theory (Antze 1976, 1979) where the ideology of mutual helping is viewed as assisting a positive restructuring of self-perception for GROW members. Education also includes the cognitive and behavioral learning that takes place in GROW (Katz and Bender 1990; Levy 1976, 1979; Lieberman 1979, 1990) and the role of experiential knowledge (Borkman 1976) in providing layman's CBT. Social learning via role modeling, or instruction based on experiential knowledge (Borkman 1976; Katz and Bender 1990; Levy 1976, 1979; Lieberman 1990; Stewart 1990) from more experienced GROW members is also incorporated within the model's change mechanism of education. Role modeling also allows for theoretical conceptualizations of social comparison (Levy 1979; Medvene 1992), where GROW members can gain hope by hearing about the growth of others in recovery and can experience positive appraisal in realizing that they have learned skills to pass on to a GROW newcomer. Social network theory, including acquisition of a social identity (Kurtz and Powell 1987), is enveloped in the model in terms of integration of GROW members within the supportive social network of a group or community.

The proposed model's global effect of change and identity transformation, incorporating all other change processes hypothesized, fits in with theoretical approaches suggesting identity transformation in MHGs. The model's pivotal change mechanism of the helping ethos aligns with conceptualizations of MHGs as providing an alternative culture (Borkman 1999; Levy 1979; Mankowski and Rappaport 2000), or social microcosm with ideology and cultural values (Antze 1976), or community of belief promoting a new worldview and meaning perspective (Antze; Borkman, Kennedy and Humphreys 1994) within which group members can undergo a process of identity change or transformation.

The current GROW study focused on the pivotal roles of education and the ideology of the helper therapy principle in assisting change. Ways in which ideology and teaching influenced the content of the stories which GROW members told in their personal testimonies and phenomenological interviews were not directly explored. Undoubtedly, community narratives play an important role in motivating and shaping change, however, the current study additionally suggests the crucial accumulative role of action or learning by doing in the process of transformation. While a community narrative can foster action, it is argued here that the action itself is the ultimate catalyst for change, in particular ongoing incremental change, whether it takes place in the area of life skills development or change in self-perception. The GROW group/program community environment furnishes the ideology and technology for "change by doing" through its pervasive promotion of mutual helping and leadership. With leadership, it is the actual "doing" of the role that accumulatively develops skills and self-esteem and engenders further motivation to extend skills. This conceptualization of change as involving ideology/worldview and action, aligns with the social constructionist approach where ideology is described as both what people think and as lived experience, and as practices and ideas woven together (Burr 2003). The "real life" community offered by GROW appears to offer endless meaningful opportunities for action and thereby transformation.

Conclusions

Mutual help for mental health groups such as GROW can be described as offering an alternative setting and value system fostering transformation and reinvention of personal identity. This transformation can be viewed as coming about via a dynamic, interrelated and reciprocal synthesis of processes, including action and acquisition of life skills through learning by doing, together with a positive change in self-perception, where sense of self is derived from sense of community, of belonging therein and of feeling useful and valuable. The model of change processes proposed, which is based on the framework of the social ecological paradigm (Maton 1994), appears to be able to capture the dynamics and synthesis of this transformation and provides a rationale as to how this transformation may be taking place. The model presents a useful potential framework for charting change processes in other MHGMHs, where specific programs may differ, but overall processes may be similar.

The GROW research highlights the critical importance in the recovery journey of the community context which GROW members enter to pursue wellness, often in a vulnerable state and experiencing a state of powerlessness. Although GROW members may present with very diverse backgrounds, difficulties, and idiosyncratic needs, they can all be viewed as sharing common processes in the group on the journey of change, including the experience of belonging in a community and the development of self-worth by helping. Equally important is the opportunity for people whose social and family networks may have been

disrupted to break into community again. The GROW study indicated that the group community appears to play a vital role in supporting, encouraging and "holding" group members during times of crisis and difficulty, while the learning of new skills and development of a new sense of identity takes place. It is in this sense that MHGMHs such as GROW can be viewed to have an essential as well as complementary role to play with professional treatment in recovery.

Limitations of the Study and Future Research Directions

The results need to be interpreted cautiously. The uncontrolled nature of this field study of GROW and the research design employed pose several threats to the validity of the data. *Sampling* bias and *self-selection* could have impacted on the external validity of the findings. *Generalisation* of current findings across all types of MHGs is compromised because of the heterogeneity of MHG types and *modus operandi*. The qualitative phenomenological information gathered from a volunteer sample of convenience is subject to potential *bias*. The qualitative research into GROW involving participant observation, interviewing, and collaborative work would be viewed as maximizing potential *experimenter* and *social desirability effects*. Another potential internal validity threat would have been the *accuracy* of observations. This could have been compromised additionally by the fact that the researcher was not able to take observational notes during the GROW group meetings, and wrote them up after the meeting. GROW ideology and thereby *jargon* could also have compromised the findings, where the jargon used may have mirrored GROW's ideology rather than being a critical evaluation of personal experience.

Future research could apply the social ecological paradigm that emerged for this research to other MHGMHs to map similarities and differences. Further investigation could also be undertaken focusing on closer examination and mapping of processes driving change in GROW. This could be facilitated via longitudinal phenomenological interviews with newcomer GROW members repeated at intervals. Facilitation of social networks and integration into community could be a particular focus to extend the current findings.

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