MAKING IT SANE: THE PARTICIPATION BENEFITS OF CONSUMER RUN
ORGANIZATIONS

A Dissertation by

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I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirement for the degree of Doctor of Philosophy with a major in Psychology.

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DEDICATION

This dissertation is dedicated to the P.S. Club

and all of its members

for having the courage to share their story with the world.
ACKNOWLEDGMENTS

This work is the amalgamation and culmination of the three and a half years of I have dedicated to studying consumer-run organizations. As long as you don’t count classes, eating, sleeping, and general sustenance activities, my only distraction has been my social life. A much needed and thoroughly enjoyed distraction. For this, I thank all of my friends here in Wichita, especially Nathan, Shelby, Satoru, Shawn, Christy, Sarah, Dana, Jessica, Brandon, Chakema, Liz, Brett, and Stephanie.

Breaking up the long stretches of work were visits home with my parents. I cannot express enough gratitude for their unquantifiable support in helping me get to where I am today. I also thank all my friends back home, especially Kevin, Nick, Tony, Andra, Dave, and the Orifici’s. I love all of you.

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My dissertation committee’s insight and feedback has helped to make this work the best it can be and for that I thank Darcee Datteri, Darwin Dorr, Lou Medvene, and Sharon Iorio. Last, but certainly not least is the gratitude I extend towards Greg Meissen, my research mentor and committee chair. His steadfast support of all my work over the past four years has been tremendous. I could never have been so successful or productive without him, a true friend who has helped me help myself.
ABSTRACT

The goal of this study is to develop a robust theory that explains how participation in a Consumer-Run Organization (CRO) can lead to positive individual outcomes. To accomplish this goal, existing theoretical explanations are reviewed. Using the previously unapplied theoretical perspective of symbolic interactionism and more specifically, Stryker’s Identity Theory, these varying theoretical explanations are then integrated to create a model explaining how CROs can contribute to positive outcomes. This theoretical model is then empirically explored through two separate studies. The first uses open-ended short answer questions to understand how CRO members benefit from participation. The second uses participant observation and minimally structured interviews to generate life stories that explore how CRO participation has altered an individual’s life course. The original explanatory model proved helpful but partially inadequate in accounting for the results. This leads to model revisions and the development of a more robust theoretical explanation of how CRO lead to positive outcomes. Discussion focuses on explaining this revised explanatory model, exploring how it does and does not account for the results.
PREFACE

Before this work can be fairly judged in its accuracy, validity, and usefulness, there several things that must be understood. First, I have not entered this study as a blank slate or “tabula rasa.” Instead I have come as a fully functioning human with a unique developmental history. The work is littered with many of my own preconceptions about CROs and how the world works.

My hope is that you judge this work on its believability after critical inspection rather than the pureness of its objectivity. My subjective perspective has influenced this research in innumerable ways. While I do not have insight into all of my subjective influences, several are explained below.

First, I entered this study convinced CROs are a good idea. The intention of this work is not to prove that CROs are effective. Instead this study is intended to generate a robust theoretical explanation of how CROs can be helpful to individual participants. While the efficacy and cost effectiveness of CROs remain important research questions, I leave them to be answered by quantitative, quasi-experimental, longitudinal research designs.

Because this research is grounded in the insider’s perspective, it inevitably makes CROs look good. The people who go to CROs believe they are helpful, otherwise they wouldn’t go. Nobody who creates or maintains an organization out of their own free will is going to say it shouldn’t exist. Rather than establish CROs as an evidenced based practice, the goal of this research is to understand what the insider’s perspective is and develop a generalizable theory congruent with this perspective that explains what the CRO participation experience is and how it changes the people who experience it. That
being said, I did not enter this study intending to glaze over the problematic realities of 
CROs. Like any organization, CROs face formidable challenges and this work addresses 
important problems and limitations of these organizations.

A second thing to understand before critically digesting this work is that I do not 
believe our social world is grounded in objective reality the way physical objects are. 
Relationships between people are abstractions. They are fundamental to our existence 
and yet they exist in every person’s mind differently. Different people will always have a 
different understanding of the same relationship. Hopefully most understanding will be 
shared, but some will always be unique to a specific perspective. As such, there is no 
way to objectively study our social world. Analysis will always be the product a 
rationality and logic grounded in subjective experience and perspective.

In fact, this entire work can be seen as a product of my own subjective experience 
and perspective. The introductory theoretical framework represents the preexisting 
knowledge with which I entered the situation. The data are gathered from what people 
said to me in interviews and from what people did when I was around. The analysis is 
how I organize the experience. It is my own understanding of my own experience of 
interacting with informants. The results are how I explain my experience. The 
discussion explores what can be learned from my experience.

While this work may not be purely objective, I hope it remains useful. Although 
my reasoning and logic are as much art as science, I hope that you find the work to be 
based on sound evidence and logic rather than vacuous rationalization.
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CHAPTER I
INTRODUCTION

This research aims to further theory development regarding how participation in a consumer-run mutual support organization (CRO) can lead to personal transformation. As Estroff (1981) eloquently pointed out in her ethnography *Making it Crazy*, many people with mental illness have learned how to make it in life as a “crazy” person. They have adopted the sick role and remain trapped in its contradictions. The goal is to get well and live independently but their lives are full of interactions with people who take care of them, inadvertently but persistently reminding them of their incompetence.

Consumer-run organizations stand as an alternative to this paradox. Instead of being taken care of, people with mental illness learn to take care of each other. There is no dependency or sick role to be found in these organizations. Instead, individuals start *making it sane* in life as people who can help themselves and help others in a similar situation. Consumer-run organizations use two basic strategies to promote wellness: (1) they provide an accepting and supportive environment where people can socialize and support each other as friends; and (2) they provide opportunities for people to become active contributors by taking on leadership roles in the organization.

Previous studies have explored what consumer-run organizations do and what the benefits of participation are (Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Mowbray & Tan, 1993; Hardiman & Segal, 2003). Unfortunately, theoretical explanations of how participation leads to positive outcomes remain underdeveloped. The goal of this study is to develop a robust explanatory framework for understanding how consumer-run organizations contribute to positive outcomes.
To provide a comprehensive background on CROs, the introduction is divided into four primary sections. The first section, *Understanding Consumer-Run Organizations*, discusses a variety of CRO characteristics and reviews previous research on their effectiveness. The second section, *Previous Explanatory Frameworks*, reviews theories that have already been applied to CROs. The third section, *Applying Identity Theory to CROs*, explains identity theory and how it applies to CROs. Finally, the fourth section, *Current Explanatory Framework*, describes the integrated model that has been developed as a theoretical starting point for this study.

*Understanding Consumer-Run Organizations*

Consumer-run organizations are a varied and complex phenomenon that are gradually beginning to play a major role in community mental health. To provide a rich understanding of these organizations, the following section will first discuss how CROs relate to other entities in the mental health system. Then a detailed discussion of the defining qualities and organizational characteristics of consumer-run organizations will ensue. Following will be a review of research on the effectiveness of CROs and then a discussion of the challenges they face. Concluding this section on understanding CROs will be a review of the empirically supported organizational strategies for success. Subsequent sections will review previous explanatory frameworks applied to CROs and then a new integrated framework that operates as the theoretical foundation of this study will be proposed.

*A New Paradigm in Community Mental Health*

Consumer/survivor initiatives have become increasingly widespread since deinstitutionalization began in the late 1960s and now operate as a critical component of
the emerging empowerment-community integration paradigm in community mental health (Nelson, Lord, & Ochocka, 2001). This paradigm reconceptualizes mental health treatment, emphasizing the importance of participation (individuals actively participating in their lives) and empowerment (individuals gaining increased control over their lives). Increasing participation and empowerment requires a change in the roles of mental health consumers and professionals. People with mental illness must play the role of citizen rather than patient and professionals must play the role of “resource-collaborator” rather than “expert-technician” (Constantino & Nelson, 1995). The paradigm additionally emphasizes community integration, where people are a valued part of the community, not just in the community (Nelson, Walsh-Bowers, & Hall, 1998). Community integration requires relationships in the community, where people utilize informal support networks, actively contribute to the community, and develop a sense of community. CROs are an important resource in this paradigm because they provide informal support networks with a sense of community and opportunities for active contribution where consumers control the direction of the organization.

Table 1 provides a historical context for understanding the evolution of mental health treatment and how the empowerment-community integration paradigm differs from traditional treatment paradigms (Nelson et al., 2001). The institutional-medical approach became dominant in the 19th century, emphasizing psychiatric hospitals constructed to treat patients who had little, if any, control in determining their treatment. During the 1960s, the community treatment-rehabilitation paradigm emerged, providing alternatives to institutionalization that included supportive housing, clubhouses, case management, and other services designed to provide clients life skills so they would
require reduced amounts of professional care, especially hospitalization. While a significant advance, a number of issues in the community treatment-rehabilitation paradigm remain, including a focus on individual deficits leading to continued stigma and an imbalance of control between professionals and consumers (Carling, 1995; Nelson et al., 2001). Studies have found that the community treatment-rehabilitation paradigm helped many people have a physical presence in the community while remaining socially and psychologically unintegrated (Mowbray, Greenfield, & Freddolino, 1992; Segal & Aviram, 1978; Sherman, Frenkel, & Newman, 1986).

TABLE 1

CHANGING PARADIGMS IN COMMUNITY MENTAL HEALTH

<table>
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<th>Traditional Paradigms</th>
<th>Community Treatment-Rehabilitation</th>
<th>Emerging Paradigm</th>
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<td><strong>Medical-Institutional</strong></td>
<td><strong>Empowerment-Community Integration</strong></td>
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<td>Lack of consumer voice and choice</td>
<td>Consumers have input but professional retains control</td>
<td>Self-directed collaboration with professionals</td>
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<td>Dependence on professionals</td>
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<td>Professional role as expert</td>
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<td>Professional services</td>
<td>Professional, paraprofessional, and volunteer services</td>
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<td>Institutional locus</td>
<td>Community-based locus</td>
<td>Integration into community settings and social support networks</td>
</tr>
<tr>
<td>Stigma, focus on illness</td>
<td>Stigma, focus on psychosocial deficits</td>
<td>Focus on strengths and potential for growth and recovery</td>
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Note. From Nelson et al. (2001).
The Outcome of Community Integration

Contemporary views of community integration emphasize its interrelated physical, social, and psychological components that can be reached through the promotion of participation, empowerment, community support, social justice, and access to valued resources (Nelson et al., 2001; Aubry & Myner, 1996; Wong & Solomon, 2002). For the purposes of this study, the definition of community integration will come directly from the three dimensional conceptualization developed by Wong and Solomon (2002, p. 18-19):

(1) *Physical integration* refers to the extent to which an individual spends time, participates in activities, and uses goods and services in the community outside his/her home or facility in a self-initiated manner (Segal et al., 1980).

(2) *Social integration* has two subdimensions – an interactional dimension and a social network dimension.

   (a) Interactional dimension refers to the extent to which an individual engages in social interactions with community members that are culturally normative both in quantity and quality, and that take place within normative contexts (Wolfensberger & Thomas, 1983).

   (b) Social network dimension refers to the extent to which an individual’s social network reflects adequate size and multiplicity of social roles and the degree to which social
relationships reflect positive support and reciprocity, as opposed to stress and dependency (Fellin, 1993; Storey, 1993).

(3) Psychological integration refers to the extent to which an individual perceives membership in his/her community, expresses an emotional connection with neighbors, and believes in his/her ability to fulfill needs through neighbors, while exercising influence in the community (Aubry & Myner, 1996; McMillian & Chavis, 1986).

This holistic understanding of community integration provides an explicit framework for understanding the benefits of participation in a CRO without limiting this understanding to simplistic definitions such as physical presence in the community or the attainment of employment. While this framework serves as a starting point in conceptualizing the outcomes of CRO participation, it is not an ending point. Rather, the words and understandings of CRO participants are used to guide conceptualization of the positive outcomes resulting from CRO participation.

Organizational Characteristics of CROs

Consumer/survivor initiatives have taken many different forms including businesses, case management programs, drop-in centers, and advocacy organizations (Mowbray, Chamberlin, Jennings, & Reed, 1988; McLean, 2000). Consumer-run organizations are a specific kind of consumer/survivor initiative focused on building supportive relationships between people with mental illness. Typically, this is achieved by operating a drop-in center, hosting support groups, and/or organizing recreational activities. Although the differences between individual organizations often seem greater than their similarities, there are some guiding principles that unify consumer-run
organizations. They exist in response to the needs of people with mental illness, they provide empowering roles for people with mental illness, and participation is voluntary. In addition to mutual support, these organizations pursue a variety of activities including advocacy, knowledge development, skills training, public awareness, mental health provider education, and fundraising (Trainor, Shepherd, Boydell, Leff & Crawford, 1997; Brown, 2004). CROs are largely based in a self-help/mutual-aid philosophy, which values: (1) the promotion of inner strengths, (2) a reliance on helping each other, (3) a rejection of hierarchy, (4) sense of community, (5) empowerment and participation, (6) self-acceptance and openness (Riessman & Carroll, 1995). Yet, consumer-run organizations differ from local self-help groups in that they are typically incorporated nonprofits that can receive grants and often have paid staff governed by a board of directors, all of whom have a psychiatric disability. The term “consumer-run organization” or “CRO” will be used throughout this article to refer specifically to nonprofit, self-help oriented organizations that are controlled by people with psychiatric disabilities. Consumer-run organizations have also been referred to as self-help agencies (Segal & Silverman, 2002), consumer-run drop-in centers (Mowbray, Robinson, & Holter, 2002), and consumer/survivor initiatives (Nelson et al., 2001).

**CROs as Behavior Settings**

Originally developed by Roger Barker and his associates (e.g., Barker, 1968; Barker & Schoggen, 1973), behavior setting theory provides a theoretical framework that facilitates description of CROs. Behavioral settings are small scale social systems with standing patterns of behavior restricted by temporal and spatial boundaries. The orderly and established standing patterns of behavior guide the interactions between the setting’s
various components. For example, a grocery store has a standing pattern of behavior where the behavior setting components of employees, customers, and goods for sale interact in an established and orderly fashion to exchange of food for money. Both grocery stores and CROs are bound temporally by their hours of operation and spatially by their location.

Each behavior setting has several roles that need to be filled for the setting to operate properly. A CRO needs several members to fill organizational roles such as grant writer, budget manager, activity organizer, activity participant, and board member. Although the human actors in behavior settings are considered critical, they are frequently interchangeable because similar interactions occur regardless of who occupies each role in a setting. Assuming an understanding of how to perform behavior setting roles, a grocery store will operate in a similar manner regardless of who plays the role of customer or cashier. Likewise, CROs generate an unstructured buzz of social activity regardless of who shows up as long as mutually supportive relationships have developed.

**CRO Organizational Structure**

CROs often fall in the middle of the continuum between informal, unstructured grassroots associations operated by volunteers (e.g., self-help groups, neighborhood associations) and formal nonprofit agencies operated by paid staff (e.g., mental health centers, Red Cross). These two types of organizations have different structures, environments, strengths, and weaknesses (Smith, 2000). Consumer-run organizations frequently exist in this gray area because they have grown from a small group of passionate but often inexperienced volunteers that exemplify unstructured grassroots associations and moved closer to the structured nonprofit organization run by paid staff.
If consumer-run organizations begin to charge membership fees, get reimbursed for services, organize fundraisers, or write grants they often struggle to maintain the advantages of an unstructured association while managing the unintended consequences of becoming a nonprofit with a budget and paid staff. They need adequate structure to be accountable without compromising the grassroots camaraderie and passion that inspires the organization.

Previous research on the goals of Kansas CROs provides insight into where these organizations fall on the continuum between formal nonprofit organizations and informal grassroots associations (Brown, 2004). Consumer-run organizations typify structured nonprofits in that 67% pursue additional funding from external sources, which is not characteristic of grassroots associations or self-help groups (Smith, 2000). Additionally, 72% are focused on increasing their days or hours of operation, reflecting a structured nonprofits tendency towards continuous rather than intermittent activity (Smith, 2000). Consumer-run organizations retain many characteristics of unstructured grassroots organizations however. These organizations have not forgotten the importance of voluntary leadership, with 63% working to increase the number of unpaid members contributing to the leadership of the organization. Commitment to the membership is further reflected with 56% of organizations working to celebrate member milestones or provide member recognition. Additionally, consumer-run organizations look more like grassroots associations with respect to the social support they provide. One study by Fischer (1982) demonstrated that unstructured grassroots associations typically provide members with a great deal of social support. Consumer-run organizations reflect this with 93% working to reduce social isolation among members.
Previous Research on the Effectiveness of CROs

Evidence supporting the effectiveness of consumer-run organizations operated by people with psychiatric disabilities is mounting. Previous research by Mowbray et al. (1988) suggests that consumer-run organizations in Michigan are remarkably cost effective because of their small budgets, operating on less than $1 per day for each person involved. With an average annual budget of $31,000 and an average of 26 volunteer leaders, the CROs in Kansas are similarly inexpensive to operate (Brown, 2004). In addition to being relatively inexpensive compared to traditional mental health services, previous research indicates that 69% of goals CROs set were achieved, suggesting general organizational competence (Brown, 2004). Research by Segal, Silverman, and Temkin (1997) found that member perceptions of CRO environments are consistent with the self-help ideology of providing a supportive environment, opportunities for active involvement in the organization, and the encouragement of individual autonomy.

Evidence about the benefits of participation has also been documented. Research by Trainor et al. (1997) documented a 91% decline in the use of inpatient services after participation in a consumer-run organization began. In addition, the Trainor study found that, on average, people with psychiatric disabilities considered their consumer-run organization the single most helpful component of the mental health system.

Mowbray and Tan (1993) found that when compared to community mental health services, the drop-in centers were perceived by 77% of consumers to be different on many dimensions including more freedom, more caring and support, and less bureaucratic structure. A great majority of consumers reported they had control (87%), felt accepted (99%), and came to their CRO out of their own free will (98%). In addition,
Mowbray and Tan (1993) found increases in positive activities such as volunteer work, jobs, school and a decrease in institutionalization, substance abuse, and use of mental health services.

Research by Segal and Silverman, (2002) found that getting involved in the operation the CRO was the single most powerful predictor of positive outcomes. Having the responsibility to contribute to the operation of a CRO can provide practical skills that can further the ability to obtain and maintain employment. Previous research has additionally demonstrated that support services provided by consumers often have similar effects as those provided by professionals (Solomon & Draine, 1995). More specifically, they found that consumer case managers were as effective as professional case managers in maintaining the stability of severely mentally ill clients over a two-year period. The benefits of consumer case managers, in part, come from an understanding of mental illness and the mental health system from a personal perspective. They are more likely to be aware of non-traditional resources and are excellent advocates for those they serve (Nikkel, Smith, & Edwards, 1992). The service provider who is recovering from a psychiatric disorder can serve as a role model for the client.

The rapid growth of CROs when funding sources are available suggests that many people with psychiatric disabilities are eager to get involved in these organizations. From 2000 to 2003, as the availability of funding for consumer-run organizations in Kansas has increased, the number of organizations has increased 75% from 12 to 21 and the number of members involved has increased 114% from 582 to 1,244 members. Considering the low cost of these organizations, their ability to operate effectively, the benefits of participation, and growing interest among people with psychiatric disabilities, consumer-
run organizations have the potential to become a major component of mental health systems across the nation.

Organizational Challenges

Like other nonprofits, consumer-run organizations must focus their energy on managing resources, including dollars, volunteers, staff, and a space for activities. They must maintain consistent funding despite rapid changes in government and foundation funding priorities (Dees & Economy, 2001). Success often depends on collaboration with other entities in the community while competing for money and participants.

Competition can particularly be a problem for CROs in rural areas, where the sparse population creates a small population for mental health services. Competition for participants may arise between consumer-run organizations and mental health centers because both struggle to attract enough participants. Because mental health centers can bill for services similar to some of the activities of a consumer-run organization, there is a strong incentive for the mental health center to “compete” for participants that would otherwise spend some of that time at the consumer-run organization.

In addition to attracting participants, consumer-run organizations struggle to meet grant requirements while maintaining focus on their original mission. Grant requirements by funding agencies have the potential to compromise independent decision making and initiate cooptation of the organization. Cooptation is a problem with which consumer-run organizations have historically struggled (Kasinsky, 1987). The roots of the “ex-patients’ movement” began with a fierce rejection of the mental health system by “ex-inmates” who experienced psychiatric treatment and hospitalization. The exclusion of “non-patients” in organizational decision making was and is one of the guiding principles of
the movement (Chamberlin, 1990). When consumer-run organizations apply for grant money the “non-patient” funding agencies obtain influence in organizational decision making because they have control over which organizations will receive funding and what they have to do to get it. Cooptation can gradually or suddenly threaten organizations as the funding agency creates new grant requirements that restrict the independent decision making of the organization. If the funding agency begins to restrict organizational choices or require specific activities that compromise the organization’s philosophy, needs, goals, and methods then cooptation has begun, which can threaten the empowering nature of the organizations.

Organizational Strategies for Success

Research by Kaufmann, Ward-Colasante, and Farmer (1993) found six organizational characteristics that CROs used to manage the challenges they face, including: (1) effective leadership and organizational skills, (2) a core group of volunteers, (3) interdependent relationships with professional service providers, (4) financial resources and accountability, (5) planned social activities, and (6) ongoing recruitment of new members. In addition to these strategies, sharing leadership responsibilities has been successful in preventing burnout and improving the sustainability of self-help groups (Medvene, Volk, & Meissen, 1997; Wituk, Shepherd, Warren, & Meissen, 2002). Sharing leadership responsibilities has additionally been shown to be helpful in achieving the organizational goals of CROs (Brown, 2004). The age of the organization has also been found to be related to the achievement of organizational goals, suggesting that with time and experience CROs work through many of their problems and become more effective organizations.
Previous Explanatory Frameworks of CROs

CROs provide a unique set of experiences, activities, and opportunities for persons with psychiatric disabilities. The experience of participating in a consumer-run organization is unique for each individual and the broad range of participation experiences help members address several aspects of community integration, although some domains are influenced more than others. Several current explanations on how consumer-run organizations are helpful to participants exist in the literature, including the helper therapy principle, empowerment theory, sense of community, and social support theories. The following section will review these explanatory frameworks and then integrate them into a broader explanatory framework based on Stryker’s identity theory.

Helper Therapy Principle

One such theory explaining the benefits of consumer-run organizations is the helper-therapy principle (Riessman, 1965), which states that the act of providing help is therapeutic, often more so than receiving help. Skovholt (1974) theorized that the power of this principle is derived from four benefits to the helper: (1) an increased sense of interpersonal competence; (2) the development of a sense of equality in giving and taking with others; (3) the helper gains new personally-relevant knowledge while helping; and (4) the helper receives social approval from the person they help and others. This principle fuels the empowerment-community integration paradigm’s emphasis on self-help/mutual aid and its de-emphasis of professional services. If people with psychiatric disabilities only receive services from the mental health system, they may get excellent treatment but never have the opportunity to help others. With consumer-run organizations, an individual’s capacity to help others is brought to the forefront (Trainor
et al., 1997). Research has demonstrated that the act of helping others can improve self-concept, increase energy levels, and improve physical health (Luks, 1991). The act of helping others is an empowering experience because it allows people to contribute to society as much as they receive. This experience is similar to that of an independent, self-supporting citizen, who contributes as much as s/he consumes.

Empowerment Theory

One of the most powerful explanations of the connection between CRO participation and community integration is the theory of empowerment, stating that empowering behavioral settings will lead to personal empowerment (Segal et al., 1993). The multilevel construct of empowerment has additionally been linked to indicators of physical and mental health (Israel, House, Schurman, Heaney, & Mero, 1989). Empowerment is not only an outcome but an ideology that has emerged in reaction to inadequacies in the mental health system. The empowerment ideology is based on the principle that psychiatric consumers can gain control over their lives, reduce their reliance on professionals, and take action on their own behalf (Dickerson, 1998). The concept of empowerment is used in CROs and other self-help approaches to differentiate their model of care from the traditional mental health system. CROs are not only unique in that they are operated by consumers but qualitatively different from mental health services because no one plays the role of client or service recipient. If consumers only receive support from the service model, they may get excellent help provided by other consumers but this does not change their disempowering role as recipient. With CROs, every individual’s capacity to act on their own behalf and help others is brought to the
forefront, thereby promoting individual empowerment (Trainor, Shepherd, Boydell, Leff & Crawford, 1997).

Segal et al. (1993) have connected CRO participation to empowerment at the individual, organizational, and community level. CROs provide individual empowerment by helping members obtain needed resources, become socially engaged, and develop helping and coping skills. At the organizational level, CROs support empowerment through member control of the activities that are pursued, their governance, and their administration. At the community level, CROs further member involvement in social policy-making through advocacy and public education efforts.

One study by Maton and Salem (1995) found that CROs manifest several key characteristics of empowering community settings, including: (1) a belief system that inspires growth, is strengths-based, and is focused beyond the self; (2) an opportunity role structure that is pervasive, highly accessible, and multifunctional; (3) a support system that is encompassing, peer-based, and provides a sense of community; and (4) leadership that is inspiring, talented, shared, and committed to both setting and members. By participating in a CRO, members can gain a sense of control and ownership with the organization, and this organizational empowerment can transfer into a sense of personal and community level empowerment (Schulz, Israel, Zimmerman, & Checkoway, 1995; Zimmerman & Rappaport, 1988). The importance of organizational empowerment at CROs is further supported by Segal and Silverman (2002), who demonstrated that it was the best predictor of personal empowerment and social functioning.
Sense of Community

Sense of community is one outcome critical to psychological integration that is conceptually related to empowerment (McMillan et al., 1995). “Psychological Sense of Community” has been defined as “a special attachment between people and their primary social groups and their social milieu.” and “the sense of belongingness, fellowship and identity experienced in the context of a functional group or geographically based collective.” (Buckner, 1988; Sarason, 1974; Davidson & Cotter, 1986). Research by McMillian indicated that higher levels of sense of community were significantly related to individual empowerment, although participation level was the strongest correlate of individual empowerment. McMillian suggested that sense of community may act as a catalyst to increase participation generally. Supporting this idea is the work of Chavis and Wandersman (1990), who found that sense of community predicted increased participation and perceptions of empowerment a year later.

Forming a sense of community is an integral component of CROs or any other consumer/survivor initiative. Forming a human bond among peers enables communication around difficult issues and works as a healing mechanism (Gidron & Chesler, 1994). The shared “experiential knowledge” that members in a self-help initiative possess allows each member to better understand what others in the group are facing and develop a sense of community within the group (Borkman, 1999). In the same way that organizational empowerment at a CRO can transfer into empowerment in others settings, developing a sense of community in the supportive setting of a CRO has the potential to develop the confidence and skills of consumers to allow community attachment with other territorial (e.g., neighborhood) and relational (e.g., church)
communities (Heller, 1989; McMillan & Chavis, 1986, Unger & Wandersman, 1985). Research by Chamberlin, Rogers, and Ellison (1996) indicates that CRO participants are in fact involved in the community, with over 90% of respondents participating in at least one community activity outside of the CRO.

*Social Networks and Social Support*

Hardiman and Segal (2003) suggest that in CROs, it is the enhancement of peer-oriented social networks that lead to a sense of community. Regardless of whether this hypothesis is true, the need for a supportive social network has long been recognized as a critical component of successful community integration (Biegel, Tracy, & Corvo, 1994). Research by Goldberg, Rollins, and Lehman (2003) has linked larger social networks among people with psychiatric disabilities to fewer psychiatric symptoms, improved quality of life, and higher self-esteem. CROs undoubtedly play a major role in the social lives of members and are thought to improve social networks by providing members with the opportunity to participate in shared activities while exerting control over the organization (Hardiman & Segal, 2003). Research by Mowbray and Tan (1993) indicate that social support is the dominant reason people come to CROs and gaining more friends is the most frequently cited benefit. Relationships that are formed in a CRO can be richly rewarding and therapeutic in themselves or necessary precursors to positive changes in external relationships (Powell, 1994). Research by Trainor et al. (1997) supports the notion that CROs can help participants build not only social networks of CRO members but external networks in the community, with 60% of CRO participants indicating that contacts with non-consumers had increased as a result of their CRO involvement.
While these different explanatory frameworks (helper-therapy principle, empowerment theory, sense of community, social support) all account for a portion of how CROs can help people, they all ignore other critical components of CRO contribution to community integration. The application of identity theory to CROs acts as the theoretical umbrella integrating these disparate constructs into a more holistic model that explains how CROs contribute to positive outcomes.

Applying Identity Theory to CROs

Identity theory (Stryker, 1980; Stryker & Burke, 2000; Stryker & Serpe, 1994) provides a theoretical framework for understanding how participation in a CRO can lead to the development of new social roles, which can in turn change the identities of participants and contribute to their integration into the community. The theory is rooted in symbolic interactionism, a broad theoretical perspective within sociology pioneered by Cooley (1902), James (1890/1950), and especially Mead (1934). In this perspective, behavior is thought to be guided by an active construction of reality using subjective interpretations (symbols) of our interactions with the world. Through our regularized social interactions (i.e., our roles) we make sense of our selves. We look to our environment and the information inherent in it to understand how we should behave in these roles.

Stryker and colleagues offer a comprehensive description of identity theory that contends, “persons live their lives in relatively small and specialized networks of social relationships, through roles that support their participation in such networks” (Stryker & Burke, 2000, p. 285). A role is a set of associated meanings and behavioral expectations that guide interactions between individuals and depend upon the nature of a relationship
A person can play multiple roles within one social network, such as the role of mother with her daughter and the role of wife with her husband.

Roles provide a sense of identity because people use roles as basic conceptual tools in thinking about self – “we become the roles that we play.” Because roles provide purpose, meaning, direction, and guidance to one’s life, Thoits (1983) theorized that the greater the number of roles, the stronger one’s sense of meaningful, guided existence. Her research shows that people who possess numerous identities report significantly less psychological distress.

If people with psychiatric disabilities have small social networks and few social roles, then the stigmatized role of “psychiatric patient” is likely to dominate their identity, providing little meaning or purpose in life. Participation in a CRO can mitigate this problem by providing members opportunities to form new social networks, thereby taking on new roles in life. At a CRO, members may play the role of help provider in addition to their more familiar role as help recipient. Other potential roles beyond member include that of friend, board member, and volunteer.

When a role associated with a social network position is played on a regular basis, it becomes internalized as a “role identity” and adopted as a component of the self (McCall & Simmons, 1978). During social interactions, individuals draw on the most appropriate role identities in a given situation to guide their behavior. When a particular role identity is activated it serves as an “identity standard” or set of meanings that represent who one is. People try to behave in a way that matches their identity standard and they continuously adjust their behavior in an attempt to receive feedback from others that verifies that identity standard (Burke, 1991). Figure 1 provides a more detailed
theoretical description of the identity control system. In this system, the “comparator” (a cognitive process) determines the level of congruence between the social situation and the identity standard. Meaningful behavior is then used to alter the social situation in such a way that it will be more congruent with one’s identity standard. It is through this feedback loop that role identities have a major influence on behavior.

If an individual is unable to create congruence between the identity standard and the social situation then the individual will experience anxiety. Because of this need for congruence, role performance is critical. An individual must be adept at performing roles to receive feedback in congruence with his or her identity standard. Adopting new roles forces individuals to build a new skill set in order to adequately perform the role. When individuals adopt new roles at a CRO they will have to learn new skills to meet role expectations. These new skills may transfer to other community settings, thereby contributing to community integration.

Figure 1. The identity control system (Burke, 1991)
In order to verify one’s identity, Swann (1987) contends that people go through a process of “selective interaction” in which they choose to interact with others who confirm their identities. People also avoid those who do not support these high salience roles (Swann, Pelham, & Krull, 1989). Research by Riley and Burke (1995) found that when discrepancies exist between the group member’s role and the meanings of self-identity, the group member is less satisfied with the role and the performance related to that role.

This process of self-verification and role negotiation may explain many behaviors within a CRO. Identity theory would predict that when individuals join a CRO, they will seek out roles congruent with their identity. If they see themselves as passive people who lack competence then they will likely find roles in the organization where they have no responsibility and can simply show up and enjoy the company of others. If they see themselves as activists then they may find roles in the organization where they can make public presentations to reduce stigma about mental illness. According to identity theory, if people enter roles that do not support their identity then they will experience distress and change their behavior in an attempt to find roles supportive of their identity. If individuals cannot find a role at a CRO that is congruent with their identity then they are liable to stop participating and search for identity verification elsewhere. This may explain why many people show up at a CRO only once and never get involved.

The self is composed of various role identities that exist in a hierarchy of salience. For example, an individual may be a father first and a businessman second, or vice versa. The most salient identities are the most likely to be invoked across a variety of situations. “Identity salience refers to the likelihood that a person will enact a particular identity
when given the opportunity to do so. Identity salience in turn influences the actual enactment of social roles: the higher the salience of a particular identity, the more time and effort one will invest in its enactment, the more one will attempt to perform well, the more one’s self-esteem will depend on that identity, and the more one’s identity performance will reflect generally shared values and norms.” (Thoits & Virshup, 1997, p. 112-113).

Identity salience is critical in determining how much a given role identity will influence behavior. The salience of an identity is hypothesized to depend upon identity commitment, which is both the number and the strength of relationships associated with a given role identity (Stryker, 1968). If an individual becomes involved in a CRO on a regular basis then the role identities associated with CRO participation will move up the hierarchy of salience and begin to play a major role in defining the individual’s self-conception. The more important the relationships at a CRO become to an individual, the more important the role identities played at the CRO will become to that person. Whether good or bad, these highly salient identities will have a major impact on the individual outside of the CRO. If CRO participation facilitates the development of a new salience hierarchy then this new identity structure will have ripple effects throughout the individual’s life, potentially contributing to community integration.

Borkman (1999), in her study of self-help/mutual aid, describes individuals moving from an identity of victim, to one of survivor, and then to one of thrivor. Although she does not apply identity theory to the personal transformation, it still serves as a good example of how identity may change as a result of participation in a CRO. At first, people come to the group as victims who are vulnerable and needy. As victims they
lack confidence and do not link their actions to consequences. By interacting with more seasoned members, sharing experiences, and receiving encouragement from peers, these new participants begin to gain hope and make sense of their problems. Over time, individuals may begin to play the role of helper more often, building more self-confidence and gaining a sense of mastery over their past experiences. After becoming skilled in playing the role of helper, individuals may become thrivors, developing an experiential authority and playing the role of group leader or advocate. If the role identity of helper or group leader becomes highly salient, then individuals may begin to seek verification of these identities elsewhere, looking for other leadership and helping roles in the community. In this sense participation in a CRO has the potential to alter the identities of individuals, helping them become active participants in the community.

*Current Explanatory Framework*

The explanatory framework under investigation in this study integrates several theories that have been used to explain how participation in a consumer-run organization can change the people who get involved. Social networks, social support, empowerment, and sense of community are all important theories that account for different aspects of how participation in a consumer-run organization leads to community integration. Enabling an integration of these different theories and central to the proposed explanatory framework is identity theory, which has not been applied to consumer-run organizations in previous research. Figure 2 illustrates this proposed explanatory framework, which is described below.
**Individual Change Process**

When people join a consumer-run organization they are introduced into a new social network. As they spend more time at the organization they begin to build relationships with more people in the organization. If they attend the organization frequently enough, these relationships become a regularized part of their social network. As suggested by role identity theory, this new social network provides members with various new roles. The nature of each role depends on the nature of each relationship. If the relationship is purely social then during interactions, both people will play the role of friend. If a certain level of trust is developed, then each person may play the role of confidant. If the relationship is oriented towards productivity at the organization then it may be one of co-worker, employee, board member, leader, executive director, or volunteer. There are numerous potential relationships and roles that can develop as a result of participation in a consumer-run organization.

Identity theory suggests that as new roles are developed, an individual’s identity changes. The greater the salience of the new roles in a person’s life, the more they will impact the identity of the individual. The role of executive director takes a tremendous amount of time and will definitely have an impact on the person’s identity. Directors will likely begin to think of themselves as leaders and several people will be thankful for their efforts, boosting the individual’s self-esteem. By frequently playing the role of friend, people may begin to see themselves as good at striking up conversation and cheering people up. If they share personal information, individuals may begin to see themselves as good listeners who can be trusted with sensitive information. These identity transformations can lead to better integration within the community. By seeing oneself as
sociable, individuals may become more likely to talk to neighbors and other people in the community. Taking on the role of staff member may help people apply for other jobs in the future as they begin to identify themselves as competent and productive individuals who can be gainfully employed.

*Context Necessary for Change Process to Occur*

In theory, it appears that consumer-run organizations can make a lasting impact on the lives of individuals who decide to get deeply involved. In practice, developing consumer-run organizations that facilitate this process for many people is difficult. For this process to work, the consumer-run organization must work hard to create an empowering behavioral setting and a strong sense of community among the members of the organization. Empowerment theory is important in understanding this aspect of the model. If the organization provides an empowering behavior setting when members join, then they will have many opportunities to get involved in operating the organization and taking on leadership roles. By taking on leadership roles, the individual develops a sense of personal empowerment. Role identity theory explains the process that empowerment theory predicts – that empowering behavior settings will lead to personal empowerment. This works backwards as well, as people who already have some sense of personal empowerment are more likely to get involved in leadership roles. Unfortunately, consumer-run organizations do not automatically create empowering behavioral settings. Although a flat organizational hierarchy is ideal, it is often not realized. One person may control the organization and take care of the bulk of responsibilities, leaving few empowering roles for others.
Sense of community is an equally important organizational characteristic for this process of identity transformation to take place. If there is no camaraderie among individuals in the organization, then few will continue to participate. Without a sense of community, mutually supportive relationships will not develop and individuals will not develop skill in playing the role of friend or helper. The shared “experiential knowledge” members possess allows each member to better understand what others in the group are facing, leading to a stronger sense of community within the group (Borkman, 1999). Developing a sense of community requires more than shared experiential knowledge however. The organization must emphasize a respectful, accepting environment that is free from coercion and available on a regular basis (Holter, Mowbray, Bellamy, MacFarlan, & Dukarski, 2004).

Identity theory speaks to how sense of community develops and how it leads to community integration. As the self-verification context develops and trust emerges, individuals experience commitment to the relationships, positive feelings for each other, and a sense of unity (Burke & Stets, 1999). Members come to view the relationships as part of who they are, especially because who they are exists in and is confirmed by the relationships developed within a CRO (Brewer & Gardner, 1996; Taylor & Dube, 1986). In the same way organizational empowerment at a CRO can transfer into empowerment in other settings, developing a sense community in the supportive setting of a CRO has the potential to develop the confidence and skills of persons with psychiatric disabilities to allow community attachment with other territorial (e.g., neighborhood) and relational (e.g., church) communities (Heller, 1989; McMillan & Chavis, 1986; Unger & Wandersman, 1985).
These four different stages develop simultaneously to some degree, however earlier stages are thought to develop faster and mature sooner than the later stages. For this reason it is thought that CRO participation will lead to changes in relationships and roles first, the development of role skills later in time, and finally the development of internalized identity changes will occur over the most extended period of time. Each of these developments are thought to mature and stabilize over time, as the individual changes resulting from the participation experience mature and stabilize.

Although far from all encompassing, the proposed framework for understanding how participation in a consumer-run organization contributes to community integration is far more thorough than any other theoretically driven explanation in the literature on
consumer-run organizations. Because identity theory has never been applied to
consumer-run organizations, there is little empirical evidence supporting this explanatory
framework. The current study attempts to empirically explore this framework in search
of confirming and disconfirming evidence. While the framework is a theoretical starting
point in understanding data, it is not the ending point. The goal of this study is to develop
rather than confirm a robust theoretical explanation of how CRO participation leads to
positive outcomes. As such, attempts to adjust the theoretical framework in light of
disconfirming evidence will be made.
CHAPTER II

METHOD

To understand consumer-run organizations, the current study uses a qualitative approach. Rather than fitting the methodological approach squarely into any single analytical or philosophical tradition within the qualitative methodological literature, a pragmatic approach has been taken, as recommended by Denzin & Lincoln (1994), where data collection and analytic methods are pieced together to provide solutions to a problem in a concrete situation. In other words, methods used depended primarily on the context and goals of the study (Denzin & Lincoln, 1994). To develop a robust explanation of how CRO participation can lead to positive outcomes, two separate studies occurred. The results of these separate studies serve as the empirical foundation for theory development. Each data set uniquely contributes to the process of theory development.

The first study asked 250 CRO participants at 20 CROs two open ended short answer questions about how CRO participation has changed them and what participation experiences enabled personal change. Responses were coded into categories, creating one list of personal changes and one list of the experiences leading to personal changes.

The second study employed an ethnographic approach. Participant observation and minimally structured interviews were used to produce life history narratives detailing the lives of seven CRO participants at one CRO. The narratives explore how the participant’s lives have developed over time, the challenges they have faced, and the life events that have helped them to overcome those challenges. Specific emphasis is placed on how the CRO participation experience has and has not changed each person’s life.
Identity theory and the introductory theoretical model provided a framework from which to begin thinking about emerging data. While this theory was used as a starting point from which to begin exploration in both studies, the words and actions of the informants (i.e., the data) guided the path of questioning and data analysis. Theoretical preconceptions fell to the background during the evolving, inductive nature of data collection and analysis. While the results section is grounded in data irrespective of theory, the preliminary model is essential to the discussion section, where it is used to make sense of the results, in search of confirming and disconfirming evidence. Where disconfirming evidence is unveiled, a search for alternative theoretical explanations takes place in an attempt to develop an improved theoretical explanation of how CRO participation leads to positive outcomes.

Open-Ended Short Answer Questions

To develop a full understanding of the many different ways people change as a result of CRO participation, 250 CRO members from 20 CROs were surveyed about their CRO participation experiences. While a number of close ended questions were asked of participants, two open ended questions are of importance to this study: (1) What personal changes have occurred as a result of your involvement here? and (2) What experiences did you have here that enabled personal change?

Study Population and Setting

Consumer-run organizations operated by people with mental illness in Kansas are diverse in terms of community size, operating budget, length of existence, and membership size. There are 20 such organizations spread throughout Kansas and this study analyzes all of them. Some organizations exist in communities of less than 4,000
while others are in metropolitan areas greater than one million. The diversity in number of members is just as broad, ranging from 9 to 171, with an average of 56 members. The average age of the organizations is seven years, with one in operation for 26 years and two with one year of operation.

Operating budgets range from $5,600 to $132,000 with an average of $31,000. Although CROs frequently have multiple funding partners, including the local mental health center, businesses, and foundations, the primary funding agency for the 20 CROs in this study is the Kansas Social and Rehabilitation Services, Division of Health Care Policy, Mental Health. The primary functions of CROs in Kansas are to maintain a drop-in center with activities that foster mutual-support and provide leadership opportunities for members. Additional organizational pursuits include increasing public awareness about mental illness, fundraising, educational and training activities, and hosting support groups. There are several different ways members can get involved, such as volunteering for CRO activities, becoming a board member or hired staff, organizing activities, and helping maintain the facility. Membership of CROs consists of individuals who have psychiatric disabilities and are current or past recipients of mental health services, mostly through state-funded public mental health centers and hospitals.

Data Collection – Sampling and Procedure

During the winter of 2003-2004, each of the 20 CROs in Kansas were visited. While scheduling site visits with CRO leaders, attempts were made to schedule a time when most members were in attendance. Furthermore, attempts were made by CRO leaders to encourage attendance on the day of these data collections sessions.
While the surveys were designed to be self explanatory and completed using pencil and paper, all respondents were offered the opportunity to complete the survey in an interview format. This allowed for data collection from individuals with poor reading comprehension or writing skills.

Participation in the survey was voluntary and only two people (1%) of those 254 people eligible did not participate. Two surveys (1%) were omitted from the final data set due to obvious respondent error (i.e., marking all answers on the far right side of each page), leaving a total of 250 valid surveys from the 20 CROs.

According to CRO quarterly reports, 1,120 different people participated in CRO activities over the three month quarter that coincided with data collection. While it is impossible to know exactly how the group sampled differs from the population of CRO members, it is thought that this sample over represents those members most active in CROs (the regular attendees). CROs typically have a core group of members who participate on a regular basis. In addition to the core group is a larger group of people who sporadically attend. These members attend sporadically for a variety of reasons but some common motivations are because of a specific activity they enjoy or because attendance is occasionally convenient. The convenience sampling method used is thought to have captured most of the core group of CRO members and a small proportion of the sporadic attendees. This bias was intended, as it facilitated a more representative sample of active CRO members.

**Missing Data**

Of the 250 survey respondents, 39 left both the personal change and experiences leading personal change questions blank. An additional 17 wrote N/A, none, or unsure
on both questions. The answers of the 194 remaining respondents were subject to coding analysis. There are several potential explanations as to why surveys were left blank. Some respondents may not have attributed personal changes to their CRO participation experience. Others may not fully understand how they have changed or known how to describe the changes that have occurred. Problems with reading comprehension and writing ability may also have inhibited individual ability to answer questions. Of the 250 respondents, 14% did not have a high school diploma or GED. Finally, survey fatigue may have prevented a response to questions. There were 73 closed ended questions preceding the two open ended questions.

**Life Histories**

Life histories tell the individual stories of informants, examining the joys, pains, triumphs and difficulties of each person’s life. More specifically, the life histories explored both how and why activities, relationships, roles, skills, identity and life satisfaction have changed over time. The role of CRO participation in each informant’s developmental history is emphasized. These stories then serve to ground theory development in contextually rich narrative data.

Serving as an empirical basis for the development of life histories is the use of participant observation and minimally structured interviews. Participant observation served as an opportunity to develop trusting relationships with P.S. Club members, providing sufficient background information for the selection of minimally structured interview informants. It allowed for direct observation of how CRO role relationships play out in real life and facilitated the development of informant specific questions for the minimally structured interviews. While the participant observation played a support role
in the creation of life histories, the minimally structured interviews served as the heart of the data collection process. Detailed information on each informant’s life history was collected. More specifically, interviews led to a shared understanding of how the informant’s activities, relationships, roles, skills, goals, and identity have changed over time, and what experiences led to these changes. The following section reviews in more detail how the life history study was conducted.

*Study setting – The P.S. Club*

The P.S. Club in Wellington, Kansas, served as the organizational setting under which individual change processes were studied. This strategy of focusing on one setting is frequently used in ethnographic research. Prominent ethnographies based on one setting include, Sue Estroff’s *Making it Crazy* (1981), William Whyte’s *Street Corner Society* (1955), Philippe Bourgois’ *In Search of Respect* (1995), and Margaret Mead’s *Coming of Age in Samoa* (1953).

For the past 11 years, the P.S. Club has been operating as an independent organization in Wellington, Kansas (pop. 8,674), a small town 35 miles south of Wichita. The club currently has 27 active members and 1.75 FTE paid staff. Although the P.S. Club is in Wellington, it serves all of Sumner County (pop. 25,256), providing transportation to and from the club to anyone in this area. The Sumner County Mental Health Center, which also provides services exclusively to residents of Sumner county, estimates that there are approximately 260 persons with severe and persistent mental illness in the county, of which they serve approximately 100. Based on these numbers, it can be estimated that the P.S. Club has some contact with approximately 25% of those people in Sumner County who have a mental illness and are actively seeking treatment.
The P.S. Club had an annual budget of $32,822 for the 2005 fiscal year coming from the Kansas Social and Rehabilitation Services, Division of Mental Health. Like other CROs receiving state funding in Kansas, the P.S. Club maintains a drop-in center with activities that foster mutual-support and provide leadership opportunities for members. The club is open from 10am to 4pm, Monday thru Friday. During this time members have potlucks, card games, business meetings, and pool games on a regular basis. Additional organizational pursuits include making presentations in the community to increase public awareness about mental illness and operating a warm line for people to call when they need someone with whom to talk. There are several different ways members can get involved, such as volunteering to organize CRO activities, becoming a board member or hired staff, and helping maintain the facility.

It is recognized that participants from the P.S. Club cannot represent the entire population of people who participate in CROs in Kansas or nationally, yet the P.S. Club has the strength of being relatively typical in their organizational pursuits as a CRO. By focusing on only the P.S. Club the generalizability of the findings is both strengthened and weakened. Generalizability is weakened because the participation experience is likely to be somewhat different in different settings. Despite some inevitable organizational differences, transferring findings to other settings is still possible because detailed information about the P.S. Club is provided and other researchers can use this information to help make judgments about how well findings from this study can inform different settings.
**Study Sample**

Considering the exploratory nature of this research, sampling of P.S. Club members for the creation of life histories was guided by a theoretical approach (Strauss & Corbin, 1998) where informants are selected based on what new perspective and information they bring to the study and to the development of theory. Informants were selected primarily from among those people who are deeply involved in the P.S. Club. There is a core group of 7 – 10 individuals who regularly attend the P.S. Club and it is these members, rather than those who sporadically attend, who are the primary focus of this research. Because this study is focused on understanding how much of an impact CROs can have on the lives of participants, four of the seven informants selected were people deeply involved in the organization – Mary, Carl, Nick, and Kevin. The perspective of people who are less involved in the organization is also important in understanding CROs, and as such one new member (Laura) and one member who recently disengaged from the organization (Joe) were interviewed. Additionally, one individual who had “graduated” from a different CRO and now provides technical assistance to the P.S. Club was interviewed. Sue provided a perspective current P.S. Club members cannot provide, that of someone who had used a CRO for self-improvement and then moved on to accomplish other life goals.

Although the sample size of seven informants is small, this small size is necessary when one considers the depth and breadth of knowledge required to understand personal transformations. Personal transformation is a complex and private matter. To begin to understand it requires the researcher to develop close relationships with each informant. Intensive study of a few informants is frequently used as a basis for theory building.
because it allows the researcher to further conceptual thinking rather than simply test current hypotheses. Eric Erikson and Jean Piaget both used this strategy, serving as prime examples of how useful small sample research can be.

*Participant observation*

Participant observation combines participation in the lives of the CRO members with maintenance of a professional distance that allows adequate observation and recording of data. Estroff (1981, p. 20) summarized well the dilemma of using participant observation methods to understand people with a mental illness:

The anthropological field worker customarily attempts to learn and to reach understanding through asking, doing, watching, testing, and experiencing for herself the same activities, rituals, rules, and meanings as the subjects. Our subjects become the experts, the instructors, and we become the students (Blumer 1969; Maretzki 1973). But if we are studying persons who are crazy (i.e., actively psychotic or living the crazy life), we are restricted in reaching optimal levels of experience and participation in the subjects’ world if we are to remain sane.

Although this is a barrier to participant observation, the method remains nonetheless critical in providing a rich understanding of the lives of the informants. Furthermore, mental illness is not the primary focus of the P.S. Club. While the club is for the mentally ill, its activities emphasize recreation and friendship, resembling that of any socially focused grassroots organization.

Participants were observed at the P.S. Club 32 times over an 18 month period. Observation sessions typically lasted three to four hours. The introductory observation session was framed around the administration of an organizational health questionnaire.
While everyone responded positively to questionnaire, I was labeled as a researcher evaluating the organization. A researcher with a camera who wanted to hang around and take pictures after the survey was completed.

Shortly after my introduction to the P.S. Club, I made arrangements with Nick, the director of the organization, to implement photovoice at the P.S. Club. Photovoice is a participatory action research methodology where community members use cameras to generate and interpret their own data. Originally developed by Caroline Wang and colleagues, the process can empower participants by enabling a greater degree of participant control over what data is collected and how it is interpreted (Wang & Burris, 1997; Wang & Redwood-Jones, 2001). The goal of this photovoice project was to illustrate what goes on at the P.S. Club and how people benefit from the experience.

The project was implemented in collaboration with Sue, a fellow Self-Help Network employee. Sue is the primary technical assistance provider to the P.S. Club, a person with mental illness, and a person whose story is told in this study. During the project we frequently made the 45 minute trip to Wellington together. The windshield time provided an opportunity to bond with Sue. Revealing stories about Sue’s work and life history were disclosed during these drives and my notes from the photovoice experiences are frequently as full of information from the drive as from the actual observation at the club.

Implementing photovoice consisted of handing out cameras, showing people how to use them, providing some tips on how to take good pictures, and discussing as a group what people might want to take pictures of. One-on-one interviews with the photographers and those photographed were then used to interpret the photos. After
taking care of photovoice business, I would continue to hang around and take pictures while Sue provided technical assistance. The project required six weekly visits to the P.S. Club, as cameras were handed out three times and data interpreted three times. For the latter half of the project, Sue’s help became unnecessary and I started going to the P.S. Club by myself.

While photovoice was its own study resulting in its own published report (Brown, Collins, Shepherd, Wituk, & Meissen, in press), the data captured is relevant to this research and was at times helpful in analysis. As such, the final report is included as Appendix D. The implementation process was additionally important in developing rapport. Everyone enjoyed the free cameras, film, pictures, and candy that came with the experience.

The experience helped to form a trust between myself and the leadership of the organization. Being initially introduced as an evaluation researcher examining organizational health, there was some social desirability bias on the part of the leadership to promote a positive evaluation of the organization. By working with the organization on a project enjoyed by all, trust emerged as it became clear that my intentions were to help the organization.

Following the implementation of photovoice, I started simply showing up, playing games and socializing with the P.S. Club members. With me at all times were my still camera and my video camera. My interest in visual documentation led me to frequently be half engaged in what was going on and half engulfed in the work of capturing what was happening in an aesthetically compelling manner. At times I was exhaustingly busy and at other times I was bored. Sometimes the P.S. Club is chaotic with activity and
people. More often it is slow and mellow, sometimes even silent. On average, the P.S. Club moves at a leisurely pace, and having the distraction of photo and video helped keep me engaged, as I prefer to be more active.

My participant observation was not traditional in the sense that I rarely took written notes while in the field. Instead, I used the video camera as a note taking device. Immediately after returning from a participant observation experience, I would review my pictures and video footage. From this data and my own memory of the experience, I would write down relevant incidences and reflections on what occurred during my participant observation. This strategy was chosen primarily because taking notes while trying to take pictures and capture video is next to impossible. A secondary reason is that I did not want to be doing a third “weird” thing, where people would wonder not only what I was taking pictures and video of, but what I was writing when people were just playing a game.

Over time, as relationships developed with the CRO members, I started asking and being invited to hang around people outside of the P.S. Club. Observations made outside the context of the P.S. Club allowed for placement of the CRO participation experience into the broader context of each person’s life. With Kevin, I went to a concert and two festivals organized by Caldwell, KS, the small town in which he lived. With Carl and Mary, I went to two parades and a fair. With Joe I went out to eat, to aimlessly browse the goods of Dollar General, and to a museum where he volunteers.

Nobody had interest in showing me their homes. Carl and Mary were willing, but only because that is where I wanted to interview them. Nick and Joe both said their place was too messy. Kevin was reluctant, not wanting to show me the inside at first, and
having us do interviews so the neighbor’s nicer house was visible in the background. Laura preferred the idea of doing interviews at the P.S. Club. Of all the interviewees, Sue was the only person who chose her home as the preferred place to do interviews. This trend, which interfered with the attainment of good observational data outside of the CRO, may partially be due to the low incomes of the group and modest to substandard housing conditions most of the P.S. Club members experienced. As someone with a full time job requiring higher education, Sue stood as an exception to this rule as well.

**Minimally Structured Interviews**

A series of in-depth, minimally structured interviews (MSIs) were used to understand how people’s lives have developed over the years. These interviews served as the primary data source in the development of life histories. During the interviews I worked to obtain a developmental understanding of where people spent their time and how that has changed over the years. I wanted to understand the challenges each person faced, how those challenges have influenced development, and what each has done to overcome those challenges. I strove for understanding of the de-integrating and re-integrating experiences over the life course. Additionally, identity theory (Stryker, 1980; Stryker & Burke, 2000; Stryker & Serpe, 1994) guided the interviews into some specific topics of interest including that of social networks, social roles, skill development, and individual identity.

The series of interviews were divided into four segments, which include: (1) community involvement; (2) social networks; (3) personal background; and (4) identity, skills, and goals. The topics of each of these four segments are outlined in more detail below. The interviews were minimally structured to maximize the acquisition of
individually relevant information. Minimal structure enabled informants to tell their stories in their own words and according to their own understanding of the experience rather than my own preconceived notions.

Follow-up questions served two basic purposes. One was to elicit more detail. These questions were typically quite simple, frequently taking forms such as: could you explain further; could you give me an example; and really? The other common follow up was intended to reflect back my own understanding of what the interviewee said, making sure we maintained a shared understanding. Although the interviews varied significantly from person to person, a starting point interview protocol was developed to help guide data collection. Each interview segment has a different starting point interview protocol, which can be viewed in Appendix A.

The interviews were conducted in an iterative fashion, gathering more information as analysis deemed necessary. Interviewing ceased when saturation had been reached (i.e., new information was not being uncovered) and life histories could be written. As a result of this approach, there was a wide range of time spent interviewing each informant. Time spent to reach saturation depended on three primary factors. The first and most important was the complexity of the life history. Some people had led relatively straightforward lives without many changes in daily routines, or role relationships. Other lives were extraordinarily complex, full of de-integrating and re-integrating experiences, along with changes in daily routines and role relationships. Secondary factors included the ability of the interviewee to speak about their lives clearly and concisely.
Two informants, Laura and Joe, required only one 60-minute interview. Kevin participated in only one 60-minute interview because he passed away before a second interview could be scheduled. Sue required two 60-minute interviews. She would have required a third but conversations in the car and her own personal narrative provided rich background information. Carl and Nick both required three 60-minute interviews while Mary required four 60-minute interviews. Informants were reimbursed at the rate of $15 per 60-minute interview session.

The interviews took place after most of the participant observation had been completed. In fact, the participant observation served as a critical support for the minimally structured interviews. The participant observation aided in the development of rapport, which in turn allowed for several uncomfortable questions to be asked frankly and answered honestly. Furthermore, the information obtained during participant observation allowed for more poignant questions to be asked using the rich but frequently happenstance personal information that arose out of participant observation. The interviews provided an opportunity to organize much of the participant observation data into a more coherent and chronological life history.

Helping to organize life history information was the organization of the interviews into the four previously mentioned segments of community involvement; social networks; personal background; and identity, skills, and goals. The community involvement segment examined the daily routines of the informant and how they have evolved over time. CRO involvement is considered a special part of community involvement. Experiences of the informant at the CRO and how they have changed over time were reviewed with an emphasis on how these experiences influenced development.
This emphasis on MSO involvement will be useful in understanding how the individual has and has not benefited from the CRO participation experience.

The social networks segment examined the development of social relationships over time. It started by eliciting the current network profile of the informant, then worked back to trace the history of each relationship. References to previous relationships no longer in existence surfaced as part of this process. The histories of these relationships were also traced. The goal was to describe the different role relationships of the informant, including what happens in the relationship and what the informant gets out of the relationship.

The personal background segment provided a general and broad understanding of the history and culture of the informant. The segment covered: (1) education; (2) religious background; (3) aspects of upbringing; (4) employment; (5) mental illness history. Information from the personal background segment provided a coarse outline of the individual’s development from birth to present day. This segment also captured critical life experiences that led to community de-integration and re-integration.

The identity, skills & goals interview segment attempted to understand the individual identity of the informant. In addition to a focus on the intertwined concepts of identity and skills was an examination of personal goals, especially as they related to the roles an individual performs. Data collection on goals will included how the informant has worked to achieve goals and how obstacles encountered have been negotiated. This segment proved to be the most challenging of the four. Hierarchy of salience proved to be too abstract of a concept to measure through traditional open-ended questions. Skills changes were easy enough to capture but without a strong understanding of how role
relationships influenced identity, it was difficult to intertwine the concept of roles, hierarchies of salience, and identity standards that provided an individual with purpose and goals.

While this framework was created to guide entry into the study, as the interviews progressed, it became increasingly obsolete. Many of the questions were abandoned halfway through the study because they did not elicit information helpful in telling the life histories of each informant. While early interviews more closely resembled that of a semi-structured format, later interviews more closely resembled that of an unstructured format. The less structured format simply proved to be more efficient and effective in eliciting the information necessary to write thorough life histories.

Data Management

Minimally structured interviews were recorded on videotapes. Tapes were then transcribed verbatim by undergraduate research assistants and stored on a computer and in paper form. Notes from each participant observation session were typed and stored as individual files on a computer. QSR N6 (2002) qualitative data analysis software was used to facilitate organization and analysis of all text documents. The software allowed for open coding and text searching of all documents for keywords. The coding procedures used are explained in more detail in the results section.
CHAPTER III
RESULTS AND DISCUSSION

This chapter explores the results and discussion of the two studies separately. This organization reflects the actual process of theory development in that the short answer questions were collected and analyzed first, leading to theoretical revisions in the original model. Concluding the discussion of the short answer questions study is a presentation of the revised theoretical model.

After theoretical revisions were made, life histories of seven P.S. Club participants were constructed. As such, the results from this second study follow explanation of the theoretical revisions. Discussion of these life history results explores how each of the separate life histories can and cannot be explained using the revised theoretical framework. This discussion leads to conclusions about the usefulness of the revised explanatory framework in explaining how CRO participation can lead positive outcomes.

Following these theoretical conclusions is a discussion of the broader implications of the revised theoretical framework. Finally, limitations of the study are noted and conclusions are made.

Results of Short Answer Questions Study

The short answer questions explored the CRO participation experience by asking CRO members: (1) What personal changes have occurred as a result of your involvement here; and (2) What experiences did you have here that enabled personal change? Coding analysis of the answers of 194 respondents led to the creation of 18 categories describing personal changes and seven categories describing the experiences that led to these
changes. All coding was conducted by the author. Categories emerged from the words of respondents and were not subject to any pre-existing theoretical framework. A constant comparative method of data analysis was used, where categories constantly evolved as new data was taken into consideration in coding. Individual responses to questions were frequently coded into multiple change or experience categories, as the words of the informant often mentioned several categories in one sentence.

Responses to the two questions were overwhelmingly positive. Negative interactions were listed by four respondents but they did not form a coherent category. As such they are not included in the results. There were also six responses left uncategorized because they were idiosyncratic and 18 responses left uncategorized because they did not make sense in the context of the question.

In coding analysis, the answers to the separate questions frequently overlapped, making it difficult to distinguish between the personal changes and the participation experiences that led to those changes. For instance, one respondent described the experiences that led to personal changes by writing, “I made friends and became involved. It made me more confident in myself.” The second sentence in this response was a personal change, not an experience that led to change. Even though it came from the experiences question, it was coded as a personal change because this change was not mentioned in the question about personal changes. Any time a causal statement was made, the cause was coded in the experiences categories and the effect was coded in the personal change categories.

As the analysis progressed, it became clear that many of the factors that enabled personal change were also outcomes in and of themselves. Social support, social
networks, and helping others emerged as both cause and outcome categories during analysis. This duality suggests the existence of a developmental process whereby social support and social networks act as mediating factors toward a variety of positive outcomes.

Unfortunately, there were not enough causal connections made in each category to gain a strong understanding of what these intermediaries led to. This was in fact a general weakness of the analysis. Robust categories of personal change and the causes of personal change were generated, but analysis could not provide insight into the relationships between these categories. Table 2 provides a list of all categories generated, along with the number of respondents who mentioned each category. Following table 2 is a fuller description of each category with definitions and example responses provided.
TABLE 2
CATEGORIES OF PERSONAL CHANGE AND CAUSES OF PERSONAL CHANGE

<table>
<thead>
<tr>
<th>Personal Change Category</th>
<th>Respondents Mentioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social skills</td>
<td>37</td>
</tr>
<tr>
<td>2. Increased activity</td>
<td>28</td>
</tr>
<tr>
<td>3. Social network</td>
<td>22</td>
</tr>
<tr>
<td>4. Self-worth</td>
<td>22</td>
</tr>
<tr>
<td>5. Coping and problem solving</td>
<td>21</td>
</tr>
<tr>
<td>6. Self-confidence</td>
<td>18</td>
</tr>
<tr>
<td>7. Help provider</td>
<td>18</td>
</tr>
<tr>
<td>8. Outgoing</td>
<td>15</td>
</tr>
<tr>
<td>9. Psychological Well-Being</td>
<td>15</td>
</tr>
<tr>
<td>10. Sense of community, belonging</td>
<td>14</td>
</tr>
<tr>
<td>11. Social support</td>
<td>12</td>
</tr>
<tr>
<td>12. Increased Conscientiousness</td>
<td>11</td>
</tr>
<tr>
<td>13. Independence</td>
<td>10</td>
</tr>
<tr>
<td>14. Paid employment</td>
<td>9</td>
</tr>
<tr>
<td>15. Receive information</td>
<td>8</td>
</tr>
<tr>
<td>16. Job skills</td>
<td>7</td>
</tr>
<tr>
<td>17. Less hospitalization</td>
<td>4</td>
</tr>
<tr>
<td>18. Generic improvement</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of Personal Change</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interpersonal interaction</td>
<td>54</td>
</tr>
<tr>
<td>2. Work involvement</td>
<td>37</td>
</tr>
<tr>
<td>3. Social network</td>
<td>15</td>
</tr>
<tr>
<td>4. Social support</td>
<td>14</td>
</tr>
<tr>
<td>5. Positive atmosphere</td>
<td>14</td>
</tr>
<tr>
<td>6. Recreational involvement</td>
<td>13</td>
</tr>
<tr>
<td>7. Help provider</td>
<td>12</td>
</tr>
</tbody>
</table>

**Personal Changes Resulting from CRO Participation**

*Social skills.* (37 respondents) Individual developed any of a variety of social skills, including listening skills, communication skills, conflict resolution skills, assertion skills and limit setting skills. Individuals have also become more agreeable, more open, more tolerant, and generally more adept at socializing with others. Examples include:
“I'm a better person with my kids and grandkids. Better communication with grandchildren.” and “Socialize better, get along better with people.”

*Increased activity.* (28 respondents) Individual has become more active, spending less time sitting around at home. Increased activity typically occurred at the CRO. Examples include: “I don't sit at home all of the time anymore” and “I get out more and am more involved.”

*Social network.* (22 respondents) Individual met new people and made more friends. Examples include: “I have learned to know a group of people in the community who have similar health background. I have learned to admire, trust, and feel a part of their lives.” and “I have made more friends in Kansas than before I started coming to PI.”

*Self-worth.* (22 respondents) Individual feels better about themselves. They feel more valued, have pride, and a stronger sense of self-esteem. Examples include: “I feel better about myself as a result of a stigma free environment.” and “I have become a leader instead of a follower. I have more confidence and self esteem.”

*Coping and problem solving.* (21 respondents) Individual has become better at managing problematic situations, reducing stress, and averting crises. Examples include: “I'm coping better with my personal life - social life. Also handling life situations and problems much better.” and “I can deal with difficult situations better.”

*Self-confidence.* (18 respondents) Individual acts with increased confidence in their skills and abilities. Examples include: “I made friends and become involved. It made me more confident in myself.” and “I have become more confident about self and learned how to overcome barriers in everyday life.”
Help provider. (18 respondents) Individual became an active contributor, helping other CRO members and the CRO itself, being and feeling useful. Examples include: “As a board member, I have an opportunity to give input when decisions are being made.” and “I am willing to help out with functions and set up for them.”

Outgoing. (15 respondents) Individual has increased their social confidence and come to enjoy interacting with others more. Examples include: “I have been able to become more outgoing and talk to others more since I've been coming here.” and “I have been around people more that have different interests than me. I am more sociable.”

Psychological Well-Being. (15 respondents) Individual has a more positive attitude towards life, looking forward to the future. Examples include: “I feel I have a future now and I look forward to it.” and “It has changed my life to a more positive attitude and changed my self esteem around too.”

Sense of community, belonging. (14 respondents) Individual feels more connected, as though they have a place to belong. The CRO is a second home or second family. Examples include: “I have connected spiritually with others.” and “Being a part of LINC [a CRO] - cause I feel like I'm a part.”

Social support. (12 respondents) Individual had a place to come when they need someone to talk to. People feel cared for, receiving emotional support. Examples include: “I can come here when I need someone to talk to. There is someone here that will listen.” and “Supporting one another.”

Increased Conscientiousness. (11 respondents) Individual has become more motivated and responsible, taking care of daily business and following through with commitments made. Examples include: “The ability to work, play, and be responsible
with my money, drive a car safely, and stay awake during the day.” and “I am more likely
to remember scheduled events in my life outside HPII [a CRO].”

**Independence.** (10 respondents) Individual is better able to manage life without a
caretaker. Examples include: “I am involved in making decisions and that gave me
confidence enough to live on my own and be by myself.” and “I have become more
independent and interested the things going on around me.”

**Paid employment.** (9 respondents) Individual now has paid employment,
frequently working for the CRO. Examples include: “Since working here I've been able
to buy my own townhouse and car. My self-esteem has really grown. I'm thinking of
going back to college. I work part-time with KU School of Social Welfare.” and “I have
held a job for a long time which is encouraging.”

**Receive information.** (8 respondents) Individuals receive feedback on their own
behavior and learn new information from their social interactions. Examples include:
“Personal compliments or complaints from others let me know how I'm doing and what I
need to work on.” and “It has helped me to understand things by telling me in a way that I
could understand.”

**Job skills.** (7 respondents) Individual has learned marketable skills, such as
computer skills, writing skills, and group collaboration skills. Examples include: “I have
become more competent on the computer writing grants and more confident giving input
in group situations and being in charge of activities.” And “Better communication and
arbitration skills. Better writing skills, particularly as pertaining to government
documents.”
Less hospitalization. (4 respondents) Individual spent less time in a psychiatric hospital. Examples include: “I have been able to stay out of the state hospital better.” And “Less hospitalizations.”

Generic improvement. (11 respondents) Individual describes an unclassifiable overarching improvement. Examples include: “Growth,” “Everything is better.” and “A lot of changes have been made.”

Cause of Personal Changes

Interpersonal interaction. (54 respondents) Individual attributes personal changes to interaction with others at the CRO, frequently in the context of recreational and work activity. Examples include: “The support of people and interactions.” and “I feel better about myself to socialize with people at night, otherwise I'd be at home watching TV.”

Work involvement. (37 respondents) Individual attributes personal changes to his or her involvement in work activities at the CRO, including both organizational leadership and support roles. Examples include: “The joy of working with like minded people to achieve long term goals.” and “The responsibility of running the CRO has given me confidence.”

Social network. (15 respondents) Individual attributes personal changes to an expanded social network, typically with more friendships. Examples include “Knowing I have friends that care about me.” and “I met new friends.”

Social support. (14 respondents) Individual attributes personal changes to the support provided by other members. Examples include “The people will listen and you
can get help. I was a very upset person when I first came here.” and “Knowing I have friends that care about me.”

Positive atmosphere. (14 respondents) Individuals attribute personal changes to the way they are generally treated by other CRO members. The organizations are described using terms such as friendly, open, understanding, safe, and non-judgmental. Examples include: “Having people who understand what is going on with me and not put me down.” and “Helps me learn in positive ways and it is a very safe place to be.”

Recreational involvement. (13 respondents) Individual attributes personal changes to his or her involvement in the recreational activities of the CRO. This does not include socializing, the most frequent recreational activity, which is captured in the interpersonal interaction category. Examples include: “I have a chance to participate in activities and enjoy myself.” and “We do a lot of activities here and get out in the community.”

Help provider. (12 respondents) Individual attributes personal changes to the act of helping others, being productive and useful. “Talking and laughing with people and trying to help others out.” and “Being on the board and having people depend on me.”

Discussion of Short Answer Categories Study

The words of CRO participants echo many of the individual change steps proposed in the original theoretical model. In analyzing the data and considering how it relates to the proposed theoretical framework, it gradually became clear that, while the proposed model could explain some of the data, it could not explain all of the data. In line with the study goal of theory development, an attempt was made to revise the theoretical model so that it could explain both congruent and incongruent results.
In line with this theory development process is the presentation of how categories fit into the original theoretical model first. Following is a discussion of the categories that do not fit into the original theoretical model. Using the symbolic interactionist perspective and identity theory, two new model stages are developed to expand the explanatory power of the theoretical model, thereby accounting for all personal change categories. The first model stage presented is that of the Identity Control System. The other model stage being presented is called Resource Exchange. Following the presentation of these model revisions is an overview of the revised theoretical explanation and a explanation of where these new stages fit into the entire model.

*How Categories Fit into the Original Theoretical Model*

While many data driven categories conceptually fit into the original theoretical stages, data analysis could not provide insight into the relationships between categories. Relationships and causal connections made between categories by respondents were simply too scattered for themes to emerge. In the words of CRO participants, all experiences and all change categories are related to all other experiences and change categories. While this reflects the interrelated nature of the many different CRO participation experiences and personal changes occurring, it does not facilitate the creation of a coherent theoretical explanation of how CRO participation leads to positive outcomes.

As a result of this analytical shortcoming, the relationships between categories proposed in the following theoretical explanation are grounded only in theory. While the personal change categories and experiences leading to those changes are certainly
occurring as a result of CRO participation, there is no way to know if the proposed theoretical explanation accurately organizes these experience and change categories.

Figure 3 illustrates how some of the categories generated by short answer questions fit into the original explanatory framework. Following model presentation is a narrative explanation how the categories support and flesh out the original theoretical model. In the model, category titles are followed in parentheses by the number of respondents who mentioned that category in their answers. The category of social support has two numbers in parentheses. The first represents the number of respondents who listed it as a personal change and the second represents the number of respondents who listed it as a cause of personal change. In the narrative explanation, categories are italicized.

Figure 3. How short answer categories fit into original theoretical model
Role and Relationship Development Stage. It appears that there are essentially two different activities that occur within CROs. One activity is that of recreation. Recreation varies from organization to organization but includes unstructured socialization, playing cards, pool, board games, puzzles, smoking cigarettes, ping pong, crafts, cooking, gardening, cookouts, camping, shopping, and parties. When people join a CRO, their initial goal is frequently to find companionship and have fun. As a result, they are often most interested in these recreational activities. Some people are more interested in being a leader of the organization and these people tend to gravitate towards the second type of activity occurring at CROs, that of work. People in CROs must work to keep the organization functioning. Work takes a variety of forms, including writing grants, cleaning, building maintenance, planning activities, setting up activities, conducting volunteer work in the community, creating newsletters, making public presentations, recruiting members, organizing parties, recognizing volunteers with awards, completing quarterly reports, operating a warm line, providing transportation, purchasing supplies, and going to board meetings.

These work and recreation activities occur in relatively predictable ways, forming a standing pattern of behavior within a CRO. Maintaining a positive atmosphere encourages people to get involved in the different activities of the organization. Through participation in these work and recreation activities people experience a wide variety of interpersonal interactions.

Over time, relationships and social networks in the community are formed. As long as the CRO persists, so can these relationships. Several responses reflect the connection between work activities, recreational activities, interpersonal interaction, and
social networks. Examples include: I have a place to go to socialize with others and have made many new friends; doing volunteer work and socializing with fellow members; getting together, socializing, and playing pool.

With relationships formed, a sense of community develops. Once a strong interdependence with other members in the CRO is formed, people become attached and committed to the setting. They have invested themselves into the CRO, contributing to it and receiving many benefits from it.

Participating in a social network is indicative of the formation of role relationships. These role relationships are organized around the enactment of work and recreation activities. New relationships can lead to both new roles and an increase in the enactment of less salient roles. It is here that identity transformation begins. As long as the addition of these new roles and relationships last, they will consume individual energy and people will experience increased activity. Keeping busy and engaged in these role relationships, is thought to contribute to psychological well-being because it can add healthy levels of stress to a person’s life, providing focus and purpose, while preventing aimless wandering and boredom (Thoits, 1985). Through active involvement, people’s lives are given purpose.

Role Mastery Stage. Over time, as people gain experience playing different roles, skills are developed to effectively manage the relationships and expectations in each of these roles. When helping others and learning how to fend for oneself outside of a dependency role, people learn coping and problem solving skills. With the practice of working through both your own problems and helping others solve their problems, coping and problem solving skills improve. In other roles other skills are built. For
example, in the role of friend people learn *social skills*. Conflict resolution, listening, and communication skills are all practiced on a regular basis in the role of friend. In the role of employee or volunteer people learn *job skills*.

The attainment of *information* can frequently serve as a component of role mastery. The role specific knowledge that people obtain from social interaction is useful in meeting the expectations of a role. Informational feedback can give people ideas on how they might change their behavior or attempt to solve problems using new strategies.

As people grow comfortable with their skills and knowledge of a role, *self-confidence* improves because people know they have mastered the role and can continue to give appropriately and receive what they want. The more people play certain roles, the more adept they become in managing role relationships and the more benefits they receive from the relationship. Like so much of life, people get out of CROs what they put into them.

Role mastery is critical to *psychological well-being* because successful attempts at environmental control are gratifying as they lead to self-approval (Abramson, Seligman, & Teasdale, 1978; Bandura, 1977). Just as successful role performance generates feelings of pleasure, satisfaction, and pride; failures at role performance generate feelings of frustration, anxiety, hopelessness, and self-awarded disapproval (Thoits, 1985). CROs appear to be providing people with environments where they can learn to be successful. The increased role mastery CRO participants achieve is a critical positive outcome.

*Identity Transformation Stage.* Some identity transformations do appear to occur as a result of CRO participation. Two change categories that could be representative of identity transformations are that of being *outgoing* and *conscientious*. While they are not
role identities per say, they are behavioral traits that an individual could use in self-description. They also appear to be related to the fulfillment of certain role relationships. The more someone plays the role of friend, they more they will identify as someone who is friendly or *outgoing*. By spending more time socializing and developing more effective *social skills*, individuals begin to identify as *outgoing* people, executing this trait across multiple settings the way a salient role identity would be executed across situations.

The other potential identity change is that of *increased conscientiousness*. This identity transformation may reflect the enactment of the helper role. Taking on new responsibilities in a CRO, such as that of board member, shift manager, or peer counseling coordinator require conscientious behavior if the behavioral expectations of these roles are to be met.

*Categories unexplained by original theoretical model*

While the original theoretical model can account for several change categories rising from the data, there remain several change categories that the original theoretical model ignores. These include: *self-worth, independence, social support, paid employment, information, and psychological well-being*. Although the original theoretical model cannot explain these outcomes, the original theoretical model does not utilize all of identity theory’s concepts. By integrating more of identity theory’s concepts into the theoretical model, these individual outcomes can be accounted for.

*Identity Control System Stage*

Revisiting Burke’s (1991) model of the identity control system (Figure 1, p. 21), an exchange relationship between the person and the environment is evident. People give
to the environment meaningful behavior in hopes of meeting the perceived expectations of the environment. If individuals perceive their behavior to be successful in meeting the expectations of the environment, then they will obtain positive self-appraisals and their identity standard will be verified. At times the environment actually reflects positive appraisals but other times actors must infer appraisals (Thoits, 1985).

For example, if a CRO member provides thanks after receiving a ride from a fellow CRO member, s/he is reflecting a positive appraisal to the person who provided a ride. As long as the ride provider interprets this reflected appraisal positively, s/he will receive positive self-regard for a job well done. If the ride recipient says only goodbye and not thank you, then appraisal must be inferred. If the ride provider perceives the ride recipient as dissatisfied with the ride, then positive self-appraisal will not occur. Perhaps the car is too dirty and the ride recipient was uncomfortable. In this case a negative self-appraisal occurs as the ride provider has failed to fulfill role expectations. Sense of self worth and self confidence is damaged as a result of the negative self-appraisal. The driver is not good at the role of ride provider, or more broadly, helpful friend.

This process of self-appraisal through social interaction is thought to be the primary mechanism by which people establish self-esteem (Thoits, 1985). Positive self-appraisal is synonymous with positive evaluations of one’s overall worth, lovability, and importance. While positive self-appraisal contributes to psychological well-being, negative self-appraisal contributes to anxiety and depression (Kaplan, 1980).

Applying these concepts to the data, it becomes clear that any social interaction, including that of CRO participation, provides opportunities for people to experience interactions and develop roles that contribute to the change categories of self-worth and
psychological well-being. What remains unclear is why the interactions and roles that rise out of CRO participation are particularly helpful in establishing self-esteem and psychological well-being, as the data would suggest.

Some insight into what separates CRO participation from other social interactions comes from the data itself. The act of being a help provider was mentioned by several respondents as both an experience that led to personal changes and as a personal change in and of itself. This stands in stark contrast to the many dependency roles people with mental illness typically play. They have therapists who provide advice for psychological problems and get paid by the state. They have case managers who provide advice for daily living and get paid by the state. They have attendant care workers who help to clean their apartment and get paid by the state. They have doctors who make critical decisions about what medications they should receive while getting paid by the state. Frequently, people with mental illness live in a world where they do nothing for anyone else and little for themselves.

At a CRO, the dependency role does not exist. Nobody is there to take care of you. The organization depends on contributions from its membership to survive. Positive appraisals will not be obtained and people will not be welcome at the CRO if they do not provide helpful behavior. Friends become less friendly if they derive no pleasure from your acquaintance. Making a mess and leaving it or eating food at a potluck without contributing will cause tension with other members. In the help provider role, CRO members learn that they are competent, useful, wanted, and needed. When a CRO member helps someone else, the helpee reciprocates with gratitude and social
approval. By playing the *help provider* role, people receive positive appraisals saying they are valuable. As long as they believe it, *self-esteem* will go up.

*Resource Exchange Stage*

In identity theory and the symbolic interactionist perspective, role relationships are defined and described by the reciprocal rights and obligations within a relationship (Thoits, 1985). In other words, roles consist of patterned interactions where people give what is expected of them (their obligations) and in turn receive what they expect (their rights). These rights and obligations can be thought of as resources or “good stuff people want.” You give what others want and you get what you want. At a CRO, people give their time and energy to accomplish certain tasks and in return receive *paid employment.* An interdependent resource exchange is established as the CRO becomes dependent on the participant’s services and the participant becomes dependent both on the paychecks and on intrinsic rewards such as work satisfaction.

Embodied but not emphasized in the symbolic interactionist perspective is the fact that a resource exchange or support exchange takes place when people engage in role oriented behavior. In the employment example given above, the role being played is that of employee while the resources being exchanged are personal effort for financial compensation. Symbolic interactionism and identity theory view these support/resource exchanges as a means to an end. It is through these exchanges that people obtain reflected appraisals, a sense of mastery or environmental control, and a sense of purpose in life. According to the theory, *paid employment* would be beneficial because it provides an avenue by which people obtain purposeful existence, positive regard, and the satisfaction of a job well done.
While these ends are certainly important, data from this study suggest that the resource exchanges themselves are important positive outcomes derived from CRO participation. *Paid employment* is not an experience that led to a personal change. It is not a means to an end. It is a personal change in and of itself. Paid employment and other forms of tangible support are an important benefits derived from CRO participation. Because CRO members are typically living on disability income alone, they live in relative poverty. Small amounts of income can help to solve problems, reduce stress, and provide everyday comforts. While symbolic interactionism may not emphasize the importance of tangible support, everyone agrees that a reduction in poverty is a positive outcome.

*Social support* is another resource being exchanged as a result of CRO participation. The exchange of social support is considered by CRO participants to be both an important experience leading to other positive outcomes and a positive outcome in and of itself. Social support can be conceptualized as consisting of three categories – tangible (i.e., money, transportation), emotional (i.e., love, empathy), and informational (i.e., directions, service system knowledge) (House, 1981; House & Kahn, 1985). Social support at a CRO can take all of these different forms. When a CRO friend volunteers to baby-sit, tangible social support is being provided. Similar to the tangible support of paid employment, these exchanges can solve problems, reduce stress, and provide everyday comforts. The importance of informational support is accounted for in the role mastery section discussed above. The exchange of emotional support is considered synonymous with the exchange of positive appraisals (Thoits, 1985). As such, it can be best understood using Burke’s identity control system.
Increased *independence* can also be understood using the resource exchange process inherent in role relationships. CRO participation encourages the development of coequal supportive relationships rather than dependency roles, as discussed earlier. By playing the *help provider* role, a balance of give and receive in role relationships is achieved. No longer are people eliciting pity and receiving help without giving back. Instead they have earned their keep through reciprocity. They are needed. As such, they have increased *independence* because they earn what they receive. As confidence in an individual’s skills grow, people come to understand that they can obtain the benefits they are receiving from others because of what they have to offer. Role mastery, especially improved *problem solving skills* also foster a sense of independence. This is because competence is a prerequisite to independence.

*A Revised Theoretical Model*

Applying data to the original theoretical framework facilitated its expansion. New theoretical emphases rooted in symbolic interactionism and identity theory are required to fully account for all of the personal changes and experiences that lead to these changes. These new data derived emphases can be seamlessly integrated into the original theoretical model, providing a more robust theoretical explanation of how CRO participation contributes to positive outcomes.

Figure 4 illustrates how the categories generated by short answer questions fit into this revised explanatory framework. Following model presentation is a brief narrative explanation of how this revised explanatory framework is thought to lead to positive outcomes. The added theoretical mechanisms operating are exactly those described in more detail above.
In this revised theoretical model, the role and relationship development stage has not been changed. With role relationships in existence, resource exchanges occur as a part of the regularized social interactions of role involvement. People give and receive resources imbedded in a network of interdependent relationships. In these social interactions with resource exchanges, Burke’s (1991) identity control system is enacted. People attempt to meet role expectations and verify identity standards, thereby obtaining positive self-appraisals. Through practice, people become more adept at meeting role expectations. Skills develop and mastery of role expectations ensues. With these new skills and behaviors, people start to describe themselves differently. This new skill set
and comfort zone generalizes to multiple contexts. People may begin to seek enactment of these role identities in other contexts.

Results of Life Histories Study

Life histories were written with the underlying goal of constructing narratives that help to explain how CRO participation can contribute to positive outcomes. Such explanations lay the groundwork for the development of theory. Preceding the life history narratives is a description of how interview and observation data was integrated to develop individual life histories. Following this data analysis description are the individual narratives. First is an overview narrative of the mental health system in Wellington followed by the narratives of Mary, Carl, Nick, Joe, Kevin, Laura, and Sue.

Analysis of Life History Data

To begin life history data analysis, all written information pertaining to a particular informant was carefully reviewed. Facilitating this process was the fact that all field notes and interview transcripts that referenced a particular P.S. Club participant were coded with that informant’s name using N6. Reading all transcripts and notes pertaining to a particular participant was simply a matter of reviewing all text coded into their name.

During review of the informant specific text, all instances of information deemed pertinent to understanding an individual’s life history were noted. More specifically, descriptions of de-integrating experiences, re-integrating experiences, challenges individuals faced, strengths individual’s possess, role relationships individuals maintained, skills individuals developed, and the changing daily routines were all noted.
Poignant and insightful quotes were also noted. All of these notes combined to make a list of data relevant to the life story.

Information was then organized chronologically. Gaps in understanding were revealed. Follow-up questions for informants were written and brief phone conversation or asides during participant observation were used to fill in gaps in understanding. Data analysis was not simply a matter of information organization however. Connections between disparate events were made and insights into the causes and consequences of different life events occurred. While these connections and insights were initially tentative, many were later validated through conversations with informants.

After detailed accounts of each person’s life were constructed, an outline for the written life history narrative was created. Several principles of journalistic feature writing were applied in structuring the stories. First, a chronological structure was applied to the telling of each person’s story. This type of structure is both easy to understand and congruent with the developmental perspective of this work. Second, a problem and solution structure was applied. This structure led de-integrating experiences and personal challenges (i.e., the problems) to be presented early in the narrative. Later in the narrative were the solutions – the re-integrating experiences, the individual strengths, the skills built.

It was possible to use these different story structures simultaneously because they are congruent with the nature of mental illness and the recovery process. People typically develop mental illness early in life and slowly learn to overcome it as they grow older. Simultaneous use of the two story structures promoted an understanding of how the role relationships and daily routines maintained when life was getting worse differed from the
role relationships and daily routines maintained when life was getting better. This
differentiation proved fundamental to understanding and drawing conclusions about how
CRO participation and certain types of role relationships influence behavior and
psychological well-being.

The minimally structured interviews served not only as a critical source of
information but as a medium by which the insider’s perspective could be communicated.
The life histories are laden with quotes. My own words are frequently organized around
the integration of quotes deemed most important in understanding the lives of informants.
Because this study emphasizes insider understanding of the CRO participation
experience, quotes were preferred over the paraphrasing of spoken word. Quotes allow
the informants to speak for themselves.

The individual life histories provide an emic or insider’s perspective on how
CRO’s can contribute to positive outcomes. For theory development to occur, the data
had to be considered from the etic or outsider’s perspective. Here connections between
the informant’s experiences and the broader theoretical literature were made in an effort
to understand how the lives of informants can be understood and accurately described by
the theoretical framework. Where inconsistencies were found, alternative theoretical
explanations were explored. Each individual life history led to an individual theoretical
analysis presented in the discussion section. It is here that the life histories have served
to ground theory development in existing data.

The final step in this process was the sharing of narratives and subsequent
theoretical analyses with each informant. This was done first to ensure accuracy of the
narratives and theoretical conclusions. A second purpose was to provide informants with
an opportunity to delete aspects of their life they were not comfortable sharing with the general public. While everyone was given the opportunity to censor any aspect of their story or the following theoretical analysis they were uncomfortable with, only one informant was inclined to do so. While this information did illustrate important concepts, these concepts remain illustrated by several other examples. The information omission did not in any way contradict conclusions being made in this study.

What Wellington has to Offer

West Mineral, Kansas, is home to the world’s largest electric shovel. Garden City, Kansas, is home to the largest cow hairball. Bellefontaine, Ohio, is home to the first concrete street in America. Every town has its claim to fame, but only Wellington is the wheat capitol of the world.

While these claims may provide residents with a sense of pride and identity, their reasons for staying run much deeper. Trains, planes and grains provide many Wellington residents with jobs. Churches and high school sports provide a social fabric, weaving the town together. Both large enough for a variety of activities and small enough for people to know each other, many residents consider Wellington to be the perfect size.

Unnoticed by the average resident however, are the mental health services available in Wellington. Having a mental illness provides a whole new perspective on what Wellington has to offer.

Mary is one resident all too familiar with this perspective. Mary has been diagnosed with schizoaffective disorder, bipolar type, meaning that she experiences the symptoms of schizophrenia, along with major depressive and manic episodes. Anxiety, depression, paranoia and hallucinations are all horribly familiar.
Fortunately, Mary is relatively well cared for through a wide variety of mental health services. Employing more than 70 people and serving more than 2,000 clients, the mental health system stands as a major industry in Wellington.

Serving as the fulcrum of this system is the Sumner Mental Health Center. A product of deinstitutionalization, the center provides mental health services to adults and children with the goal of helping people live healthy lives in the community rather than isolated in psychiatric hospitals. The mental health center has 11 licensed therapists, who provide therapy to both children and adults. Mary sees her therapist about every other week, where they, “just talk about stuff and everything,” says Mary.

In addition, there is one part-time psychiatrist and one Advanced Registered Nurse Practitioner (ARNP), who provide medication for both mental and physical health problems. They help Mary strike a balance between all of her different medications and their side effects.

In addition to therapy and medication management, the Sumner Mental Health Center provides Mary with case management and attendant care. Mary’s case manager helps with the coordination of care. She sees Mary about twice a month, working with her to plan a budget, set daily living goals and manage symptoms.

While case managers focus on planning, attendant care workers focus on the implementation of these plans. Further differentiating these two positions is level of education. Attendant care workers must have a high school diploma while case managers need a bachelor’s degree. Mary’s attendant care worker visits four days a week for two hours a day, helping her around the house, taking her shopping and to the doctor. She
also enjoys recreational activities with Mary occasionally, taking her to the lake to fish and feed the ducks.

Vocational services are one of the few resources Mary does not take advantage of. That is because she already has a job working at the P.S. Club on Mondays, Thursdays and Fridays. The P.S. Club is a nonprofit operated by people with a mental illness. Through grants and contract work, the club hosts recreational activities, provides peer support and makes presentations in the community about mental illness. Mary works as a shift manager, answering the phone and cleaning up the building after a day of activity. Along with employment, the P.S. Club serves as her primary source of social support. When she is not working there, she goes to simply enjoy a game of pool or chat with her friends.

When Mary wants to go places, she calls Futures Unlimited for a $2 van ride. While this service sounds simple enough, most towns are not so fortunate to have subsidized transportation. Futures Unlimited is a developmental disability organization that provides this service through a grant from the Kansas Department of Transportation and local matching funds. “You just call them up, and they’ll tell you when they can be there,” says Mary.

Being on disability also impacts Mary’s housing situation. Her apartment complex is subsidized by the U.S. Department of Housing and Urban Development (HUD). The apartment complex takes 30% of her monthly Social Security Income (SSI) check in return for a basic, one-bedroom dwelling. For the apartment complex to remain profitable, HUD covers the difference between what comes from SSI and the market value of the apartment.
Interfacing with the mental health system are the police, who frequently get involved when psychiatric symptoms overwhelm a person. Unfortunately, Mary recently went through such an experience. Her paranoia grew out of control and she began to fear her friend was going to kill her with a butcher knife and burn the apartment down with cigarettes. She called the police, who took her to Sumner Regional Medical Center, the hospital in Wellington. The hospital has a psychiatric ward that primarily serves elderly people with dementia and Alzheimer’s. While there her condition only worsened. When friends came to visit and bring her clothes she did not recognize them. After a few days Mary was involuntarily committed to Larned State Hospital, a last resort for anyone.

For the first five days at Larned, Mary did nothing but sleep. Upon awakening, Mary had absolutely no idea where she was or what happened. Unfortunately a psychotic consciousness was regained and the hospital did not provide an environment conducive to recovery. Full of harrowing screams and “a lot of different people up there with a lot of problems” according to Mary, mental hospitals frequently provide an environment that stands as the exact opposite of what someone with schizophrenia needs.

Schizophrenia produces sensory stimulation overload, an absolutely exhausting condition that is intensely confusing. Like a bad acid trip, thoughts race, time warps, imaginations run wild, and the real cannot be separated from the unreal. Paranoia from the confusion can quickly set in. Hearing other people’s agony only provides fodder for your own agonizing and relentless imagination. Chaos becomes your worst enemy and self soothing your only goal.

Mary recalls one of her own psychotic episodes at the hospital. “I was in the bathroom beating my head on the floor. I did that for about 30 minutes.” She adds, “It
took me two weeks before I could even go to the cafeteria because there was so many people up there that I got too paranoid. I was hearing voices and hallucinations and the voices were controlling me.”

With handcuffs on her wrists and chains around her feet, Mary was escorted by the police 173 miles from the Larned State Hospital to the Sumner County Courthouse, where it was decided she was not ready to come home. The court hearing is required by law because Mary was involuntarily committed.

Anxious to get back to a normal life in Wellington with her friends at the P.S. Club, she worked hard to meet all the self-care requirements of release and in six weeks she went home. “I was just glad to be able to come home and be alive. Every night I’d go to sleep thinking I was going to die and never wake up.” Mary recalls.

Mary is now stable again, and while she still has many problems to overcome, she has a job, a group of friends, and clarity to her thoughts. “Right now I feel like a brand new person since I got out of Larned and finally got my medicine straightened out and it got into my system. Man, I go to bed a 9 o’clock at night, get up every morning at 6 and I feel great,” she says. “I feel better than I have in my whole life!” Compared to Larned, Wellington offers Mary pure paradise.

The Story of Mary

“Don’t worry about it, you won’t get pregnant.” Bad advice, especially when it comes from a teenage boy without birth control. At the age of 17, Mary learned the hard way. She dropped out of high school and had a baby.

After her son Shane was born Mary had a mental breakdown. For two years doctors called it mental fatigue from the pregnancy. But Mary had been showing signs of
schizophrenia for years. At one point she told her mother, ‘‘MOM, A devil is in the closet!’

She said, ‘WHAT?’

‘There’s a devil in the closet.’

‘How can you tell?’

‘Well he’s red and he’s got a long nose and long red finger nails and long toe nails.’

‘Honey that’s not the devil, there’s nothing but nothing in there’,’” her mother explained to Mary. “Then I’d hallucinate, I’d think that was a séance or something and somebody was gonna come back from their grave and haunt me. This all went on the time I was 5 to 17. Then, after Shane was born, it got worse.”

At the age of 19, Mary was diagnosed with paranoid schizophrenia. She spent the next nine years of her life in and out of the Arkansas State Hospital. “Mom was taking care of Shane. Her and my step dad and Shane came up and seen me at least every two weeks and I get to go home some weekends. Last time I went up there I was up there for eight months and that’s when I got my G.E.D. I was working on my G.E.D. every time I would go to Little Rock.”

From Little Rock, Mary moved to Belle Plaine, Kansas, to live in a trailer near her dad. While there, she worked in a sheltered workshop for five years as a ceramic assistant. Unfortunately this period of relative job stability did not translate into a period of mental stability. “I was a regular at St. Joe [a nearby psychiatric hospital], at least for 8 or 10 years,” she says.
Fundamental to breaking her hospitalization cycle was Clozaril, a second
generation antipsychotic medication. In the 14 years that she has been on it, she has only
been hospitalized seven times. Clozaril is not the perfect drug however and Mary is
dependent on many others to manage her symptoms. Neurontin for mood regulation and
anxiety. Klonopin for anxiety and to help her sleep at night. Zoloft is for depression.
Detrol is for an overactive bladder. Laxatives and FiberCon are for the constipating side
effects of the other drugs. The balance is delicate and experimentation with other
medications that might work better can be dangerous. One of Mary’s more recent
hospitalizations was the result of a disastrous change in her anxiety medication. “I went
flat berserk,” Mary says. “I got sick over night. I couldn’t even stand up or walk or do
nothing.”

Mary’s dependence on drugs and the prescription decisions of her doctors is
tremendous. She attributes most of her well being (or lack thereof) to her medications.
With little direct control over her mental health, Mary looks to mental health
professionals for advice on what to do and how to live. Fortunately, they frequently give
her good advice but her compliant and submissive nature does also get her into trouble.

Mary’s tendency towards deferral has led her into a number of problematic
romantic relationships. Her first boyfriend was not interested in raising the baby she had
after he told her she would not get pregnant. Her first husband remarried and had kids
while she was in a psychiatric hospital. Her second marriage was an abusive one. “He
beat me up really bad one day and I was trying to get out the door, and he grabbed my
radio and I ran to the door and he chased me down about two stairs and he tripped me on
my face with his foot and he started kicking me.”
While Mary does get pushed around sometimes she always stands up for herself when she knows something is wrong. She immediately divorced her abusive husband and pressed charges. “I was bruised from head to toe and he had to go to court and they got him for abuse and resisting arrest and domestic violence,” she says. Mary has a strong sense of fairness and prides herself on being a good natured and honest citizen. “Well, I try to get along with people. I try to keep my job and do everything I’m supposed to at my job. Try to help people as much as I can and I do have mental problems.” It is often Mary’s mental confusion that leads her towards deferral to others. Sometimes she just doesn’t know what to do. “My train of thought…isn’t too good. I’m taking Neurontin for that,” she explains. “I try to say something…seems like I go off the subject and come around to something else.” This mental confusion can make relating to others difficult. Mary’s self-esteem and sense of adequacy suffer as a result of her problems.

At the P.S. Club, Mary finds patience for her problems and this helps her work to overcome them. Nick, the director, is always accommodating. “[Nick] says, ‘if you need to go to the doctor don’t worry about it. We’ll find someone to take your place.’” He says, ‘just do what you can.’” Mary continues, “Anytime you tell him anything he listens to you. Some people just say I don’t have time to hear your problems. He doesn’t laugh at us. He doesn’t make fun of us.”

Mary was one of the first members of the P.S. Club, participating back in 1986 when it was still part of the Sumner Mental Health Center. For many years her participation was sporadic. “When I was taking Stelazine I wasn’t hardly involved in the group at all. I wouldn’t get out of my apartment. I was too paranoid, too nervous,” she
says. “Until about two years after I got on Clozaril that I started trying to socialize at the
P.S. Club.” Mary comes to the P.S. Club to see her friends and “to keep from being
lonely and not by myself and stuff. I come up here and eat lunch and play cards or sit on
the front porch.”

When she became more involved she started working as a shift manager, which
has provided her with some extra spending money. “I do my chores, which include
emptying the ice trays, cleaning the bathroom, washing off the table and chairs, taking
out the trash, washing the white leather chair…Let’s see, I can’t remember, I think that’s
about all I do.” In addition to her shift manager work she is the treasurer of the P.S.
Club. “I have to sign the checks before [Nick] can cash any,” says Mary. “I have to sign
the checks for payroll and I sign the checks for supplies. I sign the checks for gas and
stuff like that.”

The familiar, accepting, and flexible work environment have allowed Mary to
maintain employment at the P.S. Club for 12 years, longer than any other job she has had
in the past. “There are more people here that understand what you’re going through,
people you can talk to,” she says.

The work helps Mary maintain healthy levels of stress. “I just have to keep
myself motivated to stay busy and do things so I won’t think about all those thoughts that
come back from the past.” Staying busy is actually fundamental to Mary’s mental health.
“I have to stay busy. I’ll have to keep my mind concentrated on something, doing
something everyday. If I don’t I could easily end up in the state hospital.” Boredom
allows her to dwell on her problems and develop paranoia. The P.S. Club engages Mary
in something productive that helps others.
Despite her problems, Mary is satisfied with her life and many aspects of it bring her pride including her family, her competencies, and her job. “I’m proud that I’m able to go out into the community without people saying, ‘Look at her! She’s mentally retarded,’” she says. “I’m proud that [Nick] has his confidence in me to be a treasurer.” Today Mary feels that she is doing better than ever before. Her journey towards recovery is long and arduous but there is hope. “My strengths? Fighting schizophrenia,” she says.

*The Story of Carl*

Carl knew hate before he knew love. “My dad would come home from work and the first thing he’d do is head for the leather strap. ‘Come here’ and I hadn’t done anything,” Carl remembers. His father’s criticism was relentless. “I was out cleaning snow off of different parts of the drive-way or whatever. Every time my father walked by, he made some sort of snide sarcastic remark about the way I picked it up, the way I scooped it, the way I shoveled it, the way I threw it!” Carl quickly learned what his dad taught him. “I’m worthless. I’m no good. I can’t do anything right. I’ll never amount to anything,” he says. Low self-esteem became a defining quality of his personality.

Despite the abuse, Carl was a good student in school. He was not successful socially however. “I didn’t really have any friends outside of school. Although I rode in a car pool, I still didn’t get along with those guys,” he remembers. “Yeah, I didn’t joke very much. I didn’t have a lot of fun like some kids did.

Making life more difficult was the discovery of two brain tumors at the age of 19 and 24. Their removal came at a price. “All I have is half of one eye. The tumors damaged my optical nerves,” he says. “I also had to have radiation to deaden out any tissue that was left over that they couldn’t remove.”
The damage left him unable to pursue his career interests in printing and graphic arts. “I had to give all that up because without peripheral vision, without any depth perception, it’s dangerous to be around the machinery,” he says. “To do the graphic work you have to use Exacto knives and I don’t want to accidentally cut off a finger.”

Two years after surgery, unable to find a job, Carl ended up in Topeka State Hospital. “I kept saying ‘I don’t need help’ and after I got in there I found out how much help I needed,” he remembers. While there he was diagnosed with major depression. “I was actually scared when they first diagnosed me because I didn’t know what the illness was, what it would do to me, or how people would react to me when they found out that I had that problem,” Carl says. Over the next ten years Carl spent as much time in the hospital as out of it. “I’d been in and out so much they put a revolving door on my room,” he jokes.

After leaving the hospital, Carl stayed in Topeka to get away from his father. While there he got involved in Breakthrough House, a drop-in center that follows the Fountain House model. The model holds values similar to those of the P.S. Club, except it is controlled by non-consumers. Carl’s experiences at Breakthrough House helped him start to make significant gains towards recovery. For the first time in his life he had close friends.

Carl got married for the first time in 1993. Unfortunately he didn’t marry the right person and in 1997 he moved from Topeka to Caldwell to get away from her. “I got tired of my wife lying to me, cheating on me, and stealing from me,” he says.

It was in Caldwell that Carl started occasionally attending the P.S. Club. Introduced by a friend, Carl developed many more friendships at the club and started
attending regularly. Much of his improved mood is attributed to his participation in the P.S. Club. “It’s given me a place to go to so I don’t have to sit at home and be by myself all day,” he says. “I can go and be with other people.” His close friendships make him feel important. “I’ve told [Nick] things that I wouldn’t tell anybody else or he has told me things that he wouldn’t tell anybody else,” he says. “That’s a good feeling to be able to talk to somebody like that, and know that they trust you also. That makes me feel pretty good.” Even P.S. Club acquaintances are meaningful. “If I’m in a store or someplace and somebody from the P.S Club sees me, they’ll always stop and say hello and that’s a good feeling. Real good feeling,” he says.

In 1999 Carl moved to Wellington and started working as a shift manager at the P.S. Club. “I’m more involved in the P.S. Club than I was with Breakthrough House,” he says. “Working here has helped a lot with self-esteem.” His work at the P.S. Club is also personally meaningful. “I had swept it and scrubbed it. I did it because I wanted to, not that I felt that it was something I had to do but I did it cause I wanted to,” he says. “Going to the Self-Help Network meetings with [Nick], I wanna do that. Going to make presentations, I wanna do that.”

While Carl has made tremendous strides toward recovery in the past 15 years, he still has a long way to go. Impatience and anger remain problems at times. “I sometimes get impatient when other people take too long to do something I think they could have done quicker. My anger flares up sometimes,” he says. For Carl, patience and self-esteem are intertwined:

Louis: What have you done to learn to have patience?

Carl: Work on my attitude about myself.
Louis: What do you mean work on your attitude about yourself?

Carl: Well, I used to have a very low esteem of myself. I think a lot more of myself now. For instance, anybody, I don’t care who they are, can think of ten things they don’t like about themselves. But for each one that you write down, write down something you do like and cross out one on the list you don’t like so your not looking at that but your looking at what you do like. And for each one you find that you write down that you like about yourself cross another one, keep crossing out as you think of things you do like and the next thing you know you got 10 things you do like about yourself. Concentrate on those.

Louis: That’s an interesting technique

Carl: Its helped, its helped me a lot. Because I’ve also used that in some peer counseling I’ve done. I’ve done a lot of peer counseling in the past 15 years. In finding ways to help me help somebody else has actually helped me too.

Louis: In what way has it helped you?

Carl: It helped me become a better person in my attitude about myself.

Louis: So it’s kind of helped build your self-esteem?

Carl: Yes.”

The P.S. Club has provided Carl an opportunity to help other people, which in turn has improved his self-esteem. “I never want to lose that feeling of being wanted at the P.S. Club,” he says. Carl has also developed the ability to joke with others through his interactions at the P.S. Club. “It’s kind of fun sometimes too, to be the brunt of a joke, to know that they can have fun with me,” he says. “Cuz I remember times in my life when you couldn’t joke with me, I was always very serious all the time.”
While the journey towards recovery is long and arduous, Carl has committed himself to continue fighting. “Just because I’ve lost something I’m not gonna give up. I’m not gonna lay down and quit. I’m gonna keep doing things.”

The Story of Nick

Nick knew mental illness before he knew puberty. “I started thinking I seen angels flying around at 10 years old” he says. He also knew he better keep it a secret. “I didn’t really tell anybody about it because my great uncle Leroy, he thought he was a prophet and he had preached that he seen different things. Everybody said he was crazy so I didn’t share that with anybody.”

While the hallucinations were odd, they weren’t scary and did not cause major disruptions in Nick’s life. Nick lived a relatively normal childhood with two loving parents, an older brother and a younger sister. More troubling was a persistently timid disposition that dates back to his years as a toddler. “They just thought I was just shy, they didn’t realize that it could be a mental illness.” When his parents friends came over Nick said he “would hide and kinda peek around the door but I would never come out. I guess I was just real paranoid then.”

At school, Nick had problems paying attention. “I can remember I was a sophomore at the time, couldn’t sit still in my chair,” he says. “I was the only student in high school that had patches on the back of his leg because I couldn’t sit still.” Regardless, Nick had the resolve to finish high school. “I did fairly well in school but I think I would of did a lot better if I had some kind of medication,” he says.

Nick’s parents have been a critical part of his support system throughout his life and he has always maintained a strong relationship with them. “All in all we got a good
relationship. Both my parents are really good people,” he says. Raised in a traditional
working class family, Nick’s mother was a housewife while his father worked as a gas
station manager. Mom did the discipline but dad was still the figurehead.

Their influence on Nick’s development is clear. “She raised us all to be honest
people and she always stressed being kind to others and not to be trouble makers,” he
says. Before Nick was diagnosed with schizophrenia, he was in many ways a spitting
image of his dad. “He’s kind of more the quiet silent type. Doesn’t talk too awful
much,” Nick explains. They also share a caring nature. As Nick puts it, “he’ll help
anybody and they don’t have to be related to him either. If he knows somebody that’s
really needing help, he’s always willing to help people.”

Growing up, the only family rift Nick experienced was with his father. “I was a
real athletic kid and he never would let me take sports. In fact, he was always afraid that
I was gonna get hurt. Back then it annoyed me quite a bit because it was very important
for me to be able to participate and I never got to,” he says. “Yeah, when I look back, I
think he was probably having some kind of mental problems hisself really. Because he’s
been on antidepressants now for 10 or 15 years and he don’t seem quite as paranoid as he
used to.”

As Nick progressed through adolescence and into adulthood his schizophrenic
symptoms became progressively worse, although he was unaware of it at the time. Time
sequences would become distorted and Nick would know what someone was going to say
before they said it. “I’d heard things and stuff like that before but it wasn’t a constant
thing. And I’d always think, ‘well, probably just got a little ESP or something. I kinda
categorized it as that and went on,” he recalls.
In 1974 Nick graduated from high school with two years of experience working as a machinist. He continued his work while attending Northern Oklahoma University and in 1977 he received his associate’s degree in accounting. Unfortunately, by this point in time his symptoms had worsened and Nick grew increasingly shy. “I was so introverted you know, and that showed when I was talking to people,” he says. “I think they felt like this guy is not really confident in hisself, we don’t really need him. I really think that’s what kept me from getting a job in that field.”

Machinist jobs were easier to come by and he already had experience in the field so Nick decided to make a career of it, albeit a rather haphazard one. “I switched jobs all the time. I’d always get to thinking they was messing me around some way or another,” he says. “I figured it up like 17 different places in 17 years. Of course there were some times at the end there that I wouldn’t be working for a few months here and there.”

To combat shyness, Nick resorted to drinking. “One thing I used to do in my late teens and early twenties was a lot of drinking,” he says. “Of course that was before I realized that I was mentally ill and back then I was so backwards and shy. That’s really the only time I corresponded with many people at all, is when I had been drinking.”

Substance abuse helped Nick meet his first wife, who also had a taste for intoxication. Together they had three boys in the four years they were married. When they divorced, Nick’s wife preferred a life of parties and drugs to the responsibilities of parenting. “She told the judge that she felt like I was the better parent and that she didn’t want the responsibility and that’s the way we did it,” explains Nick.

Raising three kids by yourself, two of which are in diapers is a formidable challenge. Adding 50-60 hours of work a week to make ends meet is a recipe for
Nick’s mental illness only worsened. His hallucinations became frightening. “I had a hallucination where Jesus had punched me right in the face!” he said. “I thought to myself, ‘man, I must be a terrible person for him to hit me in the face like that.’ What’s weird about these hallucinations is that you feel the pain. It’s not just like watching TV or anything. You will feel the pain and that’s what convinces you that it’s really real.”

His children also suffered from the situation. “I went to work, I’d come home and I’d fall asleep on the couch. I wouldn’t wake up till the next day,” says Nick. In addition to exhaustion, the hallucinations interfered with his parenting. “I’d go to the grocery store and buy my groceries, then I’d be afraid to eat them, afraid they was gonna poison me,” Nick explains. “Luckily at that time, this was before I moved in with my parents, my oldest son was old enough that he would get around and make him and his brothers something to eat.”

The illness interfered with all of Nick’s relationships. “I remember when I was dating this one girl and I got her mixed up with a girlfriend that I had in the past. You can kinda imagine how that went over. I really had them confused,” says Nick. “Of course she broke up with me but I didn’t realize I was doing that till after I got medication.” Looking back at his life today with more clarity, Nick understands many of the mistakes he made over the years. “I’d made all kinds of miscalculations on what was going on back then, and then I thought about it later. I tell you what, once you go through all that, you feel like HEY I need to go around to everybody I ever knew and apologize to them. But you can’t do that,” he reflects.

Nick faced this situation for five years before suffering a complete mental breakdown. “I went to work the next morning and everything just completely had
changed. I forgot how to do my job the way I needed to do it,” he says. The world became a blur. “I thought all kinds of things were going on and all I was really doing was sitting there staring at the wall,” says Nick. “In my mind I was doing a lot of things, a lot of crazy things.”

After three months Nick finally got some help. “Even though there’s been mental illness in the family and everything, my parents or nobody stopped to think that I could be having mental problems,” says Nick. Along with not thinking about it was the fact that mental illness was not something to be talked about. Without discussion there is no understanding. For Nick, the stigma and ignorance surrounding mental illness prevented him from receiving treatment for first 15 years he spent as an adult with schizophrenia.

After his breakdown Nick and his kids moved in with Nick’s parents. “I felt bad that it got to where I couldn’t function on my own and I had to live with them,” Nick remembers. But Nick doesn’t remember much else because he was so intensely confused. An entire year of his life is simply missing.

In 1989 Nick started taking Thorazine to treat his symptoms. “Even though it didn’t work real good, when I started with the Thorazine, within about three or four days I could see a big difference. At least I got a hold of a little bit of reality there,” Nick remembers. “It was enough to keep me out of trouble.” Unfortunately, tolerances were built, doses were increased, and eventually doctors were forced to switch to a new medication. The cycle repeated itself and Nick experienced a variety of nasty side effects. “People could tell something was wrong real obvious cause of the way Prolixin did ya,” he says. “My joints all tightened up and I kinda walked like this [walks like a zombie]. Everywhere I went, it was just terrible.”
Terrible, but still better than when he had the breakdown. Nick reentered the world with a reduced level of stress because of his disengagement during the breakdown. He discovered that stress levels had a major impact on the intensity of his symptoms. “Schizophrenia is something that is always there but stress can really bring it out,” he says. “I can do about anything I want to, for a little while, but once I start getting stressed I gotta quit for a while or my thinking and everything is not clear.”

Over time, Nick learned to regulate himself, taking on new things slowly and taking breaks whenever the stress piles up. Soon after he started feeling better he moved out of his parents home to live by himself. Over the next two years Nick slowly had his kids move back in with him, one at a time.

His newfound understanding of how stress impacted his symptoms provided insight into his unstable employment history. Although he didn’t realize it at the time, the breaks he took between jobs may have been the stress relief he desperately needed to prevent a complete breakdown. The job Nick held when his breakdown occurred was the best he had ever had. High paying promotions were being promised by his boss. “I worked there longer than I worked anywhere in my life and I had a complete breakdown,” he says. “It’s like before I’d always gave myself a break, two or three months here, two or three months there, and I think the stress just built up to the point where it caused a complete breakdown that time.”

Two years after being put on antipsychotics, Nick started attending the P.S. Club. Reluctant at first, Nick was coaxed into going by his case manager. “She started coming by my house visiting with me and talking with me and it actually took her three or four months before she could talk me in to attending P.S. Club at the Mental Health Center,”
he says. His reluctance was partially due to shyness but attending the club also forced him to accept his identity as someone with a mental illness. “I was really battling with myself, just the idea that I was mentally ill. Kept trying to convince myself that they made a mistake and this and that even though the medicine was helping,” he says. “That’s why I realized a lot of the time with people, it takes time and it’s hard sometimes to get them to start. Once I started though, it wasn’t two or three months and I really liked it then. I was looking forward to going.”

At the time, the P.S. Club was a psychosocial club in the mental health center. The club focused on organizing recreational and social activities with the idea that social interaction is therapeutic. The psychosocial club was controlled by mental health professionals however.

After two years as a regular member of the P.S. Club, Nick was encouraged by his therapist to write a grant to SRS to start the P.S. Club as a consumer run organization. With his parenting situation under control, Nick decided to take on the challenge. In 1993, with $16,000, the P.S. Club opened its doors as an independent nonprofit, the fifth CRO in Kansas.

Nick struggled from the beginning to find help. Other consumers lost interest after three days of grant writing and nobody was a reliable transportation provider the way Nick was. It wasn’t long before he took primary responsibility for the club. The role of director was ingrained into his behavior and he became the P.S. Club’s charismatic leader. In the beginning all work was unpaid, with the majority of grant money being spent on rent, utilities, and transportation. Despite its voluntary workforce, the P.S. Club was able to operate 40 hours per week.
Three years after its initiation, the P.S. Club’s budget was increased and people started getting paid for some of the work they were doing, albeit below minimum wage. The income was a nice boost for Nick, although he couldn’t make too much without losing his Social Security Disability Income benefits.

That same year Nick’s medication was switched to Clozaril, a second generation antipsychotic medication. Vivid changes in Nick’s symptoms occurred. “I think about what my mother told me when I got on Clozaril. I’d been on Clozaril for about a month. She says, ‘You know Nick, I see that gleem in your eye that I haven’t seen since you was a little boy,” he says. “But that is how much it affected me, the Clozaril did. It was the first one that really got me close to normal, where I was naturally happy.”

Nick saw a tremendous reduction in his level of paranoia. As a result, his shyness dissipated. Dormant social skills rapidly emerged. “I wasn’t very talkative, near as much talkative with the family members until I got on Clozaril,” he says. “When I went to my high school class reunion, 30 year reunion, that’s the first time I had went to one and I had a really good time,” he says. “I didn’t struggle with the social stuff like I used to. I felt real comfortable talking to everybody. It went real well.”

The side effects were better too. No movement disorders. Clozaril isn’t perfect however. “Something that irritates the heck out of me but it’s something that I gotta put up with. Every night when I go to sleep, you know how when you go to sleep your saliva glands usually quit working. Well, mine don’t quit working and when I wake up the next morning my pillow is soaked from slobbering all night,” he says. “Another side effect is weight gain. I was pretty lucky that I’d been really skinny my whole life or I could of got really huge taking the Clozaril.”
While unpleasant, the side effects are tolerable, especially when one considers the alternative. Medication makes a world of difference in Nick’s life. Today his thinking is clear and he rarely hallucinates. “Even with medication and still up to now, I can’t put myself under an excessive amount of stress. Stress will mess me up quicker than anything,” he says. “If I get to feeling too stressed, which makes it nice about this job, I just put everything back for a couple of days and just relax until I get to feeling better.”

The flexible and understanding work environment of the P.S. Club is critical to his success.

Another key strategy Nick uses in managing stress are recreational activities. “It helps me just coming up and being with other people and socializing and playing games and stuff, gets my mind off of everything,” he says. While Nick still enjoys the recreational activities at the club, he doesn’t have as much time for them now as he used to. As funding for the club has increased, so has the paperwork and the number of responsibilities Nick faces. In the beginning, Nick’s primary responsibility was providing transportation. Today, grants and quarterly reports are more complicated. Goals must be set and progress must be reported. Taxes and payroll must be filed. Quarterly meetings for CRO leaders across the state must be attended.

The activities of the P.S. Club have also diversified. Presentations about mental illness are now being made in churches and schools. A newsletter is mailed out every month. A peer counseling warm line has been established. “I have one lady, she calls me about every week or two you know and she just wants to talk to somebody for five or ten minutes and then she’s fine for another couple of weeks,” says Nick. “She’s usually not having a lot of problems at the time she’s just lonely. Sometimes that’s all it takes with
people, someone that will be there for them and listen to them and let them air their feelings out so they can get to feeling better.”

With less time for recreation, the hours of the club had to be cut back from 40 to 30 per week. Nick started only being able to provide transportation three days a week because he needed the other two days to complete paperwork and take care of the details of nonprofit management. Saturday hours were recently added, bringing their weekly total up to 36 hours. Other members of the club are taking care of Saturday’s responsibilities, a sign that the leadership responsibilities of the organization are finally being spread over a larger number of people.

The friendships Nick has formed at the club remain a fundamental component of his social network. At the club his best friends are Carl, Mary, and John, who also happen to be the most frequent attendees. For Nick, the P.S. Club is full of just as many family as friends. His sister Linda is the president of the board of directors. His three sons and his girlfriend are frequent attendees. The only strong relationships Nick has unrelated to the P.S. Club are his parents, his pastor, and his therapist.

Outside of his involvement in the P.S. Club is his involvement at church, which he attends every Sunday with his girlfriend. Religion has always been important to him, although his faith was tested during his breakdown. “I felt like I was really tested for a while. I could remember ‘Oh God why did you let this happen to me?’” he says. Today Nick feels like maybe the purpose behind his mental illness was to start the P.S. Club. “He put me in the position and gave me the knowledge to get the club started and there’s a lot of people that’s benefited by my hard work. Maybe that’s the purpose. I don’t know.”
Throughout Nick’s recovery, he has transitioned out of dependency roles and into helper roles. When Nick had a mental breakdown, Nick’s parents were a critical source of support. Today his relationship with them is typical of a mature adult. He is not dependent on them and they are not dependent on him but they keep in touch, seeing each other on holidays and talking on the phone regularly. While they are not currently critical to his social network, they stand as safety net if problems arise just as he stands as someone who can be helpful if they run into problems. A similar transformation has occurred in his relationship with his therapist. Initially, Nick played the role of mental patient. Over time, the relationship has not faded but transitioned into one of colleague, as both are employed by the government to help people with mental illness.

The money Nick makes as director of the P.S. Club has helped him become financially independent. As director he has also developed many skills. “I’ve gotten a lot better at talking to other people especially in public speaking. I’m not near as nervous and stuff as I used to be when I do presentations”, he says. “By working for the club I’ve kinda brought back a lot of the accounting and stuff that I did in college.” Nick has also become generally more responsible because he has to turn so many things around in a timely manner.

Many members, such as John, have come to see Nick as a role model. “Even though he has a mental illness like I do, he is able to do what he does as director,” says John. “That has been encouraging to me, to know that I can do more than I think I can.” Long-time member Mary agrees. “We all respect him, We all get along real good. Anytime you tell him anything, he listens to you,” says Mary.
A primary motivator in Nick’s work is the sense of satisfaction he receives when helping others. “If I can keep it goin’ and get the paperwork done and everything and help all these people have a place to come, that’s gratifying to me,” he says. “Lord knows I’m not makin’ much money doin’ it. You gotta do it because you wanna help people.” Nick helps all the P.S. Club members and all the P.S. Club members help Nick. “Sometimes I need these people just as much as they need me,” he says.

The Story of Joe

“In the little town that I grew up, we were the ‘niggers.’ Black people weren’t allowed to live there so they appointed certain families to be the lowlifes. Well, my family was the lowest of the lowlifes.” Growing up in the dustbowl of Kansas during the great depression, Joe’s family was desperately poor. At one point he hadn’t eaten for three days. His stomach was swollen. Out of desperation, his father stole a bag of flour from the store. His mom cooked up some biscuits quickly and everyone ate. The next day police came to his house, arrested his father, and seized the bag of flour. Joe didn’t eat again for several more days.

Joe’s parents came to see themselves as lowlifes and reinforced what everyone else in town communicated to Joe, that he was scum and didn’t deserve anything. This message stuck and it continues to haunt Joe to this day, standing at the root of his struggles with severe depression. “In my mind, I’ve always been that barefoot boy with overalls on – poor white trash,” he says.

Despite his impoverished upbringing, Joe had the protective factor of being bright and intellectually curious. Passionate about history, Joe read, “a series of books about yaylong [stretching his arms wide] and when I was working at Cessna, I had read through
that and wrote some about it. At the age of 30 he was coaxed by some of his coworkers to enroll in college. “History courses were a breeze. I’d already read all that stuff years ago.”

Just when Joe started to do well, he began to feel he was not worthy of his success and started to sink into a deep depression. “I had a breakdown my sophomore year and I didn’t drop the classes, I just quit,” he says. Joe eventually came out of his depression and got both his bachelors and his masters degree by the age of 42. “Other than that [the breakdown], I would have graduated with a 4.0,” he says.

After graduation, Joe started teaching high school English. Depressive episodes continued to plague him however, forcing him to quit two jobs. “Fortunately I just had a very good friend as the head of the English department at Wichita State and when I quit there [at the high school], he immediately hired me for the University so I didn’t get a chance to go very deep into depression that time,” he says.

The new position proved to be the best years of his life. “I was at a level that I could handle readily and I was doing a damn good job of it,” he says. “So I felt good those years.” Unfortunately, when Joe went up for tenure after seven years on the job, he did not have his doctoral thesis finished and so he lost his job. Extensive research papers were never a problem however and what really kept Joe from receiving his doctorate was the feeling that he was not worthy of anything so honorable. “Although, it’s kind of amusing, I once turned in a paper when I was working on my masters degree. Well, it was a research paper about 200 pages long and my advisors told me I should use that as a doctoral thesis but never did,” he remembers.
Joe went back to teaching high school after his stint at the University. “I’ve never even felt comfortable in the teacher’s lounge at Wichita State because I really didn’t feel I belonged. As a high school teacher I was, if you pardon the expression, a star!” he says. “No, not difficult at all for me to be an outstanding teacher because I was really dedicated to it. I spent my summers preparing things for the next school year rather than taking a vacation.” His success as a high school teacher continued for several years. “I love kids and I love teaching and I felt useful,” he says.

Unfortunately, two rotten classes strung together ended Joe’s teaching career. “I get in a situation where I don’t think I can handle and I can’t handle it,” he says. Discipline problems shook his self-confidence. “It was all in my head,” he admits.

Without anything else to do, Joe sunk into a deep depression. “I just stayed in my house and let the filth pile up. The trash on my living room floor was the size of the table. There were mice living on my dining room table,” he says. Eventually the mess was reported and the Sumner Mental Health Center intervened by sending a case manager to Joe’s house. “What this case manager did that salvaged me from the trash heap was she gave me some advice that’s been useful ever since and that is focus outside. Don’t focus on your self, focus outside and that’s what I’ve done.” Although Joe’s case manager has since moved away, her intervention continues to work. “I’ll always be grateful to her because she straightened me up,” claims Joe.

As part of focusing outside himself, Joe stated attending the P.S. Club. He was one of the original members, joining only one month after the Sumner Mental Health Center started the psychosocial group in 1986. Following his involvement in the P.S. Club, Joe became the consumer representative on the board of the Sumner County Mental
Health Center and a volunteer at the Chisholm Trail Museum. In these positions Joe is able to be productive and contribute to society, achieving two goals he holds dear.

As a member of the P.S. Club, Joe enjoys the recreational activities. Playing cards, pool, and joking around with others are some of his favorites. “When we play cards, that’s good. We’re all cheerful. We all make wise remarks to each other and that’s a heck of a lot of fun,” he says.

One activity that Joe hates however is watching TV. “I can’t stand that for any more than a few minutes but a good many afternoons, Mondays and Wednesdays, everybody will be sitting there, staring at the idiot box,” says Joe. “It bores me to tears! Not to tears but to vacancy. I leave pretty quickly.” As someone who finishes reading a book nearly every day, the TV does not typically provide Joe with enough intellectual stimulation.

Joe’s intellectual nature can bring a new and welcome dynamic to the club. At times, he engages others by discussing topics such as politics and world events. Other times his intellectual nature makes both himself and others uncomfortable. Joe’s world is full of history books that others know nothing about. Trying to discuss such topics can lead to a frustratingly disjointed conversation.

Further separating Joe from other P.S. Club members is his critical and argumentative nature. “I know I am curmudgeon,” he says. When he vocalizes discontent, tension in his relationships builds. Most recently, Joe has criticized the P.S. Club because its decision making is dominated by Nick. “Decisions are made for us but not by us,” says Joe.
Joe wants to be more involved in the leadership of the organization. During the election for officers of the board of directors, Joe ran for president, vice president, secretary, and treasurer. He won none of these positions and was not put on the board. Joe thought the elections were unfair because Nick’s family (six of the twelve people at the elections) ultimately decided who won each position, voting in two of Nick’s family members as president and vice president.

The argument led Joe towards sparse attendance. “I don’t like it at all but there’s nothing I can do about it except register my protest by staying away.” Today Joe feels distant from everyone at the P.S. Club. “I’ve never gotten very close to anybody here. We’re friends but in a casual sort of way,” he says. Before the fight however, Joe wrote warm descriptions of several P.S. Club members as a part of photovoice. “[Kevin] has worked his way into our affections here at the club,” writes Joe. He describes John as, “a faithful, loving person and a good friend.”

Without companionship, Joe is miserable. “I’m so damn lonely,” he says. As an elderly man, Joe is ready to die and looks forward to oblivion. “I want to be useful and when you’re no longer useful there is no point left in life.” Being useful is partially what drew Joe to the club in the first place. “I’ve served as president of the P.S. Club and various other offices but frankly, I don’t seem to be welcome any more,” he says. “I am a gadfly I guess you would say because I don’t agree with a great deal that goes on around here.”

In absence of the P.S. Club, Joe spends more time reading books and writing fiction in his home. More than anything else, Joe wants “to do something positive, not sit on my can and watch television.” A poem, selected by Joe, about being old and useless
aptly describes his current worldview (see Appendix C). “I’m just depressed about the low range of possibilities since I’m the age I am,” he says. An efficient society hopes Joe can find opportunities for engagement soon.

*The Story of Kevin*

“All of a sudden I heard a ‘MoOOoOOo!’ I look out the window, and there’s the cows moving down the road. So I jumped in my four-wheeler, started it up, went and chased those cows, chased them all the way down to the gate, opened up that gate and chased ‘em into it. Then the next morning I had to go get up, just about daylight, to find out where they got out at, then go fix the fence. And so, every time I did that, they would find someplace else to break.”

Such was a day in the life of Kevin for 16 years as a handyman on a farm. All of it for a room in a trailer. Disabled and living on social security income, Kevin didn’t need anything else. But he loved that job because it was different every day.

Along with cows, Kevin loved trains. He would periodically take vacations across the country, riding in boxcars if he didn’t have the money or Amtrak if he did. Such were the vacations of Kevin for 16 years.

Kevin remembers one trip where he went all over the country. “Went over to Chicago, from Chicago I went to New York, from New York I went to Washington D.C. And on these little trips the train would stop where I could get off for a little while. I’d run around town looking for salt and pepper shakers,” says Kevin. “I had this one suitcase, nothing but salt and pepper shakers.”

When Kevin got back from his trip, Mrs. Jones, who he worked for, picked him up from the train station. Kevin recalls their conversation, “she says, ‘[Kevin], what are
you doing with that suit case?’ I said, ‘It’s yours.’ She says, ‘Mine?’ I said, ‘YEAH! Go ahead and open it up.’ She opened it up and she fell backwards! All salt and pepper shakers. She was a collector of ‘em. They would fill that house up!"

Unfortunately, Mrs. Jones’s daughter was not so fond of Kevin or his vacations. She had to take care of the cows while he was gone. She accused Kevin of stealing $700. He was convicted and for 13 months Kevin spent his days bored to tears in jail.

Upon release in 1995, Kevin moved to Caldwell, Kan. to live with his sister and help her with a paper route. With time, Kevin moved out and his paper route ended. For $100 a month he rented a tiny, dilapidated house. For $90 a month he received hundreds of channels of satellite TV. “I just stayed here at the house, watching TV, watching TV.” Such was a day in the life of Kevin for seven years.

In 2001, Kevin discovered the P.S. Club and quickly became the most regular of members. It became a special event if Kevin was going to miss a day. Everyone was warned ahead of time and everyone got to hear about what he did after the fact.

Nick, the executive director of the P.S. Club, drives 45 minutes from Wellington to Caldwell to pick Kevin up. The van rides are an opportunity for Nick and Kevin to connect. “Sometimes we talk and sometimes I’ll fall asleep, says Kevin. He adds, “yeah, I’m sitting there and old [Nick] is talking to me and I’m answering him. The next thing, here I am Zzzzzzz…going like that, snoring away.”

At the P.S. Club, Kevin is always ready for a game of cards. “Hey [Nick], you wanna play Phase 10 with me?” Kevin would ask on a regular basis. Skip-Bo, Phase 10, Rummy and Canasta are his favorites. Every Friday, P.S. Club members go to the
Wellington Recreation Center to play pool. But pool is not Kevin’s game. “No, I just want to sit on the bench. I do my crossword puzzles and watch the trains go by,” he says.

Like many others at the P.S. Club, Kevin benefits from the friendships gained and the increased activity levels. The only difference is that Kevin has never been diagnosed with a mental illness. Depression and hallucinations are foreign concepts. His dad put him on disability when he was in his twenties. “I just can’t keep a job,” he says, with little insight into why. While Kevin is no scholar, he is perfectly intelligent. Drugs aren’t a problem either. Beer is too bitter, wine too sour, and cigarettes make him cough. At worst, he has an undiagnosed case of attention deficit hyperactivity disorder.

Although Kevin doesn’t do any work at the club, he always tries to bring a smile to your face with his warm hellos and goodbyes. He shouts, “see you later alligator!,’’ when someone leaves the P.S. Club. If you aren’t coming or going, you might find yourself listening to a funny story. “This calico cat had kittens. And this one cat…this one kitten could never get in to get milk,” he says. “When Blondie has her pups, that one cat came over and started sucking on Blondie. Blondie didn’t care!” For Kevin, a bad experience is rare, especially at the P.S. Club. “It seems like every time I go there I have a good time,” he says.

The P.S. Club never has changed his habits on the days it is closed. “Mostly, on a regular Thursday, I just stay home and watch TV, that’s all that I do,” he says. Such are days in the life of Kevin.

Epilogue - Sadly, Kevin died on February 8, 2005 at the age of 60. While the exact cause of death is unknown, his death certificate listed heart failure, respiratory problems, and high blood pressure. For someone with a disability, Kevin was remarkably
healthy. He never received treatment for anything until the last year of his life. Coaxed by Nick and his sister, he went to the doctor because his hands would oddly shake sometimes when he took naps. The family doctor didn’t know what was wrong with Kevin and didn’t make a referral for further investigation. Instead he discovered high blood pressure and gave Kevin some medication for it. A week before he died, Kevin fell out of his chair and remained unconscious when he hit the floor. Rushed to the hospital, Kevin was released hours later with no diagnosis made. Kevin died in his sleep without any medical attention.

Kevin’s participation in the P.S. Club reflects what makes the organization special. It is for people with mental illness but it is not about mental illness. The P.S. Club provides something basic to all humanity – a place to work, a place to play, a place to build relationships. The people who participate are the people who aren’t finding these life essentials elsewhere. Kevin goes because he needs these things just like everybody else. The P.S. Club welcomes him because they understand this.

The Story of Laura

Crummy old high school. “I’m just glad I’m out of it now,” says Laura. She survived, but being teased made life miserable. Laura felt powerless against the attacks. “I knew I had to put up with it,” she says.

Unfortunately, Laura’s problems didn’t end when she graduated from high school. “I’ve been trying to hold down jobs,” she says. “They just didn’t seem to last.” Emotional problems interfered with work and her managers were never forgiving. “This one lady I knew that I was working for at this one restaurant, she didn’t understand me,”
says Laura. “I was having these emotional times and I was getting upset because of my depression. She went ahead and fired me for no reason.”

With no job and few responsibilities, life became empty. “I slept a lot and I got bored real easy,” says Laura. “I got upset real easily because I couldn’t find anything to do and anytime I got bored I ate.” Depression became a serious problem. Medications helped her manage. “[Depression] feels like a heavy weight on you all the time and you don’t feel very good about yourself but as soon as your on the medicine it just takes that weight off.”

Physical health problems with lower back pain, kidney stones, and diabetes began to complicate Laura’s situation. “Mom was wanting me to live at home so she can take care of me.” Medications and her family did not solve Laura’s problems with boredom however. “I complain a lot,” she says. “My mom and my dad have to put up with it so they try to kind of zone me out.”

Laura needed friends but friends never came easy. “My biggest challenge is to not be so shy and make friends with other people.” Fortunately for Laura, she eventually met Kevin. “The first time I met him I felt like I had somebody I actually connected with,” she remembers. “So me and him spent a lot of time together.” It was Kevin who introduced Laura to the P.S. Club. “I didn’t even know that there was club like this around for people like me,” she says. “If I knew they were around sooner I probably would of joined earlier in life.”

Laura saw the club as an opportunity. “I would have chances to go out and at least get away from the house for awhile and go out and make friends,” she says. She enjoyed the club right from the start. “The first time I went to it I was quite excited about
going to a club,” she says. “I thought, ‘Well this will be a lot of fun to go and meet new people.’” Laura has now been a member for one year and she continues to enjoy herself. “To me it’s just no words to describe the P.S. Club,” she says. “It’s just a very good place to visit.” More than anything, Laura appreciates the new social network. “Being at the club is a lot of fun you know, being around with all of your friends,” she says. Laura has already generated several fond memories. “Another good experience is spending time with [Nick] and guys in the van when they are kind of laughing and picking on each other,” she says. “We’re just enjoying each other.”

Laura is sensitive to criticism and the P.S. Club’s warm and accepting atmosphere accommodates this sensitivity. “The people are really nice,” she says. “We all seem to understand each other’s feelings.” At the P.S. Club Laura can be herself without fear of criticism. “There’s no pressure or anything, she says. “Nobody doesn’t try to step into your space where they’re going to criticize you on everything.” Each member’s experiential knowledge with mental illness contributes to the pleasing atmosphere. “The person you are making friends with seems to understand the problems you are having as much as the problems they are having,” she says. “They can understand how you feel.”

The lives of the people Laura has gotten to know at the P.S. Club have put her own life in perspective. “You look and see other people and what they are having to go through,” she says. Their stories are inspirational. “If other people can live their life through tough things I should be able to live my life through it too,” she says. The power of this inspiration can be the difference between life in death during a severe depressive episode. “There are times I actually wanted to die because of the pain I was going
through,” she says. “With me going to this club I’ve been able to appreciate the life I have, even though I may go through a lot of pain.”

In all of Laura’s struggles, religion stands as a source of strength. “One of my strengths is being a Christian and relying on God. He is the one who guides me through all of this.” Other key supports are her therapist and her family, especially her mom. “I spend a lot of time with my mom because me and my momma are really connected with each other,” she says. P.S. Club members serve as a safety net of social support. “It’s just like going to a second home,” she says. “So far I haven’t [needed help] but I believe that they probably will [help]. I really do believe that.”

Laura’s quality of life hinges on her continued involvement with the world. “A good day would be a day when I’m able to find things to do.” The P.S. Club is now something Laura “finds to do.” It’s part of a good day.

*The Story of Sue*

As a little kid, Sue heard voices. They were her playmates. During adolescence the voices turned increasingly sour. Despite the distress, Sue maintained an “A” average in school. “I wanted so much to be the child my parents could be proud of, so I became an overachiever striving for perfection,” she says. Her good grades did not equate to self-confidence in her abilities. “I used to torment my mother that way, tell her ‘I think I just flunked that test, I just don’t feel good about that test,’” she remembers. “Of course, she’d be concerned. I’d come up with an A+ and she was about ready to strangle me.”

Sue’s strong academic performance continued until her senior year, when she suddenly started failing classes. She managed to graduate anyway and move on to college but it wasn’t long before she was on academic probation.
For several years Sue struggled to maintain full time employment that would pay her full time tuition bills. Exhaustion became the norm. The anguish of waking up to face another day brought tears to her eyes.

At 25 she experienced her first hospitalization and disengaged from the world. “When my mother would visit it was so sad when she had to leave and not take me with her,” she says. “I am sure we both shed tears because of this.” The hospital was a miserable place, where patients and staff were pitted against each other. “One day a patient was locked in the seclusion room and the aid would not let him out to use the restroom so he urinated under the door. The urine traveled down the hall and the aid had to clean it up,” she remembers. “In a sick sort of way this really made the day for us who felt powerless.”

Sue left the hospital after a few months feeling just as suicidal as when she entered. She spent the next ten years in a partial day hospital. The transition from being miserably overwhelmed to just miserable was complete. “I had no idea what I was supposed to do with my life and I was very discouraged because it seemed I had no hope,” she says. Sue recounts this period in her recovery narrative:

If you were to ask me what I felt during the worst of my mental illness I would use words such as sadness, hopelessness, frustration, helplessness, desperation and discouragement. I was quite suicidal for years and I was desperate to fix the situation but nothing relieved my symptoms. My thoughts were obsessive, overwhelming, and unbearable as they raced through my head. The voices I was hearing were persistent and ruthless. The only way to satisfy them was to obey
their commands. These voices were very real and not just thoughts in my head. I would rock back and forth as if I was ready to take off like a jet.

Sue never gave up. She learned to fight her harmful behavior. “When I had a thought to harm myself by cutting, burning, or overdosing, I just repeated in my mind that that was not an option,” she says. “And it worked.” Her caring nature also motivated her. “My medical doctor cares very much for me, but on one occasion I had burned and I saw a tear fall from her cheek,” she says. “I promised myself then that I would not hurt someone I cared a great deal about ever again.”

Sue’s problems with voices subsided dramatically when she started taking Clozaril in 1992. The changes allowed her to expand her horizons. No longer was she stuck taking the same social skills and good hygiene classes she had sat through so many times at the day hospital. “I could have taught them myself,” she says.

Fortunately for Sue, a new nonprofit opened its doors at the same time she gained control over her symptoms. The nonprofit was Project Independence, a CRO in Wichita, KS. Sue immediately became involved in the leadership of the organization. “We worked on the by-laws to start with on my living room floor,” she remembers. Project Independence got its own space before long and Sue became “the crafts lady.” Every night Project Independence was open, Sue organized a craft activity. “We did everything from leather to wood,” she remembers. “We had pretty good money for craft stuff.”

Sue was also the president of the board of directors. She formed a close bond with Shelly, the executive director. “We had a hilarious time there when we first stated going to the grocery store to get food,” she remembers. “Shelly used to be so
embarrassed because our cart would be heaping and she was afraid people were thinking that we were just going to go home and eat all this food.”

When Shelly was sick, Sue was left in charge. “I remember one night I was having an annual meeting,” she says. “We got about 60 people there and we had to put on a show for them. Go through the financial statement and go through all that stuff for the members. And I watched her walk away on her way to the hospital. I got all of this on my own shoulders. But, it went okay. We got through it.”

The successes allowed Sue’s self-confidence to blossom. Operating independently gave her the space she needed to build problem solving skills. “For our survival we had to solve problems,” she says. For the first time she was the one making the decisions. “Really, that’s how I grew up, in a CRO. I never really thought my opinion really meant much but you know, I learned a lot from Project Independence,” she says. She learned not only that her opinion mattered but that “I could come up with good ideas or that I could be responsible for other people.”

While Sue enjoyed her work at Project Independence, her desire to obtain higher education never subsided. During her years at the day hospital, “I had tried and quit and tried and quit,” she remembers. She was ready to try again. She started reading children’s books to build up her concentration skills. “This made sense to me, and eventually, I was able to read for longer periods and more advanced material with greater retention and comprehension,” she says.

In 1996 COMCARE’s vocational rehabilitation program provided her with full tuition coverage, books, and travel support to attend Wichita State University. It was a dream come true and an opportunity she couldn’t pass up. The school workload forced
her to disengage from her craft organizing and daily attendance at Project Independence.

“I know that just broke Shelly’s heart but I wanted to do well in school so I had to give up.” The transition was difficult but it was simply a matter of priorities for Sue. “I wanted to make straight A’s the whole time so I had to,” she says.

Sue persevered through five years of study and in 2001 she received her B.A. majoring in psychology. She continued with school and in 2003 she received her Masters in Social Work with a 4.0 grade point average. Sue’s hunger for knowledge allowed her to enjoy the journey. “What I really enjoy is studying something and then sharing the knowledge with someone. I figure if you don’t share the knowledge then it’s not really worth the time.”

As a Master’s student Sue was able to apply her knowledge during an internship with Self-Help Network. Upon graduation she was hired full time. Only 0.2% of the people with a mental illness on Social Security Disability Income ever get off of it. Sue is the exception to the rule the other 499 people follow. “This has been my dream since I was 25 years old and I am now 45. The math tells us that it took me 20 years to fulfill my dream, but the “ah hah” is that I never gave up,” writes Sue in her recovery narrative.

Transitioning from the role of full time student to the role of full time employee was a difficult one for Sue to make. “It’s not uncommon for me to come home from work and just hit the couch and I’m out,” she says. “Then I’m able with a good night’s sleep go through it the next day.” It’s a tough life but Sue has no regrets. “I know that doesn’t sound like much of a life but really, really it is,” she says. “From doing nothing but smoking cigarettes, drinking coffee, and sitting around with people and wasting your life away to doing something productive.” Independently supporting herself and helping
others along the way means the world to Sue. “[I] just wanted to do the best I could as a member of society,” she says.

Sue brings passion and a unique perspective to her work at Self-Help Network. “I feel more like I have something to contribute, that I am a part of the team and they listen to what I say,” she says. “I’m not just the person that beat mental illness.” She teaches a college course for people with mental illness called the Leadership Empowerment Advocacy Project (LEAP). “I like to give them something that they can hang on to if they are having a hard time, to make an impression on someone that’s not just easily forgotten but something that changes somebody’s life for the better,” she says. “I think that’s what makes it worth getting in front of people and speaking.”

In addition to her teaching she provides technical assistance to CROs in Kansas. Caring Place in Newton and the P.S. Club are the two organizations she primarily supports. In all of Sue’s work with CROs she is careful not to be pushy. “My influence should be just to be a sounding board but not to run the show,” she says. “We do have a lot of influence on our CROs. We have to be very careful not to abuse that.”

In providing technical assistance to the P.S. Club, Sue helps with a variety of organizational challenges from computer problems to board training to grant writing. “I go there when everything is going great and I go there when there is a problem,” she says. “I believe in relationship building.” Sue especially enjoys building relationships with the P.S. Club members. “We do a lot of joking around, that’s a lot of the relationship building,” she says. “We always sit and have lunch together and mingle with the rest of the members.” Sue’s style of interaction is informal. “I got my LMSW but I don’t feel like a professional,” she says. “I feel more like I’m going out and I got buddies
here that need some technical assistance and I try to help them with what I know.” Her assistance is about more than just technical knowledge however. “I think the main ingredient is support, some empathy and support,” she says.

Sue is as much a part of the P.S. Club as the members are. “I feel like I contribute something so I feel a part of it,” she says. Success for the P.S. Club is success for Sue. When schools finally started to show interest having the P.S. Club come and speak, Nick was ecstatic. “The look on [Nick’s] face, you knew he was really so happy,” she remembers. “After all that hard work and it just paid off. It was a good feeling I had for him.” Facing problems is just as gratifying. “Being there with the problems, knowing that we can problem solve and come up with solutions. It’s all very rewarding,” she says.

As someone with a mental illness who tries to help others with mental illness, Sue tries to serve as a role model. “I have several people that look to me as a role model. They wanna get where I am today but everyone has to find their own path.” Sue is especially adept at relating to and working with other people with mental illness. “It kind of really puts a little sense into ten years in a day hospital,” she says. “I’m able to use my experiences now and it wasn’t all wasted years.”

While Sue helps others with a mental illness she does not let them become dependent upon her. “I don’t want to take the place of a therapist or take the place of a case manager. That’s not the kind of role that I want. I don’t want to take care of them,” she says. “I want them to take care of themselves because that’s the only way to make it in this world.”

Despite all of the progress Sue has made towards recovery, there are still major challenges she faces everyday. Her medicine doesn’t work perfectly and she continues to
struggle with hallucinations at times. This stress, along with her job, keeps her regularly exhausted. “The drive sure can wear you out,” she says. Her ambitions have social consequences as well. “I’m just too tired to really even have a social life,” she says. Success at work is more important to her. “I have a good life now and I know it’s lonely at times but I just play with the cats if I get lonely,” she says. Pets, including a dog, a lizard, two cats, and countless fish welcome her every time she comes home. “I ought to just live in a zoo,” she jokes. 

Sue’s accomplishments bring her pride but she is not about to rest on her laurels. “I’d like to finish my Ph.D. and write a book,” she says. For now however, Sue is staying put. “I’m content where I’m at,” she says. “I still have the drive to go even farther but for right now I’m okay.”

Discussion of Life History Results

From these seven life histories a myriad of insights can be gained as a myriad of issues are raised in the narratives. Because this study is focused on the development of a theoretical model that explains how CRO participation can lead to positive outcomes, discussion will focus on how these narratives are related to the now revised theoretical model. Before this theoretical development can proceed however, the more general recovery process must be discussed. Following the theory development section is a discussion of how CROs contribute to the specific outcome of community integration.

General Insights into the Recovery Process

From the seven narratives it becomes clear that medications play a critical role in recovery from mental illness. Clozaril, in particular, appears to be a major turning point in the lives of the three people with schizophrenia. Considering the debilitating
symptoms faced by someone with schizophrenia, one can conclude with relative certainty that without the symptom relief anti-psychotic medications provided, CRO participation would likely have never occurred.

If medications can play such a fundamental role in transitioning people from mental illness to mental health, one may ask why it is even worth examining the social aspects of recovery. While medications certainly help tremendously, they do not fully transition people from mental illness to mental health. Even if drugs worked perfectly and prevented people from experiencing any sort of symptom distress, the social aspects of recovery would remain essential in understanding the transition from mental illness to mental health. Drugs will never provide a sense of love, belonging, or friendship. These feelings are fundamental to mental health and they can only be obtained through social interaction. Medications help to make productive social interaction possible but they cannot make productive social interaction.

Furthermore, medications such as Clozaril may work wonders but they do not work perfectly. The three people in this study taking Clozaril still face formidable limitations as a result of their mental illness. CROs provide a unique social environment that can accommodate these limitations, thereby allowing people to pursue rewarding lives. How CROs help people pursue rewarding lives remains a relevant research questions. As such, the following section will attempt to answer that question.

*How Individual Stories Relate to Theory*

This section explores how the life histories can be explained using the revised theoretical framework. Theoretical analysis occurs first with each individual life history. Following the individual analyses is a summary and conclusion section that individually
addresses each of stage of the revised theoretical model. Stage specific confirming and disconfirming evidence from all of the life histories is reviewed here. Following each review, conclusions are made on the usefulness of each stage in understanding how CRO participation contributes to positive outcomes.

*Theoretical Analysis of Nick.* Nick’s reluctance to initially join the P.S. Club was due in part to his lack of identification as someone with a mental illness. He had been diagnosed only two years earlier and he was still hoping doctors had made a mistake. Participation in the club required him to accept his identity as someone with a mental illness. He has since come to stop being ashamed of the label and is now able to share his experiences openly with a room full of strangers. While acceptance of the label mentally ill is frequently a damaging one, in Nick’s case it was empowering. He came to accept the label but not the stigma surrounding it. Nick believes he will probably take psychiatric medication for the rest of his life but that is not going to keep him from living life to the fullest. In fact, he has committed himself to fighting that stigma through his public presentations.

CRO participation promotes identification with mental illness and someone who does not identify as having a severe mental illness is unlikely to join. CROs are similar to other settings created by the mental health system in that participation promotes identification with the label mentally ill. While P.S. Club participants do see themselves as having a mental illness, CROs can help people reject many of the negative connotations that accompany mental illness. An understanding and accepting environment takes much of the sting out of the label. CROs also show that people with a mental illness are competent enough to help each other through recovery, operate a
nonprofit, and live lives full of work and play like any other human being. At a CRO, you can be mentally ill and still have real opportunities to participate in “normal life.”

In joining the P.S. Club, Nick found a place where he could relieve stress and have fun. The stress relief, in turn, helps him manage his psychotic symptoms. This is what initially attracted Nick to the P.S. Club and it remains a major motivator behind his continued involvement. In his role as a participant, he gives people someone to play games with, someone to share stories with, and someone who understands. In return, he receives the exact same thing. Being able to maintain gratifying recreational experiences has allowed him to improve his life satisfaction. Recreation or “play” is something basic to all humanity. It provides a break, a change of pace, something to look forward to.

Participating in recreational activities has done more than simply provide the temporary enjoyment of a game. By participating in recreational activities with a group of people, Nick has developed close friendships with many P.S. Club members. The recreational activities can be seen as a medium through which friendships develop. In these friendships, people obtain many positive perceived appraisals. When Nick tells a joke or a funny story and everyone laughs, he isn’t just exchanging chuckles. The underlying message embedded in those laughs is that people enjoy Nick’s company. This positive appraisal is reflected back to Nick, which leads to a positive self-evaluation. Self-esteem is boosted. Nick is wanted and needed because he brings people joy.

Of course, one good joke is not going to change the world but hundreds of jokes will. Nick is especially good at joking around with people. He brings a life to the club that is often absent without his presence. As a result, everyone at the club loves Nick.
They don’t have to use words to tell him this. They frequently use laughter. Either way, Nick gets the message, and that makes him feel good about himself.

When Nick took on the role of director within the P.S. Club, it was a life changing experience. He now sees himself as a leader and stands as a role model for others at the P.S. Club. In his role as director he has learned many skills, especially public speaking and accounting skills. He gives tremendously and receives a strong sense of satisfaction whenever he is able to help someone else. This affinity for helping behavior existed before he joined the P.S. Club but he has been able to make it central to his life at the P.S. Club. In his helping role he receives feedback that he is needed, wanted, and appreciated. He knows he is valuable and as a result he has high self-esteem. His life has purpose as director of the P.S. Club. Nick rarely plays a dependency role in life. The only treatment he receives for his mental illness is medication. His ex-therapist is now a colleague. His parents who used to support him are now his friends. While it didn’t used to always be the case, today Nick gives far more to our world than he takes.

While Nick’s life is congruent with theoretical expectations in that he is finding co-equal support roles, building skills, and changing his identity, one facet of his life does raise theoretical questions. Nick does not attribute his reduction in shyness to his participation in the P.S. Club. Instead it is the efficacy of his psychiatric medication that has helped him. With less paranoia he is now able to comfortably communicate with non-consumers who don’t understand mental illness. Social interaction is no longer a frightening experience. When the paranoia lifted, dormant social skills emerged, and Nick became able to socialize with ease.
This shows that simply maintaining roles and relationships does not automatically lead to skill development. Nick socialized at the P.S. Club for years without seeing an improvement in his social skills or his ability to adeptly socialize elsewhere. The P.S. Club provided a uniquely understanding and accepting setting where Nick was comfortable socializing. He was not only comfortable but good at it. Nick was able to use his existing social skills at the P.S. Club effectively. Better skills were not needed, only less fear of the other social situations. Clozaril allowed Nick to overcome this paralyzing fear and as such he is now able to adeptly socialize in situations outside the P.S. Club.

*Theoretical Analysis of Kevin.* Unlike Nick, Kevin saw few personal changes as a result of his P.S. Club participation. He did not build new skills or experience identity transformations. Instead, Kevin’s P.S. Club participation served as an avenue for role fulfillment and identity verification.

At the P.S. Club, Kevin played the role of activity participant. He was always up for a game of cards and he brought members of the P.S. Club together with those games. Everybody, including Kevin, received gratifying recreation during those games. Joking around was always a popular addition to the card game interactions, especially if Nick or Carl were playing. In his absence, cards have lost popularity and TV has made gains. Kevin also played the role of friendly acquaintance, sharing stories with others but rarely exchanging the deep intimacies of a close friend. These are the roles Kevin wanted. He was good at them. Everybody liked having Kevin around and playing games with him.

Kevin saw his working days as over. He was “retired” and as such he was supposed to spend his time in recreation. At the P.S. Club his identity was verified and
he was engaged in the world. His P.S. Club roles provided him with a way to pass time enjoyably and for that he was grateful. In no other setting was he so accepted for wanting to play games and have surface level conversations with others. His involvement replaced time otherwise spent at home alone with the TV. Kevin left this world satisfied with his life situation.

*Theoretical Analysis of Mary.* Outside of the P.S. Club, Mary plays the role of dependent mental health client. Inside the P.S. Club, Mary plays the role of both worker and friend. In these roles, Mary finds interdependence with the world in co-equal supportive relationships. She maintains a sense of normalcy despite her many struggles with mental illness. It is this normal life that inspires her to keep fighting the demons of her mental illness.

In her role as worker she helps the organization. She is needed and trusted with the responsibility of being treasurer. She takes pride in this prestigious position, as it reflects her competence as an individual. The job helps her combat feelings of inadequacy and ineptitude. The small paycheck also provides her with needed tangible resource support, helping her make it to the next social security check.

In her role as friend she both helps and is helped by her friends. Sharing her struggles with others helps her to digest and understand them. She will always listen attentively when others need to share their own struggles. In this listening exchange, a mutual appreciation develops. Mary also likes to joke with people and tell funny stories when she can. She is always good natured and people at the P.S. Club like her. She knows this and she feels comfortable there. All of these supportive exchanges make her feel good about herself.
While she is glad to have her normal roles of worker and friend they do have downsides. All of them can bring her unwanted stress that raise anxiety levels. Mary struggles to strike a delicate balance between boredom and overload. Not doing enough allows her to dwell on her paranoia and anxiety, making them worse. Doing too much can overwhelm her, raising anxiety levels. Her job is sometimes more than she can handle, raising her stress levels. Fortunately Mary can get someone to fill in for her if she is not feeling well. While Mary’s friends at the P.S. Club are also generally helpful, some people are a source of stress for Mary. Like the psychiatric clients Estroff (1981) studied, Mary prefers the social code, “keep your crazies to yourself” (p. 63). The abnormal behavior of others can be distressing.

While the P.S. Club plays an important role in Mary’s life, it is significantly less important to her than her dependency roles with the mental health system. Without her case manager, her attendant care worker, and her doctor, she would be lost. She has not built skills or changed her identity despite deep involvement in the P.S. Club. She serves as an example of the limits of CRO participation. The cognitive difficulties caused by schizophrenia simply cannot be adequately addressed or resolved through participation in a consumer-run organization. Mary is however more involved in life, and her participation is an important source of self-esteem, psychological well-being, and tangible resource support.

Theoretical Analysis of Carl. As a P.S. Club participant, Carl appears to have seen more psychological benefit than any other current member. At the root of his depression are problems with self-worth and self-competence. The P.S. Club has helped in both of these areas. At the club, he plays the role of friend, peer counseling
coordinator, shift manager, and board member. While Nick clearly stands as head of the organization, Carl is the second most deeply involved member in organizational operations. The organizational roles have provided Carl with a much needed sense of importance. He is wanted there and he uses that knowledge to ward off his tendencies towards feelings of worthlessness. By giving to the organization he makes himself useful and wanted, receiving positive appraisals. This, in turn, provides a self-esteem boost that is desperately needed.

An important aspect of Carl’s work at the P.S. Club is the fact that it is intrinsically motivated. He does his work because he wants to. This is an important role characteristic if people are to learn self-discipline and self-motivated behaviors. The voluntary nature of his roles and the roles of others at the P.S. Club help improve personal conscientiousness.

Playing the role of friend at the P.S. Club has also been a boon to Carl’s mental health. In addition to the simple enjoyment of social interaction, Carl benefits from the sense of importance he gains by knowing people in the community. His social skills have developed tremendously and he can now joke around with others. He loves to joke around with people. It brings him the same positive reflected appraisals that Nick receives when he jokes around. Self-esteem goes up, which is immensely helpful to Carl because his childhood left him feeling worthless. An important identity change has occurred within Carl. He now sees himself as a fun and sociable person. His pleasantries towards others lead people to respond with positive feedback. He feels good about himself when he can make others laugh. Carl loves to be loved.
*Theoretical Analysis of Sue.* In her journey through life, Sue has seen tremendous changes in roles, relationships, skills, and identity. The thread of consistency is her ambition. It may have waned some during her day hospital years but even then she continued trying to complete college courses. The symptoms of her mental illness made her ambition worthless as she simply could not figure out a way to manage them enough to be a productive citizen. This frustrating circumstance caused much of her depression. The importance of Clozaril and other psychiatric medications in enabling her to pursue her ambitions cannot be underestimated.

As a CRO member at Project Independence, Sue immediately gravitated toward a leadership role in the organization. In this role, she learned problem solving skills and gained much needed self-confidence in herself. She was good at what she did and she enjoyed it. She developed a close friendship with Shelly and everyone else appreciated her craft organizing efforts. This led to many positive reflected appraisals and Sue’s sense of self-worth improved. The importance of the improved skills and confidence with which Sue left Project Independence also cannot be underestimated. They were instrumental in helping her get through school and make it to where she is today. Self-confidence had been a particularly imposing barrier her entire life, irrespective of mental illness.

The confidence was critical in helping her follow her passions and take on her new role as student. Her diligence, reflective nature, interest in reading and writing make her an excellent fit for the student role. These are all traits she retained from her childhood. The role transition to student was not so difficult for Sue. She is so well
suited for school. It is what she loves. By taking classes she has developed skills in reading and especially writing.

Transitioning from student to employee was far more trying. Time spent on task actually went down. She spent 60 hours a week studying when she was in school and only 40 as an employee. Reading comes so naturally to Sue. She loves to reflect and think about ideas. In her job, she can not constantly be in such a comfortable place. There is a social anxiety Sue faces in dealing with people. It exhausts her. The new role is in many ways more rewarding however. Employment gives Sue a sense of self-worth that school and Project Independence did not. She is now economically self-sufficient and that means a lot. At her job she has developed leadership and public speaking skills. She serves as a role model to many and she has come to enjoy speaking in front of large groups.

In all of Sue’s new roles, she developed important skills. These skills carried over to new contexts when Sue made role transitions. While her new roles always demanded new skills, they also demanded the skills she developed in previous roles. Her path from Project Independence to student to employee is part of an upward spiral developmental trajectory. Sue continues to grow and as long as she can manage her mental health problems her career will continue to progress. It is this career progression that has brought her life satisfaction. She started the day hospital suicidal and left only depressed. Fully engaged in the world, she now loves her life even though it isn’t always easy.

Sue stands as the only person interviewed who has made role transitions out of the CRO. Her drive to achieve is stronger than most and this trait is at the heart of why she has been able to make it so far. The opportunities provided by Project Independence,
COMCARE’s vocational rehabilitation, and Self-Help Network were all critical as well. Both the CRO and her education have served as stepping stones to bigger things. One hopes that more people can use these same behavior settings as mediating structures to more gratifying roles.

Sue’s identity has transformed along with her new roles. She is now a leader. She is a self-supporting citizen. She is a writer. She is a helper. In all of her post day hospital roles, she has operated independently but she was dependent upon financial support from the government. Finally, as a full time employee, she is also financially independent. Over the next twenty years she will likely give back in taxes what the government has given her. Irrespective of finances, she is giving back to the community through her work.

Theoretical Analysis of Laura. As a relatively new member who regularly attends but is not involved in any leadership roles, her identity and skills have not changed much. Despite this fact, Laura has developed new roles and relationships which have facilitated tremendous change in her life. Laura has gained the role of friend, member, and activity participant. While it may not sound like much, her time spent engaged in the world has doubled. Being 100% more involved makes a difference. These new roles replaced a void of roles in her life. She sleeps less and complains less about being bored. Both things she did too much before. She gives energy towards gratifying recreation and receives entertainment. Congruent with the theoretical model, Laura’s involvement in the P.S. Club and the addition of new role relationships in life have provided her with goal oriented behavior and a sense of purpose in life.
She is happier now that she has friends. In her role as friend she has received important social comparison information. She has seen how much people with mental illness can go through and how much they can overcome. This information has given her hope and an appreciation for the loving family she does have.

The warm and accepting atmosphere of the P.S. Club is also sensitive to the negative reflected appraisals Laura hates so much. There is nobody criticizing her the way kids in high school did. In place of the negative reflected appraisals are positive ones, where she, and everyone around her, enjoys spending time together. Everybody laughs, everybody jokes, and it feels good to be together.

*Theoretical Analysis of Joe.* As someone who experienced declining involvement in the P.S. Club, Joe currently maintains a weak role with weak relationships in the P.S. Club. He stands as an example of the participant who gets involved, develops new roles and relationships, benefits from those relationships, but then for one reason or another, disengages from the organization, unable to replace lost roles and relationships. Unfortunately, many CRO participants experience similar patterns. Conflicts frequently arise in relationships of all kinds, including those at CROs. They make all parties uncomfortable. Without resolution, conflict continues to strain relationships, leading people towards disengagement. Conflict management and resolution skills are critical in the maintenance of roles and relationships within CROs.

Joe’s situation is congruent with identity theory in that he has no roles or relationships and he is miserable. When he did have roles and relationships, he was happier. The more successful he was in his role as teacher, the more he felt productive and enjoyed life. When Joe quit his last teaching job, he fell into a debilitating
depression. From there, he started taking on new roles. He joined the P.S. Club and took on leadership roles within the organization, became board member of the Sumner Mental Health Center, and started volunteering at the Chisolm Trail Museum. These all contributed to his psychological well-being, bringing purpose and productivity to life. He once again played a helper role.

As someone who maintained roles and relationships but never changed his identity or skills, Joe was left with nothing when he disengaged from the P.S. Club. Quality of life went up while he participated but it went right back to original levels when he disengaged.

Summary and Conclusions of Theoretical Analysis with Narratives

The individual stories of P.S. Club participants provide a generally congruent body of support for the proposed theoretical framework. Many people only experience certain aspects of the proposed theoretical model. The varied and voluntary nature of CRO participation lead people to change in different ways.

While different people have different CRO participation experiences, leading to different positive outcomes, the revised theoretical model does appear to be useful in conceptualizing how these changes take place. Below is a review of the different stages of change proposed by the model and a summary of how the seven intensely studied lives do and do not reflect this theoretical model.

Stage One – Join CRO. In the first stage of the model, people are thought to join a CRO with few roles and relationships. All informants reflected this stage of the model, entering the P.S. Club with few roles and relationships. While some started with more roles than others, in no case did CRO participation replace pre-existing roles in other
behavior settings. As a group, CRO participants appear to be begin CRO participation relatively disengaged from the world. Participation was always one of the first steps made toward community integration.

**Stage Two – Role and Relationship Development.** In the second stage of the model, people are thought to develop new roles and relationships as a result of CRO participation. Here again, everyone studied completed this stage of the model. Everyone expanded their social network as a result of CRO participation. This appears to be inevitable for anyone who gets involved in a CRO. To maintain involvement and not maintain role relationships is a contradiction in terms. As such, this finding is not surprising at all.

Despite their inevitability, new relationships are an important consequence of CRO participation. The becomes particularly apparent when one considers their disengaged state upon initiation of CRO participation. By getting involved, people transition from lives of idle solitude to lives of active engagement. This involvement helps keep people active, away from boredom for Laura and Kevin and away from painful thoughts for Mary, Carl, and Joe. For Sue and Nick, it helped them to not only be involved but gainfully employed. This new activity provides people with a sense of purpose in life. They maintain healthier levels of stress and this in turn contributes to psychological well being according to Thoits (1985). Congruent with this expectation is the fact that all informants perceived their CRO involvement as helpful in obtaining higher levels of life satisfaction.

What the data collected from this study does not capture are the many people who join a CRO only to quit soon thereafter. Getting and keeping people involved is a major
challenge for CROs. Why some people quit after attending a CRO a few times while others increase their involvement is an important research question that needs to be addressed in other CRO studies.

*Stage Three – Resource Exchange.* In the third stage of the model, people are thought to be exchanging resources in their role relationships. When one considers the fact that role relationships are defined by their mutual rights and obligations, this outcome too is inevitable if someone gets involved in a CRO. When someone gets involved in a CRO, they have to give their time and energy, a natural and critical resource all humans have. This is their obligation. In return, they get to participate in work and recreation activities. This is their right. Of course, more fine grained descriptions of the resource exchanges taking place through CRO participation are possible. What appears to be uniquely important about the resource exchanges in CROs is the fact that people participate voluntarily, largely as equals. This prevents dependency roles from forming. Nobody is there to take care of participants. People are forced to learn to take care of themselves. Rewards must be earned by giving people what they want. Nobody will put up with the negative reinforcement of sulking in an attempt to elicit pity. Instead everybody helps everybody else in a web of interdependence. All of the P.S. Club participants studied here maintained this type of role. Nobody was able to exploit anybody else because of power differentials and nobody was forced to do anything they did not want to do. This forced reciprocity is thought to promote independence in the theoretical model because people have to earn what they receive. No longer can people depend on pity and sympathy in a dependency role to get what they need.
In looking at all the P.S. Club participants, no dependency roles can be found in their CRO participation experience. While this is true, not all members established the same levels of independence as a result of CRO participation. Nick has become almost entirely independent as a result of his CRO participation. The money from his job provides him with financial security and the government welfare support he receives comes primarily in the form of reduced medication prices. The informational and emotional supports he needs come primarily from his involvement in the P.S. Club and he certainly gives more of these supports than he receives. Sue used her CRO participation experience as a stepping stone towards complete independence in all regards. Kevin, Laura, and Joe do not receive the tangible supports they need from the P.S. Club. Laura is less of a burden on her parents as a result of CRO participation however. Tangible support aside, Kevin and Joe operated independently before CRO participation and so their independence was not impacted by CRO participation. Carl and Mary both have more tangible support as a result of their participation but are not really any more financially independent as a result of their participation. They simply have a little extra spending money. They do operate more independently in other regards as a result of their participation however. Both have histories of repeated psychiatric hospitalization and both attribute P.S. Club participation to a reduction in hospitalizations. Mary especially remains heavily dependent upon mental health community support services however.

Overall, five out of seven people saw increased independence as a result of CRO participation. The other two already operated independently except with respect to finances. It appears that CRO participation does typically contribute to independence,
albeit to varying degrees depending on the life circumstances of the individual and the nature of their participation.

Stage Four – Identity Control System. In the fourth stage of the model, the identity control system is thought to be operating. In attempting to provide people what they are expecting (i.e., fulfilling role obligations), appraisals of role performance are made. If these self-appraisals are positive, then self-worth is enhanced and the identity standard is verified. This in turn is thought to contribute to psychological well-being. When all seven of the CRO participants were involved in the CRO, all seven appeared to be benefiting from positive self-appraisal. All seven have memories of good times had at the CRO, where everyone was laughing reflecting back to everyone else positive self-appraisal. The emotional supports exchanged during these good times led to feelings of camaraderie and warmth among P.S. Club members. They all care for each other. They all want one another to do well. They all appreciate this acceptance, this sense of community. In this sense, the fun of CRO related recreation is not just for fun. It is for self-esteem and emotional well-being. This is a critical positive outcome that all CRO participants were obtaining when they were involved. It is unfortunate to think that all this is lost when people such as Joe leave a CRO because of conflict. It seems to be the truth of the situation however, as Joe remains embittered, feeling unwelcome at the P.S. Club.

Stage Five – Role Mastery. The fifth stage of the model is the role mastery stage. In it, people are thought to develop new skills and build knowledge bases to successfully meet role expectations, obtain positive self-appraisal, and verify identity standards. It appears that role mastery occurs in some CRO participants but not others. Whether role
mastery occurs appears to depend on the skill set of the individual when s/he enters a CRO and the demands of the roles adopted. In the case of Nick, public speaking and accounting skills were developed in his role as director. His role demanded these skills, which he did not initially possess. Through practice, he developed these skills to meet identity standards and obtain positive appraisals. In Nick’s role as friend, he did not develop social skills despite the fact he was spending large amounts of time in this role. Nick already had the social skills necessary to perform the role of friend adequately. As such role mastery already existed. Nothing new needed to be developed. Sue was put in a situation where she had to get things done and solve problems on her own for the first time in twenty years. She rose to the challenge and developed not only problem solving skills but self-confidence in her ability to manage challenge. Carl found a place where he could continue to develop the friendships he never had growing up. His social skills have improved significantly as a result.

Other informants did not report the development of new skills despite the attainment of new role relationships however. This may be due in part because informants had experienced the role of friend before and had already developed enough skill to adequately meet role expectations. Based on my own observations of the P.S. Club however, most informants would benefit from improved social skills. Obtaining role mastery is an understandably difficult and slow process. Nevertheless, it remains a mystery as to why so few of the P.S. Club informants report improvements in social skills when it was the most frequently reported personal change category in the short answer questions. This may be indicative of both idiosyncrasies in the informants sampled and weakness in the role mastery stage of the theoretical model. While CRO participation
does lead to skill development sometimes, it does not lead to skill development all the
time. Why this is the case is not understood. Expectations of skill development as a
result of new role relationships must be tempered.

Stage Six – Identity Transformation. The sixth and final stage of the theoretical
model is that of identity transformation. It is here that the attainment of new role
relationships are thought to leave an indelible mark on the self-conceptions of CRO
participants. By participating in and deriving benefits from role relationships over an
extended period time, the roles being played are thought to become increasingly salient to
individual identity. As salience increases, individuals will seek identity verification of
these same roles in other contexts and put a priority on verification of those most salient
identities. This identity transformation is thought to be important in the context of CRO
participation because CRO members take on socially valued roles such as that of help
provider. If CRO members begin to seek these roles outside the context of a CRO, then
they will likely become integrated into society and socially valued by society.

This stage of the model showed weakness when the short answer categories were
applied and it continues to demonstrate weakness in explaining the lives of P.S. Club
members. One problem this study faced in exploring this stage of the model was that the
construct proved difficult to measure. Measurement techniques developed by Stryker &
Burke (1994) were difficult for informants to understand and the resulting data was
difficult to interpret with confidence. Hierarchies of salience are abstract concepts.
Stryker & Burke (1994) theorize that individuals are frequently not even cognizant of
their hierarchy of salience. This was a difficult challenge to overcome using a
methodology grounded in the insider’s understanding of what is occurring.
While hierarchy of salience was difficult to measure, it was not impossible to measure. Some sense of identity transformation is captured in the life histories. Sue and Nick see themselves as leaders. Carl sees himself as sociable. These same three people also saw changes in their skills sets that facilitated these identity transformations. For new roles to be seen as viable alternatives to old roles, changes in skills must take place. After someone has become adept at playing a new role, they can allow it to take precedence over older roles and continue to maintain similar levels of identity verification. This relationship between skills and identity is reflected in both theory and data.

While skill and identity change do seem possible, they do not always occur. Four of the seven participants adopted new roles without seeing changes in skill or identity. This speaks to the relative permanence of our role skills and individual identities. These variables are theorized to change slowly as new roles are adopted. For skill development and identity change to occur, new roles must be adopted and maintained for significant periods of time, providing plenty of time to practice and improve. When this does occur, as in the cases of the three most involved CRO participants, skill development and identity transformation can be expected. The average CRO participant does not get this involved however, and such permanent changes cannot be expected.

Even once identity transformation has occurred, it does not always transfer to other settings. Only one of the personal stories demonstrates any sort of role transference to other settings. It is far easier to find people who joined a CRO, only to drop out and not replace the lost roles and relationships. The idea of CROs as a mediating structure,
operating as a stepping stone to bigger and better roles appears limited. It can happen, but only a select few ever make it past the CRO.

While CROs may not frequently operate as a stepping stone to bigger and better things, they do operate as an end in and of themselves. The first four stages of the explanatory framework powerfully demonstrate how CRO participation leads to a number of immediate benefits. When role relationships are added to a person’s social network, the improved activity levels, resource exchanges, and positive appraisals are all obtained immediately. People frequently stay involved in a CRO for years because of these immediately positive outcomes. As discussed in the next section, participation does lead to community integration, regardless of whether it leads to participation in other community settings.

*The Community Integration of P.S. Club Participants*

In comparing the data to the definition of community integration presented in the introduction, one can see how participation in a CRO contributes to community integration. Below is a reiteration of the community integration definition provided by Wong & Solomon (2002), broken into the interrelated components of physical, social, and psychological integration. Following each component’s definition is an explanation of how the CRO participation experience contributes to this aspect of community integration.

“Physical integration refers to the extent to which an individual spends time, participates in activities, and uses goods and services in the community outside his/her home or facility in a self-initiated manner,” (Wong & Solomon, 2002, p. 18). Everybody who participates in the P.S. Club does this. Simply by attending the P.S. Club, an
individual is spending time, participating in activities, and using good and services outside of his/her home or facility in a self-initiated manner. Physical integration is inherent in the act of CRO participation. The more someone participates, the more physically integrated that person is. All seven people in this study have replaced time spent at home with time spent at the CRO. During this time they play the role of independent, self-directed, self-motivated individual.

“Social integration has two subdimensions – an interactional dimension and a social network dimension. [The] interactional dimension refers to the extent to which an individual engages in social interactions with community members that are culturally normative both in quantity and quality, and that take place within normative contexts,” (Wong & Solomon, 2002, p. 18). How CROs do and do not contribute to the interactional dimension of community integration is complex. On the one hand, CRO participation does inevitably lead to social interactions with community members. On the other hand these social interactions are only partially normative. CRO interactions are normative in the sense that people socialize freely, work by choice, and set their own goals. The socialization, work, and recreation activities are common throughout grassroots organizations in the community. CRO interactions are not normative in the sense that you are surrounded by others with a mental illness. This non-normative context has its strengths and weaknesses. The context is more appropriate for people with mental illness in that everyone has a shared experiential expertise with mental illness. This can help to create an environment that is more understanding and accepting. Because participants are still surrounded by non-consumers, CRO participation can remain distant from that of typical community interactions. For example, the social skills
of people with mental illness are generally speaking, not as good as those of non-consumers. While judgment comes slow, so does conversation, resulting in a quiet and mundane participation experience at times.

“[The] social network dimension refers to the extent to which an individual’s social network reflects adequate size and multiplicity of social roles and the degree to which social relationships reflect positive support and reciprocity, as opposed to stress and dependency,” (Wong & Solomon, 2002, p. 19). In CROs, people make new friends and take on new roles. The more involved they become, the more this will occur. In all of the narratives where participation was continued, social network size and multiplicity of social roles grew. There are no dependency roles at a CRO. Because of the voluntary nature of CRO roles and relationships, people generally avoided relationships where stress outweighed the positive support received.

“Psychological integration refers to the extent to which an individual perceives membership in his/her community, expresses an emotional connection with neighbors, and believes in his/her ability to fulfill needs through neighbors, while exercising influence in the community,” (Wong & Solomon, 2002, p. 19). This definition of psychological integration mimics the definition of psychological sense of community provided by McMillian and Chavis (1986). In the grounded theory analysis, sense of community emerged as a personal change category. When interdependent relationships at a CRO form, a sense of community develops. People become attached and committed to the setting. They have invested themselves into the CRO, contributing to it and receiving many benefits from it. Because emotional support is exchanged, people become emotionally connected to the CRO. A deep sense of loss would be experienced
by those members who have become heavily involved in the organization. Those members who play organizational support roles have a major influence on the CRO and those members who only participate in activities still influence which activities occur.

*Implications and Applications of the Revised Theoretical Framework*

If it is independence and psychological well-being we want, then it is self-initiated (i.e., voluntary) co-equal (i.e., egalitarian) role involvements that we need. According to the resource exchanges inherent in the theoretical model, people must give behavior, skills, and energy to the environment to extract (i.e., receive) what they need. We give to receive and when we receive we give. At the heart of the revised theoretical model is the idea that people need to go through life looking for ways to help others if they want to receive anything, including independence and psychological well-being. You give so you can receive. You only get out of life what you put into it.

Consumer-run organizations promote a world where people help each other to get what they want. The traditional mental health system promotes a world where people have to prove how incompetent they are to get what they want. The system is laden with power differentials and involuntary procedures. It essentially plays off the human desire to help those who are helpless. This desire is healthy in moderation, as nobody is healthy all the time and people do need help during recovery. At the same time, people must be given opportunities to help themselves and give back. CROs stand as one of those opportunities.

If you think about what evolution might want us to feel happy about, being self-supporting and helping others seem like two behaviors advantageous to the self-perpetuation of a species. As an interdependent social species however, we are only self-
supporting when we maintain our relationships with the world. Interdependency, teamwork and helping others are truly at the heart of what makes a social species social.

Imagine a world where everyone’s goal is figure out how to help others. They search for relationships where they can help people, and people can help them. Because interdependencies and resource exchange properties are grounded in the human tendency to want a just and fair world, people will typically receive only as much as they can give. In the dependency or sick role, people can take with giving something positive in return. In the long run however, people do not typically receive as much in these roles as they would in a helper role. In the dependency role, people will receive barely enough to get by on, especially if they depend on the government.

In the helper role, such as that of productive citizen, people can make a good living. Everybody benefits from these roles. More is created and hence, there is more for everyone to have. The helper role is more efficient.

This idea can be helpful in designing theoretically sound interventions. Many of the interventions called for are already known however. Any effort where people are working together, whether for work or play, puts everyone in a role of helping others. Washing dishes, mentoring younger children, playing team sports, playing in a music group, girl scouts, dance troops, drama clubs are all ways in which people can learn to be helpful. If society creates more behavior settings where youth are encouraged to be helpful, we may end up with a society full of people who want to help make their communities, their schools, and their families better.
Limitations

One shortcoming of this study is its retrospective design. Participants were asked to recall information about their lives that occurred many years ago. As a result, recall bias is a major concern in judging the quality of the data collected. Because this study is interested in establishing how CROs contribute to positive outcomes from the perspective of informants, the significance of recall bias as a problem for the research is reduced. The reconstructive bias is an integral aspect of understanding the CRO participants' current perspective.

A second major weakness of this study is the fact that the revised theoretical model is derived post hoc from the data. A theoretical model that rests on data from one study is undoubtedly tentative. While this is undoubtedly true, the model is rooted in both a large theoretical base and the data from this study. As a study intended to develop theory, it has been successful. New understandings of both data and the theoretical literature have been generated and a theory with more promise has been developed.

Reflections and Recommendations

This study has served several purposes. First and foremost is has furthered understanding of how CRO participation can help people with mental illness. The theoretical model that has been created by this study can be used to construct rigorous quantitative evaluations of CROs that are grounded in a strong theoretical base. It can help funding organizations and the general public understand where their money is going and how it is being used to help people with mental illness.

Equally important however, is what can be learned about life in general from CROs. What happens in these organizations is so normal, so common, so typical. People
interact through work and recreations activities. In these social interactions, healthy collaborative relationships form, such as that of friend or colleague. One cannot help but admit this is something “normal” people experience all the time. If “abnormal” people only experience it at a CRO, and they seem to become mentally healthier as a result of it, then it seems more emphasis on cooperative social interactions will help people become “normal.” If the path to community integration is embodied in the CRO participation experience, and this path is accessible to everyone, then perhaps we can put people on this path earlier in life and prevent some of isolation so many people face.
REFERENCES


The P.S. Club is a place of smiles and playfulness.

Helping people recover from mental illness is the goal of the organization.

P.S. Club members are responsible for keeping their rental property clean. Pictured here, Carl and Justin pick up trash on a warm winter day.
The P.S. Club is located in the small town of Wellington, Kansas (pop. 8421).

The P.S. Club pays $300 a month to rent a house owned by the Sumner Mental Health Center.
Cards are one of the most popular activities at the P.S. Club. Here Nick plays Skip-Bo with Carl and Shannon while Buddy watches.
Pool is another popular activity at the P.S. Club. Every Friday members go to the Wellington Recreation Center to play pool for two hours.
During the winter months, the back room becomes a popular place to smoke and socialize. Pictured here is Everett sharing a new CD with Christ while Carl, Linda, and Mary smoke cigarettes.

P.S. Club members enjoy a potluck lunch of ham and cheese sandwiches with baked beans, chips, and no-bake cheesecake for dessert. Potlucks are one of the more popular special events at the P.S. Club.
On Mondays, Wednesdays, and Fridays Nick provides everyone with transportation to and from the club. He spends over four hours behind the wheel each of these days, driving people all over Sumner County.

When transportation is available, everyone goes to McDonalds for lunch.
Bingo days at the P.S. Club attract fresh faces, such as that of Josie, who is an avid bingo lover. Pictured here she examines Justin’s winnings from the game. Dollar prizes are awarded to keep the games exciting.

After the game, Josie takes part in the P.S. Club tradition of smoking and chatting on the porch.
Conversation at the P.S. Club is intermittent. At times, everyone is engaged but it is not uncommon for the room to fall silent.
When the weather is nice, the porch outside of the P.S. Club is a favorite hangout. It is not uncommon for members to spend the better part of the day sitting outside telling stories.
Kids bring a new and interesting energy to the P.S. Club. Their presence is sporadic but generally appreciated.
Nick’s son, Christ, makes a joke to his dad as he passes by. One of the draws of the porch is that you can keep track of all the people coming and going.
The P.S. Club is a place of sharing. Pictured here is Ruth sharing some of her artwork with Linda.
The P.S. Club can be boring at times. There isn’t always something going on, especially late in the day after the organized activities have wound down.

The P.S. Club also has its moods. Some days everyone is joking around having a good time and other days people keep to themselves.
Another yearly activity is the election of the board of directors. All officer positions, including president, vice president, treasurer, and secretary must be filled by people with mental illness. Pictured here is Nick collecting votes for the position of secretary.

Once a year, P.S. Club members go camping at Lake Afton for a weekend. Pictured here are Carl and Mary seeking the shade of a friend’s camper.
Keeping the P.S. Club clean is a regular chore that members get paid minimum wage to do.
After spending 11 years at 305 N. F St, the Sumner Mental Health Center decided it was time to do away with the house they were renting to the P.S. Club. They were able to provide the P.S. Club a smaller but nicer house two doors down for the same price of $300 a month.
The P.S. Club is always looking for places to make public presentations about mental illness and the activities of their organization. Pictured here are Carl and Nick presenting to a psychology class at Belle Plaine High School. The students were brimming with questions, curious about life with mental illness. Carl and Nick opened their hearts to the class, sharing both horrifying and heart warming stories.
As a state funded CRO, the P.S. Club receives free technical assistance from the Self-Help Network. Pictured here is a computer training for CRO leaders organized by the Self-Help Network. Both Carl and Nick attended.
The Story of Kevin

Although Kevin is an avid can recycler, he prefers to drink soda from a plastic bottle. Pictured here, he transfers soda from can to bottle at the rodeo.

Kevin watches Kelly Dennison perform at a free concert in Caldwell. Kevin was excited about the show months ahead of time. He encouraged many people to go but he ended up going by himself.
During Caldwell’s Fourth of July celebration Kevin enjoyed eating watermelon, playing bingo, and watching the fireworks. Unfortunately, it wasn’t his lucky day. None of the buttons he purchased won in the raffle and his three bingo boards produced zero wins.
At the 3rd Annual Chisolm Trail Bullmania, Kevin enjoyed watching the entertainment and wandering around. At one point, a little girl wandered up and started playing with him.
The Story of Joe

As a part of photovoice, Joe fusses with the operation of a camera while Justin tries to help.

When Joe plays pool, the balls don’t always go where he wants them to. He responds with playful protest.
When playing cards, Mary sometimes struggles to figure out how to best play her cards. Other members, such as Carl, frequently offer their assistance.

One of Mary’s chores at the P.S. Club is to take out the trash.
Mary and Carl are good friends who go to many places together outside of the P.S. Club. Pictured here, they enjoy the Wellington Parade together.
After the parade, Carl and Mary went to the fair. They played several games and came home with pockets full of stuffed animals.
On a separate occasion, Carl and Mary went to Tulip Time, a festival in Belle Plaine, Kan. As with so many festivals in Kansas, the parade was the main attraction.
Live performances of music and dance were scheduled throughout the day, keeping people around after the parade.

Another attraction of the festival was the car show. Carl has a passion for cars and he uses these full scale versions as inspiration for the model cars he builds.
As a member of the P.S. Club, Carl attended the Kansas Recovery Leadership Summit at Wichita State University. He loves these conferences because he gets to meet new people from across the state. Pictured here he takes a moment to pet fellow conference attendee Diana Traylor’s dog.

Carl loves pool and plays well despite his poor vision.
The Story of Sue

As an employee of the Self-Help Network, Sue works hard to keep her paperwork organized.

Sue teaches the Leadership Empowerment Advocacy Project using an informal style. She sits in a desk like everyone else and facilitates group discussion.
As executive director, Nick frequently plays the role of activity organizer. Pictured here he reads off bingo numbers while everyone waits in anticipation.

As a parent of three boys, Nick loves kids. An easy man to trust, kids love him in return.
APPENDIX B

MINIMALLY STRUCTURED INTERVIEW QUESTIONS

Introduce the study before each interview

Describe the purpose of the interview

About how long the interview will take

Recording info

Read through the informed consent

Answer any questions participant may have

Interview Segment 1 – Personal Background

Educational history

What would you say were the best things about school?

What would you say were the worst things about school?

Describe to me a typical school day growing up.

Religious background

What role does religion play in your life?

Describe you experiences with church.

Residential history

Could you list all the different towns you have lived in.

How long did you live in (old residence)

How is (old residence) different from (current residence)?

Why did you decide to leave?

Aspects of upbringing
Could you describe your living conditions growing up.

Tell me about what a typical weekend growing up was like.

What events in your life have had the biggest influence on your development?

Employment history

Could you list all the different jobs you have had.

Tell me about your job as a (job name).

What would you say were the best things about that job?

What would you say were the worst things about that job?

Mental illness history.

Do you consider yourself to have a mental illness?

What does having a mental illness mean to you?

What do you think having a mental illness means to other people?

Tell me about your mental illness

When did you realize something was wrong?

What did you do?

What symptoms do you have?

How has it changed your life?

How does it make life more difficult?

Could you give me an example of how having a mental illness caused you problems?

What is the most frustrating aspect of having mental illness?

How do others respond when they find out you have a mental illness?
Is there anything you want to teach others about what it is like to have a mental illness?

How do you cope with your mental illness?

How has your experience with the illness changed over the years?

Tell me about the mental health services you use.

Which ones do you use?

What are they like?

What do you like about the services?

How do you benefit from the services?

What would you change about the services?
Interview Segment 2 – Community Participation Experiences

How did you end up in (town)?

What would you say are the best things about living in (town)?

What would you say are the worst things about living in (town)?

Tell me about a typical day living in (town).

Tell me about a good day.

What makes a day good in your mind?

Do other good day stories come to mind?

Tell me about a bad day.

What makes a day bad in your mind?

Do other bad day stories come to mind?

What is it like to live in (town)?

What are people like around here?

Tell me about your neighbors.

What do you talk about?

What do you do around here?

Do you ever go shopping around here?

Do you work?

Do you go to church?

Are you involved in any community groups?

Do you do any volunteer work?

What do you do for fun around here?

What do you enjoy doing most?
Who do you enjoy spending time with? Why?

What activities are most involved in these days?

Are there any activities outside of your involvement in the P.S. Club that you have taken on since joining?

What challenges do you face in your daily life? (e.g. finances, transportation, access to health care)

Now think back to (year), just before you joined the P.S. Club.

How was your typical day different then from what it is now?

Were there any everyday problems that you have since resolved?

Have any new problems arisen in that time frame?

What did you have less time for once you started going to the P.S. Club?

What activities were you involved in then that you are not involved in now?

**CRO Participation Experiences**

How did you first get started with the P.S. Club?

Why do you come to the P.S. Club?

How does this place benefit you?

How would you describe the P.S. Club?

Tell me about a typical visit here.

What do you do around here?

Tell me about a good experience you had here.

Tell me about a bad experience you had here.
How would you describe the atmosphere here?

What do you do to influence the atmosphere here?

Do you feel like coming here has changed you? How?

What experiences have you had here that enabled personal change?

Do you feel like you have met people who are like you, that understand you? Are these people different from regular everyday people? How so?

How have the relationships that you have formed here benefited you?

Have you ever helped someone at the P.S. Club? How?

Have you ever been helped by someone at the P.S. Club? How?

What do you hope never changes about this place?

In an ideal world, what would you change about this place?

How has this place has changed since you first began coming?

How do you think this place will change in the future?
Interview segment 3 – Social networks

Now I would like to generate a list of the people most important to you.

Remember to ask about:

*Family* - parents, brothers, sisters, significant other, children, other family members

CRO members

People from other organizations informant is involved in

Friends

Co-workers

Neighbors

Health care providers

Church members.

For each person ask - Can you describe your relationship with this person?

What people used to play an important role in your life that no longer do?

Can you describe your relationship with this person?
After list is generated:

Now I have some questions about what your relationships are like with these people…

For each important relationship:

   How did you first meet this person?

Tell me about what (name) is like.

   What do you like most about (name)

   What do you like least about (name)

Tell me about what you typically do with this person.

   Tell me about a good experience with this person.

   Tell me about a bad experience with this person.

How do you think they would criticize you?

How do you think they would complement you?

What do you get out of the relationship?

What do you think (name) gets out of this relationship?

How have they influenced your life?

What would you change about the relationship?
Interview segment 4 – Identity, skills, and goals

How would you describe yourself?

What are some of your strengths?

When do these strengths come in handy?

What are some of your weaknesses?

When do these weaknesses cause problems?

What would you like to change most about yourself – Why?

What about yourself do you hope never changes – Why?

How would your friends describe you?

How would others at the CRO describe you?

How would your neighbors describe you?

Do they know about your mental illness?

Now think back to (year), just before you joined the P.S. Club. How would you have described yourself then?

Do you think you had the same strengths and weaknesses?

Do you think people would have described you differently then?

What have you gotten better at in the past (x) years?

What have you gotten worse at in the past (x) years?

Tell me about how your life has changed in the past few years.

Tell me about how you, as a person, have changed.
These next questions are about your goals in life...

After a goal is stated ask:

What have you done to achieve this goal?
What obstacles have you encountered in achieving this goal?
What did you do when you ran into this obstacle?

1) Do you have any goals that concern your job
   your education
   any volunteer work you do?
Now think back to (year), just before you joined the P.S. Club.
   What goals concerning your job did you have then?
   Your education?
   Any volunteer work you did then?

2) Do you have any goals in your relationships with members of your present and future family?
   Spouse, children, parents, siblings, etc?
Now think back to (year), just before you joined the P.S. Club.
   What goals concerning your relationships with members of your family did you have then?

3) Do you have any goals surrounding your social life?
This includes activities and relationships with other people in your life (friends, intimates, neighbors, coworkers, etc.)

Now think back to (year), just before you joined the P.S Club. What goals surrounding your social life did you have then?

4) Do you have any goals with respect to your personal growth and health?
   This includes activities and goals related to your personal well-being, whether physical, emotional, mental, or spiritual.

Now think back to (year), just before you joined the P.S. Club. What goals about your personal growth and health did you have then?

5) Do you have any goals related to leisure?
   This includes goals for enjoyment and relaxation (cultural events, sports, hobbies, entertainment) that are not primarily social

Now think back to (year), just before you joined the P.S. Club. What goals related to leisure did you have then?

6) Do you have any goals around your finances or material possessions?
   home environment?
   the area you live in?
Now think back to (year), just before you joined the P.S. Club.

What goals around your finances and material possessions did you have then? the area you lived in then?

home environment?

7) Do you have any other goals that we have missed?

Did you have any other goals before you joined the P.S. Club that we have not already discussed?

Generally speaking, how satisfied are you with your life?

What aspects of your life are you most proud of?

What aspects would you most like to change?
It little profits that an idle king,
By this still hearth, among these barren crags,
Matched with an aged wife, I mete and dole
Unequal laws unto a savage race,
That hoard, and sleep, and feed, and know not me.

I cannot rest from travel: I will drink
Life to the lees: all times I have enjoyed
Greatly, have suffered greatly, both with those
That loved me, and alone; on shore, and when
Through scudding drifts the rainy Hyades
Vest the dim sea: I am become a name;
For always roaming with a hungry heart
Much have I seen and known; cities of men
And manners, climates, councils, governments,
Myself not least, but honoured of them all;
And drunk delight of battle with my peers;
Far on the ringing plains of windy Troy.
I am part of all that I have met;
Yet all experience is an arch wherethrough
Gleams that untravelled world, whose margin fades
For ever and for ever when I move.
How dull it is to pause, to make an end,
To rust unburnished, not to shine in use!
As though to breath were life. Life piled on life
Were all to little, and of one to me
Little remains: but every hour is saved
From that eternal silence, something more,
A bringer of new things; and vile it were
For some three suns to store and hoard myself,
And this gray spirit yearning in desire
To follow knowledge like a sinking star,
Beyond the utmost bound of human thought.

This is my son, mine own Telemachus,
To whom I leave the scepter and the isle—
Well-loved of me, discerning to fulfill
This labour, by slow prudence to make mild
A rugged people, and through soft degrees
Subdue them to the useful and the good.
Most blameless is he, centered in the sphere
Of common duties, decent not to fail
In offices of tenderness, and pay
Meet adoration to my household gods,
When I am gone. He works his work, I mine.

There lies the port; the vessel puffs her sail:
There gloom the dark broad seas. My mariners,
Souls that have toiled, and wrought, and thought with me—
That ever with a frolic welcome took
The thunder and the sunshine, and opposed
Free hearts, free foreheads—you and I are old;
Old age had yet his honour and his toil;
Death closes all: but something ere the end,
Some work of noble note, may yet be done,
Not unbecoming men that strove with Gods.
The lights begin to twinkle from the rocks:
The long day wanes: the slow moon climbs: the deep
Moans round with many voices. Come, my friends,
'Tis not too late to seek a newer world.
Push off, and sitting well in order smite
The sounding furrows; for my purpose holds
To sail beyond the sunset, and the baths
Of all the western stars, until I die.
It may be that the guls will wash us down:
It may be we shall touch the Happy Isles,
And see the great Achilles, whom we knew.
Though much is taken, much abides; and though
We are not now that strength which in the old days
Moved earth and heaven; that which we are, we are,
One equal-temper of heroic hearts,
Made weak by time and fate, but strong in will
To strive, to seek, to find, and not to yield.