

**GLOBAL MODEL AND LOCAL APPLICATIONS:
PEER SUPPORT IN THE CLUBHOUSE MODEL AND
ITS PRACTICES IN SWEDEN AND IN JAPAN**

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ABSTRACT

Clubhouses are supposed to follow the International Clubhouse Standards, but they also need to make adaptations according to national and local contexts. This article compares the implementation of peer support elements in the clubhouse model in two different social contexts: the Swedish and the Japanese welfare systems. Participatory observations and interviews with members and staff at a Swedish and a Japanese clubhouse were conducted in order to explore how the idea of peer support was carried out in everyday life. Peer support seemed to be a core element in both organizations, but it was organized in slightly different ways. The Swedish clubhouse employed an experience-based way of working and involved members in almost all decision-making processes. The Japanese clubhouse employed a manual-based work method and members' involvement in decision making was relatively limited. The different approaches were due to dissimilar organizational structures, regulatory requirements, and societal expectations that were related to two different welfare systems.

INTRODUCTION

This article compares the implementation of peer support elements in the clubhouse model in two different welfare contexts: Sweden and Japan. The clubhouse

model is often characterized as a psychosocial rehabilitation model with an emphasis on peer support (Anthony, Cohen, & Farkas, 1994). Furthermore, it is maintained to be a transnational model that can be applied everywhere (Propst, 1997). Originally developed in the United States, there are now more than 300 clubhouse programs operating in over 28 countries around the world (ICCD, 2011), and the clubhouse movement has developed certain mechanisms to secure continuity, identity, stability, and goal fulfillment. By forming its own standards (The International Standards for Clubhouse Programs) and a coordinating center (The International Center for Clubhouse Development, ICCD) offering training, conferences, quality control, and certification, it tries to protect the model from irrelevant or misconceived external institutional demands. However, clubhouses invariably, to some extent, need to adapt themselves to their institutional settings, which makes it relevant to ask: How is clubhouse work affected by different societal contexts?

Previous cross-national comparative research on the clubhouse model is scarce, and there are no other studies that compare clubhouses in Sweden and Japan. Shah's (1987) early comparative study on clubhouses in Lahore, Pakistan, and New York, shows the impact of *familialism* in Lahore and how it made two seemingly similar clubhouses differ from each other in terms of the program's goals and the performance of the actual activities. Mandiberg's (2000) study on the international diffusion of the clubhouse model illustrates some of the problems and difficulties that implementers in different countries had faced when applying the original American model in a new setting. Some people in the European clubhouse community had expressed that "a European ICCD is needed to respond to the unique needs and cultures of Europe, especially with the emergence of the European Union" (Mandiberg, 2000, pp. 203-204). Mandiberg also mentions that since the clubhouse programme was not recognized by the Japanese government, Japanese clubhouses had to make them look like approved models or develop independent funding (Mandiberg, 2000, p. 222). However, in her study of the clubhouse model and its implementation in Sweden, Meeuwisse (1997) argues that due to their more independent position, Swedish clubhouses had managed to avoid external demands to a greater extent than many American clubhouses. Our study focuses on clubhouses in the Swedish and the Japanese contexts, which provide interesting contrasts in terms of their institutional settings, both in the civil society and in the mental health field.

The answers to some of the questions about similarities and differences can only be obtained by investigating how the clubhouse model is organized and worked out in practice. Through an exploratory case study (Yin, 2003) of a Swedish and a Japanese clubhouse, the following questions are addressed in this article:

- How do the two organizations translate and tailor the clubhouse model to fit local practices?

- How, and through which methods, do the two clubhouses give their members opportunities for peer support?
- What impact do the two different welfare contexts seem to have on clubhouse peer support efforts?

CONCEPTUAL FRAMEWORK AND METHOD

One could argue that the well-developed clubhouse model is “pre-packed” and more or less ready to implement anywhere, since it is equipped with an elaborate diffusion system, including standards, training programs, and a specific instrument for quality control. However, from a translation theory perspective, the dissemination and implementation of a policy or a model never takes place through merely copying, but through a continuous interaction and dialogue between the model and the implementing organization, and also between the organisation and its environment (Johansson, 2006). Policy diffusion is understood as an “imitation process, where meaning is constructed by disembedding policy ideas from their previous context and using them as models for altered political structures in a new context” (Johnson & Hagström, 2005, p. 365). The perspective draws attention to the fact that translation processes are always tied to local contexts, even if the degree to which an implementer/translator can adapt or modify the model varies: the more rigidly it is formulated, the less room there is for modification (Johansson, 2006). Hence, according to this perspective, each clubhouse, to some extent, modifies or translates the model to fit its national and local context. This process of diffusion can also be described as a *glocalization*, implying both the global spread and the local adaptations of the model (Czarniawska, 2008, pp. 95-96). The term glocalization contains attributes of both globalization (global diffusion/spreading) and localization (local embeddedness), and explicitly describes simultaneous movements of them both.

In accordance with this theoretical point of departure, our exploratory comparative case study employs a “societal” approach, which is based on the assumption that social phenomena are not isolated from their context; the societal approach considers components of contexts as important explanatory variables (Hantrais, 1999, pp. 94-96). Furthermore, our choice of comparing clubhouses in Sweden and Japan is based on the assumption that these countries represent “most-different systems” (Blomberg, 2008) in terms of welfare policy, mental healthcare, and civil society. We study how the standardized clubhouse model is implemented in two significantly different welfare contexts, where adaptations could be expected.

Which contexts, then, should be considered in this case? Since clubhouses are expected to follow the International Clubhouse Standards, the clubhouse model is implemented by working with the standards and local contexts to develop the model and its activities. Figure 1 illustrates the model of analysis engaged in this article. We examine peer support efforts in a Swedish and a Japanese

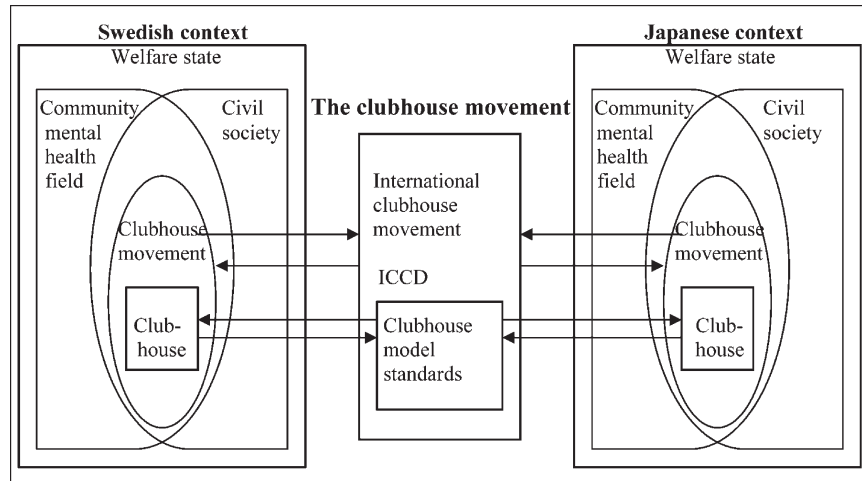


Figure 1. Analysis model.

clubhouse. Contexts to be considered include different levels of social settings. Each clubhouse is a part of a national clubhouse movement developed within its country's community mental health field and civil society, and each country has its own welfare system. When the model is implemented, the International Clubhouse Standards are confronted with these local peculiarities. Hence, in order to compare peer support efforts in the clubhouses, we also examine each clubhouse's efforts to meet the standards.

We have chosen to compare one of the leading clubhouses in each country. Both of the clubhouses were one of the first clubhouses to be started in each country and both had actively engaged themselves in the international clubhouse movement. Hence, they were both "mature" clubhouses where a well-considered activity and agenda could be expected. They differed in size, but this seemed to be a country-specific trait rather than an organizational trait. None of the Japanese clubhouses were significantly larger than the chosen one, while many of the Swedish clubhouses had more members than the Japanese clubhouses.

In order to explore how the idea of peer support works in everyday life, ethnographic data (Hammersley & Atkinson, 2007) was collected through participatory observations and semi-structured interviews with members and staff carried out at the two clubhouses during fieldwork periods between 2008 and 2010. The interpretation and implementation of peer support was studied by focusing attention on day-to-day activities, the distribution of work, relations between members and staff, relations between the members, decision-making processes, and organizational structure. Twenty-five interviews were conducted at the Swedish clubhouse: 17 with clubhouse members (9 women and 8 men) and

8 with members of staff (5 women and 3 men). Ten interviews were conducted at the Japanese clubhouse: 7 with clubhouse members (4 men and 3 women) and 3 with members of staff (2 women and 1 man). The first author collected the empirical data for this article, while the study design, interpretation of the data, and all manuscript drafts were a joint effort.

THE CLUBHOUSE MODEL AND PEER SUPPORT

The International Clubhouse Standards, which are intended to serve as a “bill of rights” for the members and a code of ethics for the staff and board, formalize what kind of service, support, and possibilities a clubhouse should offer and how it should be organized. The ideological foundation of the clubhouse model is found in the belief that human self-confidence is created by friendships, work, and self-governance, and the idea of peer support is supposed to inform the way a clubhouse program is organized and structured (Beard, Propst, & Malmud, 1982; Coniglio, Hancock, & Ellis, 2010). According to the International Clubhouse Standards, participation in a clubhouse is strictly on a voluntary basis and membership is without time limit (standard no. 1). Members are organized in clubs and use the clubhouse for day-to-day work and social activities. An important approach used in the clubhouse model is that it focuses on strengths rather than weaknesses (Meeuwisse, 1997). In order to focus on the strengths of the individual, rather than their illness, the program lacks any clinical aspects.

A common understanding of the idea of *peer support* is based on the concept of self-help/mutual aid. The key components of peer support involve sharing the same problem, reciprocal assistance, “voluntary commons” and “experiential knowledge” (Borkman, 1999). It is important to stress that the clubhouse model is not a pure self-help or mutual-aid model in this sense, since it employs paid staff that lack personal experiences of mental illness. Instead, it has been described as a “partnership model,” “which incorporates shared work responsibilities and decision-making between members and staff that is atypical for most mental health consumer-professional provider relationships” (Staples & Stein, 2008, p. 185). John Beard, the director of Fountain House in New York, 1955-1982, is considered to have influenced others in reinterpreting the concept of *self-help* (Meeuwisse, 1997). According to this interpretation, self-help must be based on meaningful work and a genuine cooperational effort between “the healthy” and the “sick,” so that people’s self-respect can be enhanced and bridges built with the surrounding community. This emphasis on cooperation and on members’ involvement is, for example, expressed in International Clubhouse Standard no. 9, which reads as follows: “Clubhouse staff are sufficient to engage the membership, yet small enough in number to make carrying out their responsibilities impossible without member involvement.” Members and staff are expected to be jointly responsible for everything from house cleaning, cooking, and decoration to budgeting and external representation.

The principle of member involvement concerns not only the day-to-day work but also the physical spaces and the decision-making processes. All clubhouse space should be accessible to members and staff, and members should, at their choice, be involved in the writing of all records reflecting their participation in the clubhouse. All decisions are to be made according to democratic principles; for this there are a number of meetings in a clubhouse and all should be open to both members and staff.

An essential part of the clubhouse activity, also based on peer support, is to help each other obtain salaried work on the open job market (standard no. 21-24). One of the important steps in the program is called “transitional employment,” in which members get the opportunity to work in ordinary part-time jobs outside the clubhouse and are guaranteed to earn at least the minimum wage. Clubhouse staff and/or members train the members selected by the clubhouse for these temporary, entry-level positions. These positions are the responsibility of the clubhouse and are designed to be transitional or temporary (lasting for 6-9 months), so that, ideally, all members will have an opportunity to work. This system requires partnerships with businesses and community entities. As an incentive to the employer, job attendance and performance are guaranteed, since a member of clubhouse staff and/or another clubhouse member will support or fill in for the working members if they, for any reason, need to be absent.

Reacting against institution-centered psychiatric care and emphasizing the importance of members’ active involvement, the clubhouses also seek, with various levels of success, independence from professional mental health services. A clubhouse should have its own identity, be located in its own physical sphere, and have an independent board of directors, or, if it is affiliated with a sponsoring agency, a separate advisory board (standard no. 12-13 and 32). Many clubhouses are private foundations, but they are mainly supported by public funds. The idea is that the clubhouse board should reflect “real” society and consist of influential people who can help the members.

TWO DIFFERENT WELFARE CONTEXTS

In some important aspects, the Swedish and the Japanese welfare systems rely on opposite logics. Because of its universal welfare system, which is based on generous transfer payments and extensive public and social services, Sweden has been described as a model of the “social-democratic” welfare regime (Esping-Anderson, 1990), whereas Japan has been positioned as a “hybrid” of the liberal and conservative regimes with paternalistic practice-based occupational welfare and strong familialism (Esping-Anderson, 1999) or as a “Confucian welfare state.” The Confucian welfare state is characterized by Confucian social ethics combined with low levels of government intervention and investment in social welfare, underdeveloped public service provision, and the fundamental importance of the family and the voluntary sector in providing social safety nets

(Aspalter, 2006). Hence, while the Swedish system is based on a strong public sector taking a major responsibility in the provision and production of welfare service, the Japanese rely more on the family, quasi-family (e.g., a company), and organized civil society.

A significant difference between the Swedish and the Japanese welfare state concerns the regulations of the civil sector. In Japan, the state strictly regulates the kind of social service that is to be undertaken by certain types of civil society organizations (e.g., employment support is one kind of social service and living support is another kind). There are certain regulations concerning voluntary social service organizations in Sweden too (Lundström, 1996), but neither the state nor the local government's control over the civil sector is as strictly detailed as in Japan. According to Estévez-Abe (2003, pp. 168-169), there are "close state-society partnerships" in both Sweden and Japan, but the countries differ from each other regarding the form of partnership. Sweden is characterized by *neo-corporatism*, with a long tradition of mutual agreements and cooperation between the state and civil society organizations (Lundström & Svedberg, 2003, p. 223; Rothstein, 2002, p. 299). Japanese civil society organizations within the welfare sector operate as the state's subcontractor.

Another major difference between the Swedish and the Japanese welfare state concerns the role of the family and relatives. Swedish society is often characterized by both solidarity and individualism, and every adult is expected to strive for personal autonomy and enjoy an independent life, instead of depending on his/her family (Berggren & Trägårdh, 2006) have termed this particular social contract *statist individualism*, while Japanese society is characterized by *collectivism*, emphasizing group interests such as families and companies (Meyer, 2010). In contrast to Sweden, Japanese families are still expected to be principal caretakers of family members who have a psychiatric disability, and many adults with a psychiatric disability live with their parents, siblings, or close relatives. There is an on-going process from family to individual orientation in the Japanese welfare system, but families still play an important role as caregivers, not least in the mental healthcare field.

Table 1 (next page) summarizes characteristics of the Swedish and the Japanese welfare contexts that are relevant to this study.

CLUBHOUSE DEVELOPMENT IN SWEDEN AND JAPAN

Sweden

The clubhouse model was introduced in Sweden in the 1980s (Meeuwisse, 1997). The first Swedish clubhouse, which was also the first European clubhouse, was established in Stockholm in 1980. Due to the ongoing deinstitutionalization process, and due to a critique against a centralized and bureaucratic public sector

Table 1. Swedish and Japanese Welfare Contexts

	Sweden	Japan
Welfare regime	Social-democratic	Hybrid of the Liberal and Conservative, or Confucian, welfare state
State-civil society	Neo-corporatism	State's subcontractor
Family's role	Statist Individualism	Collectivism Family as the main caregiver

in the Swedish welfare state, there was a growing demand for alternative ways of handling mental health problems at this time (Lindqvist, Meeuwisse, & Sunesson, 2010). Concepts such as *civil society* and *self-help* were often referred to and fitted well with the clubhouse model. Individuals well established within the domain of public care and politics initiated the first Swedish clubhouses, and they wanted to copy the American model (Meeuwisse, 1997). Knowing that the clubhouse work required independence, they rejected direct cooperation with public care authorities. The Mental Health Reform of 1995 aimed to expand community services, improve inter-organizational cooperation between welfare agencies, and achieve goals of social participation for people with psychiatric disabilities. Local social services became explicitly responsible for social supports to a “participatory life” (e.g., through housing, daily activities, and rehabilitation). The importance of including user and family associations in planning and developing services was also stressed and the clubhouse model was pointed out as a positive example of ideological and organizational reorientation. Today there are 11 Swedish clubhouses. Most are registered in the ICCD, but only three are certified according to the International Clubhouse Standards. All Swedish clubhouses belong to the civil sector and are independent organizations, in the sense that each of them has its own board with ultimate responsibility for the organization. The clubhouses are mainly financed by the municipalities and some of them also receive financial support from the county and private donors. Swedish clubhouses vary in size, from large ones with more than 700 registered members and 70 daily visitors to small ones with less than 50 registered members and only 10 daily visitors. Membership in all Swedish clubhouses is free.

The Swedish clubhouse referred to in this article was established in the mid-1980s. At the time of writing it had approximately 800 registered members, and more than 70 members visited the large five-storey building situated in the center of a fairly large city on a daily basis. The clubhouse received financial support from both the municipality and the county. The clubhouse board consisted of people from various sectors and professions in society, such as a

psychologist, economist, professor, and business director. The staff had various backgrounds (e.g., career counselor, home-helper, and musician), and none of them were trained as psychiatric social workers. The clubhouse had previously been certified according to the International Clubhouse Standards and had been engaged in educating other clubhouses. However, it had lost its certification in 2010 because of difficulties in following the standards with respect to arranging transitional employment and not having staff-only meetings.

Japan

There had been an interest in the clubhouse model in Japan since the 1970s, but the first clubhouse was not established until the early 1990s (JCSW, 2001). In contrast to many Western countries, where deinstitutionalization was promoted and the number of psychiatric beds decreased in the 1960s and 1970s, Japan experienced a rapid increase in psychiatric beds during this period and continued to depend heavily on hospital care (Asai, 1998). However, family organizations began to open small-scale welfare work activity centers for their family members who had a mental illness. This movement was intensified in the 1980s and the number of facilities increased rapidly. Thus, along with a family-based welfare system, the Japanese welfare system has been characterized by a high degree of institutional care where the civil society sector plays an important role as a welfare service provider (Fujii, 2004; Sato & Ozawa, 2003). Following a series of social welfare structural reforms in the late 1990s, a mental health reform was launched in the early 2000s. It contained concrete goals and strategies for community-based services and the reduction of psychiatric beds (MHLW, 2004).

The current Japanese handicap policy aims to promote community living for people with disabilities as contributing members of society (MHLW, 2009), but due to the delay of the community-based service provision, the welfare system, in practice, still depends on non-compensatory contributions from families as caregivers. Welfare facilities are intended to help disabled people gain more autonomy and give their families a break from their role as a carer. However, the government closely regulates large welfare corporations within the civil sector, whereas small grass-roots organizations often lack resources.

Under those circumstances, the Japanese Clubhouse Movement has developed slowly. Today, five Japanese clubhouses are registered with the ICCD, but none of them are certified according to the International Clubhouse Standards. Three of the Japanese clubhouses are not independent, in the sense that they do not have their own board, as they belong to social welfare corporations with overall responsibility for all subordinate organizations. The other two clubhouses have a somewhat higher degree of organizational autonomy, but have fewer resources and are more vulnerable. Japanese clubhouses are relatively small in size: the largest one has around 90 registered members and, on average, 27 daily visitors

(JCC, 2011). Both counties and municipalities finance most Japanese clubhouses. At the time of investigation, members in all of the clubhouses (except one) paid membership fees and/or a service fee per visit.

The Japanese clubhouse referred to in this article was established in the mid-1990s. At the time of writing it had approximately 60 registered members, and less than 20 members visited the single-family two-story house, situated in a residential area, on a daily basis. The clubhouse received financial support from both the municipality and the county. The clubhouse initially had its own steering committee, but was affiliated with a larger social welfare organization in the mid-2000s. Civil servants from the public sector dominated the board of the mother organization. All full-time clubhouse staff were psychiatric social workers and the part-time staff were also trained in psychiatry. Members paid an annual membership fee (approximately \$38) and a small service fee per visit (approximately 60 cents). The clubhouse had not yet applied for a certification according to the International Clubhouse Standards.

PEER SUPPORT EFFORTS— A COMPARATIVE PERSPECTIVE

The Swedish and Japanese clubhouses referred to in this article shared many typical clubhouse traits, such as similar work units, regular meetings, and an egalitarian atmosphere where no external signs revealed who was a member of staff and who was a clubhouse member. Both claimed that they were guided by the International Clubhouse Standards, but that they had made some local adjustments to match the activity to their social context. Due to external factors, both clubhouses, for example, had difficulties in implementing a transitional employment program according to the standards, but they handled the problems differently. The Swedish clubhouse had chosen to develop similar forms of employment support programs that were able to be adapted to the Swedish insurance policies and labor market regulations, while the Japanese clubhouse emphasized the importance of making continuous efforts to cultivate a “real” transitional employment environment.

None of the clubhouses had formally arranged groups or sessions for peer support, yet the idea of peer support seemed to be a core element in both organizations and penetrated all programs, more or less: the social, the cultural, as well as the working programs. In the following sections we take a closer look at some of the most obvious differences in their peer support efforts and discuss in what ways and how context matters in four areas:

1. size of the organization and social dynamics;
2. role of the staff and work methods;
3. interpretations of member autonomy; and
4. impact of organizational autonomy.

1. How Does Size Affect Social Dynamics?

The “day-to-day activity within a clubhouse” (ICCD, 2009), called a work-ordered day, is an important part of the clubhouse model and intended to give members opportunities to contribute, feel needed, regain self-confidence, and develop friendships and reciprocal assistance. Unlike the Swedish clubhouse, the size and function of the Japanese clubhouse is regulated by the state. It is categorized as a *small-sized work activity center*, where the average daily number of visitors should be fewer than 20. At the time of investigation, on average 9 to 14 members visited the Japanese clubhouse on a daily basis, whereas approximately 70 members visited the Swedish clubhouse every day. How did this noticeable difference in the size affect social dynamics and peer support efforts?

In the Swedish clubhouse, the work-ordered day was organized into five different work units and all members were supposed to belong to a work unit. When visiting the clubhouse, members as well as staff wrote down their name and arrival time on a visitors’ list, which was divided into work units. Since the work units served as a base for the members, it was also a base for peer support. At the beginning of every unit meeting, each member who attended was acknowledged by their name, and also the people who used to be there or who had announced that they would show up during the day. It was all written down on a whiteboard and often resulted in more than 20 names. This procedure itself seemed to fulfill significant social functions: members’ names were heard, they could feel welcome, they could interact with each other and notice if anyone was missing. Reaching out to those who were missing was also an important task. A member in the Swedish clubhouse reported that the clubhouse activities were built on two axes of time and space, which gave each member a fundamental structure to their daily life—regularly held daily meetings served as a time axis and belonging to a work unit served as a space axis:

The clubhouse helps us members to regain a fundamental structure through time and space. You know that unit meetings, they start at 9 a.m. and at 1 p.m. We know when we have unit meetings, I mean we have “set times.” And we belong to a certain work unit, a specific place I mean, so we know where to stay. So, there is a time axis and a space axis, and thanks to them we don’t feel lost in the house. I think many of those who are suffering from mental diseases probably feel lost in their everyday lives.

Although each Swedish clubhouse member had his/her own “home” work unit, members were also involved in joint activities, such as club meetings, where all decisions were supposed to be made; projects/working groups; committees; and celebrating the birthdays of members/staff; etc. The clubhouse was not merely a collective entity of work units, but itself a community in which members and staff were expected to be jointly responsible for and run all activities. Each work unit made efforts to be more attractive and successful, but also

efforts to hold members together, even beyond the work units, to foster a sense of community. The Swedish clubhouse had several committees, which comprised members, staff, and board members, and each committee had specific tasks that concerned the whole clubhouse, such as budget, internal activities, external activities, employment, and education issues. Members in the committees were elected at the club meetings.

In spite of the large size of the Swedish clubhouse, many of the members expressed a sense of family closeness and of belonging to a “community” (*gemenskap*). One member said: “We all feel that we belong to the house, more than belonging to a specific work unit.” However, several members expressed that they had difficulties with the expansion of the clubhouse. One member spoke of her concern about the expansion: “The clubhouse has become messy and a little too big, it can’t get any bigger. Yesterday we had less people in the cafe and it was so cosy. Members who usually don’t talk or help in the cafe talkd and helped out. It was such a nice atmosphere!” Another member spoke of his difficulty adapting to a continuously growing member group. More members would not only require a physical expansion, but also concerns regarding how the clubhouse should be able to provide each member with a meaningful engagement and opportunities to perform peer support. There had been discussions about the possibilities of moving into a bigger house or having two houses. The former solution was nearly impossible to obtain in the city, and the latter idea was seen as unfortunate for the clubhouse community. Emphasizing the importance of keeping the current house as a base for all members, the clubhouse examined the possibilities to start a social enterprise outside the clubhouse, and in this way provide more members with opportunities for meaningful engagement and peer support.

In the Japanese clubhouse, which had on average 9 to 14 daily visitors, the members knew each other well. The work-ordered day was organized in three different work units. The members did not belong to a specific work unit, but they chose where they would work at the daily meetings in the morning and after lunch. Those meetings began with greetings where each participant (both members and staff) said something about how he/she felt. Some also talked about what they had experienced lately or what was occupying their mind, and their stories were often greeted with praise, appreciation, or an applause. Just as in the Swedish clubhouse, reaching out to those who were missing was also an important task (e.g., through visiting fellow members at the hospital). Unlike the Swedish clubhouse, where people had free lunches in a big clubhouse restaurant, people at the Japanese clubhouse had lunch together, like a family. They also cleaned the house together and had a joint coffee break once a day. The small size of the Japanese clubhouse contributed to a homely atmosphere, but some members regretted that it was not possible to expand its size and the range of activities and become a large-scale clubhouse. Sometimes there were too few members to run all of the work units for the whole day.

2. Role of Staff and Work Methods

A noteworthy difference between the Japanese and the Swedish clubhouse concerned the professional background of the staff and the way members were supervised in their work. All full-time staff in the Japanese clubhouse were psychiatric social workers, which means that they held qualifications in social psychiatry. According to the Japanese regulations concerning welfare facilities for people with a psychiatric disability, a certain amount of full-time staff should be either qualified psychiatric social workers or occupational therapists, or have other equivalent qualifications. In the Swedish clubhouse, staff had various backgrounds, and none of them held qualifications in psychiatry or social psychiatry.

In the Japanese clubhouse, the work-ordered day was, to a large degree, manual based. The staff originally developed the manuals, but the members were engaged in the continuous revisions. Most of the tasks that the members were engaged in had written instructions which are supposed to facilitate everyone's active contribution in the work. There was even a description of how to answer the telephone. Members were supposed to follow the manuals and help each other carry out the tasks. There were also detailed descriptions of how to carry out tasks for members in transitional employment, and they said that the descriptions made it easier for them to perform the work. According to staff at the clubhouse, the manual-based method of working made it possible for members to carry out their tasks without depending on the staff. Another motive for this method of working was pedagogical: it was seen as a way of educating the members so that they gradually learned to manage the tasks without the aid of manuals. A staff member stated that the manual-based work method enhanced members' autonomy and also increased the possibilities for members to help each other carry out the work.

Both members and staff in the Japanese clubhouse sometimes used school-related words, such as "graduation" (*sotugyou*) and "after school" (*houkago*), rather than saying "after work." Clubhouse membership was, in principle, not time-limited, but when a "veteran" member, for various reasons, decided to end his membership, this was celebrated by other members and staff and referred to as a "graduation from the clubhouse." Hence, peer support in the Japanese clubhouse was performed within a pedagogical framework with a highly professionalized staff and a manual-based work method. This resulted in a somewhat more hierarchical relationship between the members and the staff.

During a meeting about how to reorganize the work units, a member questioned the equal and joint responsibility among members and staff:

I think the members of staff tend to prepare the documents and often have a final say. I have the feeling that they often state a summarized opinion at the end of meetings, which is documented and carried on. The

staff also have more information than the members. For instance, when we set up schedules, it's often the case that the members don't know what's going on.

The staff in the Japanese clubhouse said that they had to be continuously aware of the risk of exercising control, and one staff member stressed the importance of thoroughly understanding the clubhouse model and maintained that all the staff ought to take a 3-week training course at the ICCD. Even if the staff made continuous efforts toward less hierarchical and more collaborative relationships with the members, the level of staff professionalism in the Japanese clubhouse challenged the idea of partnership, which is one of the fundamental ideas of the clubhouse model. Clubhouse staff are, according to the International Clubhouse Standards, required to fulfill a generalist role and members and staff are expected to be jointly responsible for everything.

In the Swedish clubhouse, the day-to-day work was, to a larger extent, founded on the principle that the more experienced people can teach those who are less experienced—to work “side-by-side” was a key phrase. Sitting side-by-side, the more experienced members or staff members described and showed those who were less experienced how to carry out tasks. This experience-based way of working also permeated the employment support programs: new members were trained by more experienced members so that they could fill in when needed and eventually take over the job. Observations gave an insight into how it worked in practice. An experienced member had just begun to train a newcomer in the program. He carefully demonstrated what and how he carried out a task and then invited the new member to try it. Since it was the newcomer's very first day, there was also a staff member present who acted as a back-up. After agreeing on what was to be carried out during the day, the staff member stepped back and just watched the peer-to-peer interactions and sometimes gave advice if he or she was asked how something should be done or if something went wrong. The rest of the training period was supposed to be conducted by the members themselves.

The staff in the Swedish clubhouse put a lot of effort into reaching members with “weak voices” and involving less active members in the work-ordered day. One way to approach these concerns was to encourage various projects or working groups emanating from members' ideas, needs, or desires, and through which members could increase their opportunities to contribute and help each other. An example from a weekly discussion forum demonstrated this: when a member presented an idea of serving smoothies at the cafeteria, a staff member proposed a working group where all interested members would be welcome. The members were given full responsibility of the tasks of planning, calculating costs, etc. Thus, starting a working group was used as a way to create opportunities for active participation, for other members to join and for reciprocal help among members.

3. Different Interpretations of Member Autonomy

Both clubhouses aimed to enhance members' autonomy and self-confidence and recapture control over their lives, but they had slightly different focus points and points of departure. In the Japanese clubhouse, members' autonomy from their families was a major issue, and in these processes interactions with the families were also important. Many of the members were living with their parents or close relatives. Some depended heavily on their families and the clubhouse also needed to consider families that were overprotective toward certain members. One way of dealing with this was to raise awareness about the problem among families and to continuously inform them about how members were doing and how they were progressing. The clubhouse also planned to hold a social gathering for families. For many members, a first major step toward independence would be to live on their own, and members' autonomy from their families was one of the things that was considered when deciding who would attend the transitional employment program.

The Swedish clubhouse did not engage the families in the same way and had less interest in doing so as most members already lived on their own. The task to enhance members' empowerment and autonomy was instead interpreted in terms of stimulating active engagement, responsibility, and decision making in the clubhouse.

These differences in ways of working could probably be explained by the different roles of family and relatives in the Japanese and the Swedish welfare society. The Japanese welfare society is, at the core, still family based, and families play a significant role as caregivers, whereas the Swedish welfare society is more oriented toward individual autonomy.

4. Impact of Organizational Autonomy

As mentioned above, the Swedish clubhouse was an independent organization with its own board, whereas the Japanese clubhouse belonged to a social welfare corporation where the board of the mother organization had overall responsibility. In contrast to the Japanese clubhouse, the Swedish clubhouse had more discretion over its organization and activities. This difference in organizational autonomy also had implications for the members' involvement in decision-making processes.

In the Swedish clubhouse, hardly anything could be decided without the presence of members. Even though members (and staff) did not vote at board meetings, they had representatives who attended the meetings. Furthermore, members, staff, and board members were jointly engaged in working committees where everyone could make their voices heard. At a discussion forum in the Swedish clubhouse, an intense debate concerned how to select one member representative for an upcoming international conference. One of the clubhouse directors proposed that the management team (made up of the directors, chairman

of the board, and four member representatives) should suggest a suitable candidate (e.g., a member who was capable of communicating in English, was confident speaking in front of a large audience, and who had the mental and physical strength to manage the trip). This idea was met with strong objections from many members. Some insisted that: “The clubhouse is there for the members—this is our house! We should elect our representative and we should be able to make decisions on everything that concerns us!”

In spite of the recognition of the clubhouse’s affiliation to a bigger organization, the members at the Japanese clubhouse did not have a sense of belonging to the mother organization. For them, the clubhouse was the “community” they belonged to. One member was engaged in the mother organization’s advisory committee, but none of the members were invited to the board meetings. Prior to the affiliation, the clubhouse had its own steering board. A consequence of the affiliation was that the time spent and attention paid to clubhouse issues at the advisory committee were reduced, as the mother organization was responsible for three subordinate organizations. According to clubhouse members and staff, the board was rather disinterested in the clubhouse.

The organizationally dependent position of the Japanese clubhouse also had other consequences for running the clubhouse. The mother organization was a non-profit and non-government organization, but regulated in detail by the government—all specific tasks regulated by law and organizational forms of social welfare corporations. As the staff members were employed by the mother organization, they had to follow certain terms of employment, which, for example, implied that the clubhouse’s ambition to be open on national holidays was not a matter for the clubhouse alone, but also a concern of the mother organization and the other subordinate organizations. The staff members also had to undertake tasks for the mother organization that were not directly related to the clubhouse activities. Extra hours for those tasks either became unpaid overtime or were converted to a so-called office day for the staff one afternoon a month, although this arrangement deviated from the International Clubhouse Standards.

CONCLUSION

This article has explored and compared the implementation of peer support elements in the clubhouse model in a Swedish and a Japanese clubhouse from a translation theory perspective. The opportunity for local implementers to reinterpret the standardized clubhouse model could be seen as rather limited, yet both clubhouses, to some extent, had modified or translated the model to fit its national and local context which denotes processes of *glocalization*. Both clubhouses were guided by the International Clubhouse Standards and had similar goals for their programs, and were in this sense proofs of successful global diffusion of the model. The Swedish clubhouse was established in the mid-1980s and the Japanese clubhouse a decade later. Both belonged to the civil

sector and both received financial support from the municipality and the county. Our exploratory comparative case study indicates that the idea of peer support indeed penetrated most activities in both clubhouses, but also that peer support was interpreted and implemented in somewhat different ways. The different approaches were, to a large degree, due to local embeddedness and dissimilar organizational structures that were related to different welfare systems and regulatory requirements of the society. Table 2 summarizes clubhouse characteristics that had an impact on how the idea of peer support was translated and implemented.

Due to a higher degree of organizational autonomy, the Swedish clubhouse had a fuller discretion to act than the Japanese clubhouse. It had its own board and did not have to comply with formal external regulations concerning, for example, the size of the clubhouse, staff qualifications or decision-making processes. This made it easier for the Swedish clubhouse to implement peer support according to the clubhouse model. It had many members and a vibrant atmosphere, a well-developed day program and several working committees, which comprised members, staff, and board members who were jointly engaged in tasks that concerned the whole clubhouse. The members were involved in more or less all decision-making processes and opportunities for reciprocal helping, and these were mainly provided through an experience-based way of working. Unlike the Japanese clubhouse, the Swedish clubhouse had given up its efforts to implement an employment system that was incompatible with Swedish insurance policies and labor market regulations and had chosen to design a locally adapted program for transitional employment, which, in turn, had contributed to the loss of clubhouse certification. The Swedish clubhouse had started to question the value of clubhouse certification.

Japanese civil society organizations within the welfare sector had less discretion over their work than their Swedish counterparts, which affected what the clubhouses could or could not do. For example, the amount of organizational independence depended on which type of civil society organization ran the clubhouse program. The regulatory frameworks in Japan determined the size of the clubhouse and the professional background of the staff, all of which, in turn, also had an impact on the peer support work. The small size of the clubhouse contributed to a friendly and homely atmosphere, but it made development and expansion of the work-ordered day impossible. The Japanese clubhouse, however, made continuous efforts to cultivate a “real” transitional employment environment. Member involvement in decision-making processes was rather limited in the Japanese clubhouse. Here, peer support was performed within a pedagogical framework with professional staff and a manual-based work method. To employ staff with psychiatric training was an institutional requirement in the Japanese mental healthcare policy. The clubhouse staff were aware of the risk that professionalism threatened the egalitarian idea of the clubhouse model, since it could lead to hierarchical relationships between the staff and members. In

Table 2. Clubhouse Characteristics and Peer Support Orientation

	The Swedish clubhouse	The Japanese clubhouse
Degree of organizational autonomy	Independent	Affiliated to a large social welfare organization
Executive board	Its own board	Board of mother organization
Number of members	More than 70 members on a daily basis – no external regulation	Less than 20 members on a daily basis according to external regulation
Professional background of the staff	Varied, but no specialists	Psychiatric social workers – External requirement
Employment support programs	Locally adjusted transitional employment program	“Real” transitional employment program according to its own interpretation
Certification	Had previously been clubhouse certified but not anymore	Had not yet applied for a clubhouse certificate
Peer support orientation	Experience-based work method	Manual-based work method
	Extensive member involvement in decision-making processes	Member involvement in certain but not all decision-making processes
	Empowerment through participation, mutual relationships, and decision making	Empowerment through encouraging and developing the skills for self-sufficiency and mutual relationships, with a focus on members achieving independence from their family

their view, this unbalance was leveled out through the manual-based working method, which increased the autonomy of the members and stimulated reciprocal helping among them. In the Japanese clubhouse, unlike in the Swedish clubhouse, family ties and overprotectiveness were considered important issues that the clubhouse had to handle. For many members at the Japanese clubhouse, independence and autonomy initially implied being independent from the family.

To conclude, it seems reasonable to discuss the implementation of peer support elements in the clubhouse model in Sweden and Japan in terms of *glocalization*. Both clubhouses were clearly influenced by the global clubhouse standards and provided their members with valuable and appreciated opportunities for peer support, but the arrangements were locally adapted and tailored according to different requirements and norms in the two welfare contexts.

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