

CLUBHOUSE PEER SUPPORT AMONG INDIVIDUALS WITH PSYCHIATRIC ILLNESS*

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ABSTRACT

The purpose of the study was to delineate peer support among clubhouse members in the context of the “work-ordered day (WOD),” the core of the clubhouse model for psychiatric recovery. The study drew on qualitative data collected in 2009-2011 via participant observation and in-depth interviews with 45 members and 11 staff of a clubhouse in New York City. A grounded theory approach to data analysis yielded themes including “peer to peer collaboration” during WOD and “circle of personal peer relationships” expanded as secondary to WOD participation. The study also highlighted how side-by-side WOD participation mediates these personal relationships. The clubhouse peer support, while paralleling daily patterns seen in the outside world of work, also embraced ranges of positive self-help group experiences. An underlying notion seemed to be the sense of normalcy, which can be integral to recovery. Future research should compare peer support across clubhouses in different cultures and societies.

Key Words: psychiatric recovery, clubhouse, work-ordered day, peer support

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PEER SUPPORT AMONG CLUBHOUSE MEMBERS IN PSYCHIATRIC RECOVERY

The “work-ordered day [WOD]” is essential to clubhouse philosophy since the clubhouse model of psychiatric recovery is designed around it (e.g., Beard, Propst, & Mulamud, 1982; International Center for Clubhouse Development [ICCD], 2012). Despite the model’s 60-year existence, the central nature of the WOD is not well understood. Hence, the primary focus of the present study is the WOD.

Since the clubhouse model was once a self-help group (Anderson, 1998; Borkman, 2010), its peer-support component is of particular interest. What is peer support like in clubhouses? Do clubhouses preserve any self-help group culture, and if so, how? How does peer support relate to the WOD? Answering these questions should be meaningful given the mounting body of literature that reports the empowering effects of peer support for psychiatric recovery (e.g., Brown & Lucksted, 2010; Corrigan, Slopen, Gracia, Phelan, Keogh, & Keck, 2005; Pistrang, Barker, & Hamphreys, 2008; The United States Substance Abuse and Mental Health Services Administration [SAMHSA], 2006).

History of the Clubhouse Model

The current clubhouse model consists of several components: WOD; Employment; Evening, Weekend, and Holiday activities; Community Support; Reach-Out; Education; Housing; and Decision-Making and Governance programs (ICCD, 2012). Among these, the WOD constitutes the core (Beard et al., 1982; ICCD, 2012) in that each member’s daily activity during weekdays is organized in a way that parallels typical work hours in the larger society. During each WOD:

Members and staff work side by side, as colleagues to perform the work that is important to their community. All of the work in the Clubhouse is for the Clubhouse. . . . There are no clinical therapies or treatment-oriented programs in the Clubhouse.

Members volunteer to participate as they feel ready and according to their individual interest. (ICCD, 2012, para. 2)

Thus, the clubhouse model, relying on the collegial relationship between staff and members instead of members “self-governing” (Borkman, 2010), is a “partnership model” (Staples & Stein, 2008) rather than a self-help group model.

Historically, however, the model drew on self-group ideology in its inception. In Rockland State Hospital in New Jersey, a psychiatric aid, Elizabeth Schermerhorn, and a psychiatrist, Hiram Johnson, set up a group of inpatients in 1942 (Anderson, 1998). Inspired from AA meetings, “a self-help process” (p. 13) was used to assist patients to prepare for discharge. The group met with Schermerhorn every week in a clubroom of the hospital and shared activities such as reading, singing, or discussing—“normal” activities as a way to bridge a gap between people with mental illness and regular society. It was also hoped

that patients would bond together through these activities “to provide a substitute for family or a close circle of friends” (p. 46) and help peers to meet their own needs.

Initiated by its former member, the Rockland inpatient group transformed itself into an outpatient self-help group in 1944 (Anderson, 1998). Named “WANA,” or “We Are Not Alone,” the group met weekly in Manhattan to achieve and maintain mental health through mutual understanding. This way the group was together at bleak times, turning the very crisis into an opportunity to see that all are human. WANA activities extended to various levels of out-reach efforts for inpatients in their preparation for discharge through regular hospital visits and monthly bulletins. Those bulletins included practical information for rooms and jobs as well as invitation to WANA for friendship and recreations. An effort was also made to build a national network.

Under a financial crisis, the WANA was reorganized as “Fountain House” in 1948 (Anderson, 1998). A building was bought in Manhattan. By separating the Fellowship (an entity for people with mental illness) from an outside board of directors, they hoped to maintain the self-help/mutual aid functions. The new program, offering evening/weekend social and recreational activities and later incorporating daytime vocational programs, was valued as a rare place for people with psychiatric illness living in the community. Ironically, the structural divide among the board, staff, and Fellowship resulted in frictions among the three. The executive director was thus replaced with a social worker, John Beard, and the Fellowship was decentralized into small groups in various locations in the city.

Beard set the basis of today’s clubhouse model (Anderson, 1998). Drawing on his previous success in working with psychiatric inpatients in small groups, Beard introduced a volunteer work activity program (Anderson, 1998; Goertzel, Beard, & Pilnick, 1960), now known as WOD. In this program, staff and members mutually helped to build and operate the house, which served multiple purposes. Work as a form of activity was deemed easier than conversation for some people with psychiatric illness while helping members prepare for employment. Involving small groups, the program also offered “enclaves of amity and closeness” (Anderson, 1998, p. 49). As the staff and members came to work together, the Fountain House departed from a self-help organization by its definition (Borkman, 2010).

In this historical context, the current policy precludes intentional member-only (as well as staff-only) meetings from the clubhouse setting (ICCD, 2012). This does not mean the model rejects peer support. If peer support is defined as “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful” (Mead, Hilton, & Curtis, 2001, p. 135), the insider accounts, historical (Anderson, 1998) and contemporary (ICCD, 2012) alike, clearly indicate that peer support has been encouraged throughout the history to date.

Clubhouse Peer Support Today

Formal research into clubhouse peer support is relatively recent and sparse (Biegel, Pernica-Duca, Chang, & D'Angelo, in press; Coniglio, Hancock, & Ellis, 2012). Peer support research, mostly focusing on consumer-run groups and organizations, overlooks this model. To the author's knowledge, only two studies have focused on this specific domain. Biegel et al. quantitatively examined peer network characteristics and its related factors among 126 randomly selected members of an ICCD-accredited clubhouse in the United States. In this sample, 60% reported a higher frequency of contact and more satisfactory relationships with peers than with non-peers; these members perceived peers, compared to non-peers, as being less judgmental. The study also suggested that members who value social support and attend the clubhouse are more likely to have a peer network within the clubhouse although expanding a peer network outside the clubhouse depended on ethnicity and quality of social life.

Coniglio et al.'s (2012) groundbreaking qualitative study substantiates the link between clubhouse attendance and peer network identified by Biegel et al. (in press). On the basis of 17 semi-structured interviews with 10 members of an ICCD-accredited clubhouse in Australia, they formulated a multi-layered conceptual model of clubhouse peer support by using a grounded theory approach. The first layer of peer support, named "social inclusion and belonging," entails one's sense of a place to be welcomed and familiar as "Clubhouse member," an experience that buffers social isolation and stigmatization. The second layer, "shared achievement through doing," involves an instrumental level of give-and-take by sharing work-ordered day tasks as "unit member," thereby building confidence. Third, the "interdependency" level of peer support points to a "respected peer" role wherein members share personal experience and wisdom, or what Borkman (1999) calls as "experiential knowledge." This level of peer support leads to increased trust and openness. At the deepest layer, "intimacy," peers as "valued friend" provide mutual care for the other's emotional wellbeing. Coniglio et al. speculated that the second level of peer support uniquely relates to the WOD structure.

In brief, consistent with the historical (Anderson, 1998) and ICCD (2012) insider accounts, formal research supports active peer support experienced by clubhouse members. While peer support research, at its inception, can be elaborated in many ways, the present study can fill in gaps in the literature by focusing on the WOD context as it relates to peer support: What are peer support experiences or processes like during the WOD? How do members relate to and support each other for the WOD? How might the WOD play a role in the development of personal peer relationships and the expansion of peer network? These questions, embedded in members' WOD life, lend themselves to a grounded theory (Glaser & Strauss, 1967) paradigm, while requiring a holistic, everyday life perspective (Borg & Davidson, 2008; Norman, 2006) to capture micro social

interactive processes during ordinary WOD. “Grounded theory in ethnography” (Charmaz & Mitchell, 2007) was then considered to be a meta-theoretical framework that could best guide the present study.

METHOD

Participants and Study Site

Qualitative data analyzed in this study were collected as part of a larger pilot study that the author conducted in 2009-2011 at a clubhouse in New York City. The clubhouse consisted of several units. Each unit had a set of responsibilities in service of the operation of the clubhouse. The clubhouse was for adults and young adults (older than 18 years old) with diagnoses of schizophrenia and its spectrum disorders, mood disorders, or anxiety disorders. Of approximately 850 active (at least one attendance per month) registered members as of 2009, about 300 on average attended per day.

The study involved participant observation and in-depth interviewing. Only active registered members were included in the study. Participant observation was conducted in 2009 at the Kitchen Unit and Research Unit. The number of participants observed varied day to day, but was approximately 10 to 15 per day per unit. The interview sample analyzed for the current study consisted of 45 members (14 females and 31 males) and 11 employees (3 administrators, 5 staff workers, and 3 from other departments; 6 females and 5 males) who participated in 2009 and between 2010 and 2011, respectively. Although the researcher did not explicitly ask these 11 employees if they themselves had ever been clubhouse members, that seemed highly unlikely when their personal stories related during their interviews were taken into account.

Procedure

Prior to recruitment, the researcher obtained approvals for the study in August 2008 from the ethics committees (institutional review boards) of the study site and the university the researcher was affiliated with at the time of research implementation in order to ensure that the study met the ethical principles including no harm, voluntary participation, and the confidentiality of data. The data analyzed for the study were collected through participant observation and in-depth interviewing with the latter being the primary mode. The researcher took the primary role for the entire data collection procedure with, in part, the assistance of her research assistant. The researcher, Japanese and a Master of Social Work [MSW], had lived in the United States for 12 years prior to the study. The research assistant, a female Caucasian American, had attained her MSW degree in the month the study began.

Participant Observation

Participant observation was used to “see” the cultural landscape, particularly social interactive processes during WOD, in a holistic fashion and triangulate with the interview data (Padgett, 2008). The researcher participated in WOD for a total of six days at each of the Kitchen Unit or Research Unit. Her research assistant assisted the observation at the Research Unit for two days in total. These two units were chosen because the researcher, with her previous volunteer work experiences, was familiar with both units. This was considered to maximize the depth of observation within the short time span while minimizing the invasiveness inherent in this mode of observation. Prior to observation, the researcher informed each unit of her identity and the procedures that field notes would be taken but without personally identifiable information being recorded. During the unit meeting of each day of observation, the researcher asked the unit to inform her if they did not want to be observed. Only one member refused.

In-Depth Interviews

The recruitment of members for in-depth interviewing involved purposive sampling. The researcher was interested in those who volunteered to participate in the study. Those who volunteered to participate were considered to have volunteered because they felt something to talk about WOD. This served the study purpose, which was, in part, to capture what the WOD meant to them. In fact, one member, who once volunteered to participate, declined his participation later, explaining “I have nothing to talk about.” If someone who has nothing to talk is less likely to participate” makes a sense, then “those who participate are likely to have something to talk” should also make a logical sense.

Two strategies were used for recruitment. First, the researcher and her assistant visited all units and made announcements about the study. Announcements were also made during the weekly House meeting and included in the House newsletters. Members who were interested in study participation placed his or her contact information card into boxes on designated large tables or brought the card directly to the researchers. Later, the researchers approached those who provided their contact information and scheduled interviews with them if they were still willing to participate.

Another recruitment method involved mailing. Invitation letters were mailed twice to 60 randomly selected members on the basis of the clubhouse’s active members’ registration list. Of those, only 10 (17%) participated. With this low response rate, the sample could not be representative. Regardless, this method was found to be useful because it allowed the researcher to reach out to some members, who were not attending the clubhouse at the time of recruitment made during unit meetings, due to, for example, their job.

Email was the primary method for recruiting employees. The researcher emailed 15 randomly selected employees from the employee list. Ten employees

(67%) positively responded and five did not respond. Two more employees volunteered when the researcher made an announcement during unit meetings to recruit additional members.

Interviewing took place in a designated, quiet, semiprivate place within the clubhouse's buildings. The qualitative interview used for this study lasted for one hour on average per participant. Each participant signed an informed consent form for participation prior to the audio-taped interview. For members, the researcher and her assistant together conducted the interviews: the assistant led the informed consent processes and the researcher led the interviews. For staff, the researcher alone interviewed all the staff participants.

Questionnaires

The interview data were collected via two versions of an interview guide (one for members and the other for the staff), which were designed to cover the planned topics while making the interview natural and conversational (Patton, 1990). Both versions contained open-ended and semi-structured questions and were almost symmetric in content and format to each other. Several detailed questions were prepared to use as probes when appropriate. During the initial development stage, the researcher incorporated feedback from her mentor, a licensed clinical social worker and a professor of social work who was well versed in the clubhouse model and qualitative research. The author then consulted with two clubhouse staff and piloted the interview with two members; no further changes were made to the questionnaire because their responses were positive. Main themes covered by each questionnaire included how the participant liked the clubhouse; how the WOD helped the member; how the participant viewed the nature of the relationships among people at the clubhouse (including his or her own); how the member changed over time in terms of their sense of self, social support, and sense of belonging; and how the WOD related to the changes.

Data Analysis

The collected interview data were transcribed verbatim. For the members' data, the researcher, using a constant comparison approach, open-coded the transcripts (Charmaz & Mitchell, 2007; Glaser & Strauss, 1967), and a few months later, repeated the entire coding process with fresh eyes. The codes and themes representing peer support were then extracted; within the peer support domain, those areas dealing with peer support related to the WOD were identified. The process was repeated until a conceptual framework emerged that seemed to integrate or organize the evolving categories and subcategories. To check on face validity of the findings, the initial conceptual schema was presented on an interim basis to clubhouse staff and members from various countries at an ICCD international seminar; the author received positive feedback about the conceptual schema from a number of people at the seminar. The effort can be compared to

member-checking (Lincoln & Guba, 1985), a strategy that allows research participants to evaluate the accuracy of the interpretation of the findings upon study completion. Excerpts from interviews with the staff and from participant observation were then sought to cross-validate the findings from the member data.

FINDINGS

Amid Normalcy

WOD is designed to parallel typical workdays in the general community in terms of work hours (ICCD, 2012). It operates between 9 AM and 5 PM from Monday through Friday. As illustrated below, peer support patterns occurring during a typical WOD also appeared to parallel collegial support seen and appreciated during normal workdays in the outside world of work. As one member stated, these patterns may possibly be perceived as even healthier: “At times I see that the people at [the clubhouse] sometimes make more sense than the people out there.”

Two major themes emerged with respect to peer support associated with WOD. One represented peer support that emerges during WOD as a kind of teamwork, which will be referred to as “peer to peer collaboration.” The second, which will be named “circle of peer relationships,” relates to the personal level of peer support transpiring as secondary to clubhouse or particularly WOD participation. Under this circle of peer relationships, two subthemes appeared. One subtheme will be labeled as “peer to peer socialization,” which is concerned with the middle ground of the two preceding major themes, or how the WOD mediates personal peer relationships: how personal peer relationships emerge and develop during the WOD and expand thereafter. The other subtheme, “self-help group effects,” deals with personal gains and growth experienced in the context of peer relationships experienced by virtue of being a member of the community or relationships that evolved as a result of WOD participation or evening/weekend recreational activities.

Peer to Peer Collaboration

Three subthemes emerged under peer support directly relating to the teamwork during WOD: “task-sharing side by side,” “teaching side by side,” and “leadership side by side.” These categories substantiate what “side-by-side” (ICCD, 2012) means.

Task-Sharing Side by Side

Paul, a member participant from the clerical unit, provided a clear illustration of the division of tasks achieved in a team. Each member of the team was described as playing a complementary role to each other and of being part of the whole. Paul

emphasized working “together,” which he described as enjoyable and defined as “side by side.” Many other participants, while acknowledging a sense of responsibility, appreciated this sense of “working together” in a group.

If you have two people doing it, one holds, the one dumps the garbage, and, shush-shush (sweeping broom noise), do all of them . . . maybe 10 minutes, . . . you feel like, I did something. . . . Together and a bunch of people, one [does] the letter, one [prints], one staples, and it goes very quick when you have the whole group doing it. (Paul)

Teaching Side by Side

Teaching or mentoring was another aspect of a typical peer support pattern during WOD. Members often teach other members physically side by side. The following vignette, titled *Greek Pita*, was a typical scene the author encountered during her participant observation at the Kitchen Unit:

The veggie chef [member] and another member were already cutting vegetables to make Greek pita. I asked the member who was helping the chef, “Do you need help?” He said, “No, I’m all right.” . . . Then the member asked the chef instead of me: “How do I cut [cucumbers]?” The chef explained, but the member said, “Show me.” Then the chef demonstrated how to cut a cucumber: “Cut like this and [then] like this.” “All right.”

Study participants also gave many accounts of their teaching or mentoring side-by-side experiences. Teaching in the clubhouse, however, is mutual or circular in the sense that one does not always play the teaching role. The member below, for instance, who teaches smoking cessation strategies, becomes a student next. He explained what the side-by-side meant to him by citing his own peer-to-peer learning during the WOD, showing respect for the other’s strengths:

I’m doing the paper . . . I’ll tell [her] I’m doing an interview. She loves to work with the camera. She’ll take a picture for the people’s page. She knows how to put it in, to load it on the computer. I can’t do that. I’m learning to do that . . . she shows me . . . teaches me. (David, member, clerical unit)

Leadership Side by Side

Democratic decision-making can be viewed as another aspect of side-by-side work. For example, previously mentioned member, Paul, described his experience of leading his clerical unit meeting, which reflected a democratic leadership style (Zastrow, 2006) with respect for his peers’ rights to say no and participate voluntarily: “Sometimes I do the schedule, right on the board, who wants to do this, pick somebody, and they say no, [I say] ok.” As this depicts, the tone of the decision-making is not top-down or hierarchical but is horizontal, or side-by-side, in the sense that others’ input was taken equally into consideration and the process was mutual rather than one way.

Side-by-side peer group activities seem omnipotent within the clubhouse. Among “tons and tons of examples,” a staff participant presented an example of an audio-visual peer group’s extended-WOD activity entailing all of the three side-by-side interactive patterns. The staff was impressed by the initiative, collaboration, and success the group demonstrated in their planning, coordinating, and implementation of casting a film in a farm:

A lot of times members will just ask each other and it is a good community back there so, you know, people are really willing to help each other out. . . . [A member] wanted to film it up at [a farm] so they got together, they cast the film. . . . the member who wrote the film wrote this very extensive script . . . after the WOD . . . he asked if I would be in it . . . asked if another staff . . . would be in it. . . . He coordinated the whole thing. . . . [his peer members] reserved the van, they did all the logistics for going. . . . And yeah . . . the staff workers . . . were just actors, I mean the members were running the set. I mean we were not running the set at all. (Megan, staff, education unit)

Personal Growth

Along with this staff’s story, many members also appreciated the sense of purpose, pride, and ownership they experienced through their WOD participation; yet, WOD is not always perfect. At times, conflicts and problems emerge among members. However, those problems seemed to turn into an opportunity for them to grow in the end. An employment unit member, John, for example, recently came back to the clubhouse because he was laid off under the reorganization of a company he had worked for full-time for twenty years. Recalling about the time when he was participating in the WOD at his unit before he obtained this independent job through the clubhouse, John said: “We don’t get along at first, but eventually, you know, we got to where, you know, we could tolerate each other, and then maybe after that, we became friends, and helped them out.”

Circle of Peer Relationships

Peer to Peer Socialization

Many members reported various levels of personal peer relationships. Those levels included acquaintances, casual friend, true friend, mentor, or romantic relationship; and the circle of friends included both those inside and outside (if not many) of the clubhouse. The members appreciated their clubhouse membership and side-by-side WOD participation, which expanded their peer relationships. For instance, some members, particularly new ones who were too shy or overwhelmed to socialize (Beard, Goertzel, & Pearce, 1958), explained how side-by-side participation opened up social opportunities: “Good chance to make small talk with people, which I haven’t done for a long time. (*How do you*

socialize?) . . . we have a goal that needs to be done, we talk about it” (Alex, new member, education unit).

David at the clerical unit had been a clubhouse member for about a year. He articulated the role of the side-by-side WOD participation in the development of peer relationship:

Working side by side thing . . . is very important because it helps you form relationships with people. It shows you that no matter what you know, you can always learn more, whether it’s about people, about the issues about what people have, about what . . . where you want to go in your own life.

Friendship can emerge out of chitchat during WOD: “When we are all making salad and we are just next to each other chopping vegetables and we can talk about whatever and yeah side by side” (Richard, member, kitchen unit). A peer network involving significant relationships can expand out of small talk between WOD chores shared side by side:

Switch board is always two people. And between the time answering phone, you can talk to your other guy on the switchboard, you get involved, and . . . he gave me advice, we used to go to the diner, we go and have coffee. . . . He was like a mentor and when we go to the diner, and then we met [him]. He would come with us and there was more people coming and . . . , we go every 5 or 6 week. On Friday nights, after the WOD, we would go to, we are doing now, we go every Friday, to the diner and . . . eventually I met my girlfriend, too. (Paul, aforementioned)

Paul also expressed a deep appreciation of fun he shared with his friends, which many societies may see as a norm:

When we met at work, [X and Y], members here, and we would go to movies, and as a matter of fact, I would have never gone to [*if I had not met them at the clubhouse*]. I told him, there were two things I wanted to do, going to cruise and . . . if I hadn’t met these, those two things wouldn’t have been possible and it happened. We went on cruise one time, you know, just for a boat for three hours.

Self-Help Group Effects

Many participants appreciated that WOD-mediated peer relationships provided mutual peer support. To what degree might these peer group dynamics be similar to self-help group dynamics? First, just as the WANA members did via their monthly bulletins (Anderson, 1998), participants reported instrumental mutual aid among peers, such as obtaining a job through their clubhouse friend. Psychiatric crisis is another situation that often calls for mutual aid, or experiential knowledge (Borkman, 1999). Understanding what is going on, members can best provide a necessary social tie: “If there’s somebody who is sick, doing their

thing, you know, you'll ask somebody: will you go with this guy to the emergency room and wait with them, until the problem is solved?" (David, aforementioned).

"Therapeutic effects" was another recurring theme. One member, for instance, stated:

It has the same affect as group therapy . . . because you could sit down and talk with people, you know . . . talk to them about your problems and tell your experiences with them, so . . . it's also like group therapy . . . even though the group is not a very structured group, but still people get together. (Peter, member one year, education unit)

Such "group therapy" as this is not any of the formalized therapy that is unacceptable in the ICCD standards (ICCD, 2012). Rather, these prototypical, unstructured, and unintended peer support groups seem naturally and spontaneously occurring in the everyday context of WOD.

Drawing on the term the above member used, the current data were organized around "therapeutic" self-help group effects discussed by Borman (as cited in Zastrow, 2006). Borman selected five of Yalom's (1995) group therapy principles arguing that they had similar therapeutic effects for people with serious mental illness participating in self-help groups; the principles are universality, acceptance, hope, cognitive restructuring, and altruism.

Acceptance: Borman (1985) found acceptance and universality, or "we are not alone," as the core of the self-help group effects. Of 45 members who participated in the study, none of them labeled the clubhouse as a stigma-filled environment. On the contrary, many treasured its accepting milieu, feeling relief as soon as they entered the place. As Anderson (1998) wrote, the clubhouse seems to mean "a safe enclave" to those who were worn down by misjudgments and accusations thrown at their illness-related behaviors. Bob, a recent returnee to the clubhouse after many years, illustrated the place as "a safe haven . . . where you could be yourself." The member continued: "I'm in, you know, the same, where people know you have an illness. . . . And then you are judged not on your illness." Sue at the employment, an old-timer member, was appreciative of her "true friends" she made at the clubhouse:

A lot of good true friends, true friends. The friends I have now are true friends. While I'd say the friends I had before were fair-weathered friends. But these are true friends I have now. They accept me as I am and where I am. I don't have to put up a front.

The same participant explained how encouragement based on an understanding and the nonjudgmental support of her peers was a source of hope: "Because I can go [to the clubhouse] and talk to another member, they can understand exactly where I'm coming from. No judgment. And [they] give me encouragement I need to feel better about myself."

Universality or We are not alone: As the name “WANA” (We Are Not Alone) symbolizes, meeting the needs for communal belonging and friendship was always the primary purpose throughout the clubhouse history (Anderson, 1998). Some study participants, although they did not know about the WANA, uttered the very same phrase, “We are not alone.” Schermerhorn proposed the same purpose in 1955: “the bonding together of those who had shared the experience of mental illness into small and intimate groups to provide a substitute for family or close circle of friends” (as cited in Anderson, 1988, p. 46). This is what exactly Peter, aforementioned, stated:

I think [the clubhouse is] mostly, mostly like a family because we all suffer from mental illness, from some sort of mental illness. So, I feel like I’m at home, ah, with other people who have problems, who may have the same problems, or have different problems, but the thing we have in common is that . . . we all have something in common, and that is that we all suffer from some kind of illness.

Hope: A number of participants reported that they became optimistic about the future since they started coming to the clubhouse. Sue from the employment unit was explicit about giving credit to WOD, which inspired her with hope:

When I came to [the clubhouse], I saw people clean . . . going to work. I saw them working half a day and then going off to work . . . and uh, I saw they were functioning. . . . So, seeing people . . . without wanting to believe that I could do it again. (Sue, aforementioned)

Cognitive restructuring: Recovery refers to “overcoming the effects of being a mental patient . . . in order to retain, or resume, some degree of control over their own lives” (Davidson & Roe, 2007, p. 462). Recovery, in a sense, is a coming-out process that involves critical moments when an individual who suffers from a mental illness gains an insight into the illness and comes to accept it whereby the mental illness becomes “only one aspect of an otherwise whole person” (p. 462). Amador (2000) asserts that nonjudgmental listening and empathy, followed by gentle encouragement, are essential to help the person gain insight into mental illness. Peers can mutually help this process by naturally providing such a safe place for individuals to face the traumatic reality:

[The clubhouse] has made me accept my mental illness and live with it, and go with it, . . . , you know, they’re hearing voices and they have to decide what voices are real voices or not real, what feeling or smell is real, or what emotion is real and what emotion is not real, the idea of anger, I mean, what angers are you real, are you really mad at the person or just, either being mean to you but not being mean to you, are you paranoid . . . ? That’s what you learn from other members of the community. We learn that by either talking to people, or . . . sharing it with another person. (Kathy, member, reception unit)

Sue, aforementioned, gained a new perspective on her self and mental illness by “being around other members.” Her mental illness went from being “a big deal” to “no big deal” to her.

And it’s about coming to the clubhouse, being around other people that, being around other members, no big deal that they had mental illness and they were moving on in their life. That encouraged me to accept my mental illness and do the best I could. . . . now I’m in charge.

This participant felt her illness had been getting “smaller and smaller” and her self “bigger and bigger.” She came out of her illness in the outside community as well and gave a speech to university students about mental illness.

Altruism: Most participants expressed their positive feelings about helping others, an effect also known as “helper-therapy principle” (Riessman, 1965). Some felt important when they were asked to help. Others also felt good about themselves because they were able to make their peers happy. One young member, Bill, for example, narrated the altruistic satisfaction he experienced during WOD in his kitchen unit: “I like helping out members. I like seeing them happy, like enjoying the food . . . [chatting] . . . gonna good time.”

Jeff, a horticulture unit member, also articulated a healing effect of helping his peers who also struggled with mental illness:

The experience of helping other members out . . . when . . . you can connect with some member and possibly help them or give them advice or direct them, that’s very very satisfying . . . that’s why you’re in this group, this community of people struggle with, their struggles and stuff like that. When you end up playing that . . . social worker [role] to our fellow member . . . it’s very gratifying . . . it’s healing . . . even for my dysfunctions, I’m able to help others.

DISCUSSION

The present study focused on peer support among clubhouse members, primarily in relation to WOD. Themes that emerged from in-depth interviews with members included (a) peer support patterns involved during WOD as teamwork (peer to peer collaboration) and (b) personal level of peer support experienced by virtue of being a member of the community or expanded secondary to WOD participation (circles of personal peer relationships). Interviews with staff and participant observation confirmed the members’ perspective. These themes, by and large, were also consistent with the levels of peer support found by Coniglio et al. (2012). The “peer to peer collaboration,” for instance, seems to correspond to Coniglio et al.’s “shared achievement through doing” level, which they speculated as unique to the WOD.

Consistent with the Clubhouse Standards (ICCD, 2012), “side-by-side” interactive patterns characterized peer support during WOD. This side-by-side

revealed three aspects: (a) task-sharing side by side, where members collaboratively played a part to accomplish a shared WOD task; (b) teaching side by side, where members who were more experienced in one task mentor peers who were new to the task; and (c) leadership side by side, where members led a decision-making meeting in a manner that conveyed respect and appreciation for everybody's input and voluntary participation in the process. As Beard formulated, peer support "effectuated by members participating in work" (Anderson, 1998, p. 57; Beard et al., 1982) seems omnipotent and active (Biegel, in press) today and vital to the WOD. At the same time, the WOD, paralleling the outside world of work structurally and substantively, appears to reflect a sense of normalcy—a reconciliation between people with mental illness and the outside world—a goal that the original hospital inpatient group (a forerunner of the Fountain House) hoped to achieve (Anderson, 1998).

The study also highlighted personal levels of peer support and how they emerged during WOD and evolved into personal peer relationships thereafter. Data suggested that the side-by-side nature of WOD participation plays a critical role in this peer process. To some members, WOD side-by-side activities became tools to socialize with other people (Beard et al., 1958). For others, chitchat between chores evolved into personal peer relationships. It seems that side-by-side collaboration provides an optimal matrix for the unintended, natural and spontaneous peer processes in the everyday context of WOD—another phenomenon that may resemble ordinary life outside.

Personal levels of peer support ranged from instrumental, emotional, to recreational support. Those experiences including the sharing of experiential knowledge (Borkman, 1999) and therapeutic effects such as being helped by helping, acceptance, or "we are not alone," seem to have much in common with the peer support documented in the self-help/mutual aid literature, which has been demonstrated to be related to individuals' personal growth and recovery (e.g., Borkman, 2010; Borman, 1985; Brown & Lucksted, 2010; Corrigan et al., 2005). In this sense, the clubhouse model can be viewed as embracing "self-help group elements" (Staples & Stein, 2008). The WANA self-help spirit (Anderson, 1998) seems alive and active in the contemporary clubhouse, constituting a vital aspect of members' "meaningful relationships" (ICCD, 2012) and their life at the clubhouse.

In brief, peer support emerges in order to achieve WOD tasks and as a result of WOD participation. Like a fountain, it transpires naturally and spontaneously in the everyday context of WOD, and the side-by-side participation mediates the natural process. How are the phenomena delineated here, however, different from those experienced in our ordinary life—work camaraderie and subsequent personal support involving the sharing of leisure time, the restoration of spirit, and hopefully personal growth?

Underlying the query is the notion of normalization (Nirje, 1980; Norman, 2006; Wolfensberger, 1980). Nirje (1980), for instance, underscored the normal

rhythm of the day, week, and year as a principle of normalization. Just like everybody else outside, members seem to share with the rest of society “a normal rhythm of the day” (Nirje, 1980, p. 32) through WOD activities and responsibilities, and “a normal rhythm of the week” (p. 33) with a work place to go to [and] leisure time with peers after the WOD. What some members called unintended “therapy,” which is spontaneously experienced in the context of the WOD, also seems to parallel feeling-normal experiences (which can be healing and growth) that naturally happen as part of a good life outside. The WOD with its side-by-side, or egalitarian, partnerships seems to provide the opportunity to experience meaningful peer support thereby “patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life of society” (Nirje, 1980, p. 33)—or “as good as the average citizen’s” (Wolfensberger, 1980, p. 14).

The current study drew upon a sufficient number of participants for data saturation, a point in which additional information ceases to emerge (Glaser & Strauss, 1967). The findings, however, derived from only one clubhouse. As Coniglio et al. (2012) commented, the study was conducted at an ICCD-accredited clubhouse; therefore, the findings may be generalizable to other accredited clubhouses. Nonetheless, Beigel et al.’s (2012) find that ethnicity matters in members’ peer network formation in the general community; peer support experiences, then, may well differ among clubhouses in different cultural and societal contexts. Both intra- and inter-cultural (Fetterman, 1998) constant comparisons are needed to see if new themes emerge (Glaser & Strauss, 1967).

The interpretation of the findings also calls for caution for two other reasons. First, data analysis was conducted by one researcher, which challenges the reliability of interpretation. Second, the present study purposively sought participants who were willing to participate in the study, a method that was considered to serve the study purpose. Identifying negative peer support experiences which was not done and is less likely in this sample of positively consenting members, however, could have deepened understanding of the peer support phenomenon in clubhouses.

Last, the study is limited in its scope. While focused on member-member interaction, it overlooks the staff-member partnership, another important component of the WOD (ICCD, 2012; Stapes & Stein, 2008). Future research should focus on the nature and meaning of the staff-member partnership as it relates to peer support in order to thoroughly understand the WOD and ultimately the clubhouse model.

CONCLUSIONS

The study is significant given the paucity of formal systematic research into the nature of the WOD and clubhouse peer support despite its limitations. The findings indicate that peer support is actively prevalent today in the WOD, as it

was historically at the beginning of the clubhouse. Peer support during WOD is characterized with side-by-side collaboration, which often mediates the WOD and personal levels of peer support. Just as peer support during WOD seems to parallel collegial support seen in the outside world of work, personal peer support, while entailing a range of positive effects of self-help group participation on one hand, also seems to spontaneously and naturally occur in the everyday context of WOD. Underlying these experiences, directly related or secondary to WOD participation, seem to be the notion of normalization. A sense of normalcy that permeates ordinary work, relationships, and fun can be accumulated into growth and recovery. Future research should adopt a more holistic view by taking into account how the member-staff partnership relates to peer support. Future research also should compare sub-cultures within a clubhouse as well as clubhouses across different cultures and societies.

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