

## Chapter 2

# Using Existing Theory to Build a Conceptual Framework of Consumer-Run Organizations

**Abstract** This chapter reviews existing theoretical explanations of how people benefit from mental health consumer-run organizations (CROs). I use the concept of roles to identify similarities and tie these disparate perspectives together. Consideration of the recovery model and community integration aids the conceptualization of CRO outcomes. Behavior-setting theory and empowerment theory enhance understanding of how different CRO setting characteristics influence participation and benefits. The helper-therapy principle, experiential knowledge, social comparison theory, and social support theories provide insight into the interpersonal processes within CROs that lead to participation benefits. Building on this theoretical foundation through the unique application of identity theory, the chapter concludes by describing an integrative preliminary framework explaining how people benefit from CROs.

A variety of theoretical frameworks can be used to understand different aspects of consumer-run organization (CRO) settings, processes, and outcomes. Developing a rich theoretical understanding of CROs can provide insight into (1) how CRO settings can be most effectively structured, (2) how mental health policy and professionals can effectively support CROs, (3) who is likely to benefit from CRO participation, and (4) how to design theoretically sound CRO evaluations. This chapter reviews the most common theories and concepts applied to CROs and other collaborative self-help efforts. To help integrate the various theoretical perspectives reviewed, they are organized into four categories (1) conceptualizations of CRO outcomes, (2) theories regarding how CRO setting characteristics influence individual outcomes, (3) explication of interpersonal processes that lead to participation benefits, and (4) frameworks that help to connect settings, interpersonal processes, and outcomes. Table 2.1 provides an overview of each theoretical perspective as it relates to CROs.

Recovery and community integration help to conceptualize the goals and outcomes of CROs. Behavior-setting theory, empowerment theory, and sense of community describe how CRO-setting characteristics influence interpersonal

**Table 2.1** Overview of perspectives used to understand CROs

| Theoretical perspective                    | Core insights   |
|--|---|
| Content addressed: CRO outcomes            |   |
| Recovery                                   | CROs can help people reach a point at which their knowledge and management of their diagnosis, their skills, and their values enable them to live a meaningful, satisfying life   |
| Community integration                      | CRO participation contributes to (1) physical integration by involving self-initiated interaction in the community, (2) social integration by enhancing social networks, (3) psychological integration by encouraging camaraderie and group collaboration   |
| Content addressed: CRO settings            |   |
| Sense of community                         | The interdependent, mutually supportive relationships at a CRO promote a sense of community and commitment  |
| Behavior setting theory                    | Overpopulated CRO settings may have numerous capable leaders, whereas underpopulated settings may encourage a larger proportion of members to undertake empowering leadership roles   |
| Empowerment theory                         | CROs promote individual empowerment by emphasizing self-determination and coping strategies. Member control of organizational activities, governance, and administration provides organizational empowerment. Organizing advocacy and public education efforts enhances community empowerment                       |
| Content addressed: interpersonal processes |   |
| Helper therapy principle                   | Helping other CRO participants can provides helpers with a sense of self-efficacy, equality in giving and taking, improved interpersonal skills, and positive regard from help recipients   |
| Experiential knowledge                     | CRO participants may be more capable of extending empathy, emotional support, and relevant coping strategies because their similar experiences give them accurate knowledge and a deep appreciation of what a person is going through   |
| Social comparison theory                   | CRO participation may normalize psychiatric diagnoses (lateral comparisons), provide accomplished role models who effectively manage their mental health problems (upward comparisons), and downward comparisons to those who are worse off, which may enhance self-esteem and appreciation of current capabilities |
| Social support                             | From a stress-buffering perspective, CROs provide participants with social resources in times of need. Long-term relationships also provide direct benefits (main effects), including a sense of stability, purpose, belonging, security, and self-worth  |

(continued)

**Table 2.1** (continued)

| Theoretical perspective   | Core insights   |
|---|---|
| Content addressed: connects settings, interpersonal processes, and outcomes |   |
| Identity theory   | Roles available in CRO settings provide members with opportunities to develop new health-enhancing identities   |
| Preliminary theoretical framework   | CRO settings promote the development of help seeker and help provider roles, where participants develop new skills to meet role expectations and adopt empowering help provider role identities |

processes and individual outcomes. The helper-therapy principle, experiential knowledge, social comparison theory, and social support theories help to explain how the interpersonal interactions within CRO settings lead to individual outcomes. Identity theory provides novel concepts not previously applied to CROs that help to relate setting-level characteristics to interpersonal processes and outcomes. I draw from the ideas of identity theory to introduce a preliminary theoretical framework that helps to tie setting level characteristics, interpersonal processes, and individual outcomes together and helps to integrate the other theoretical perspectives. The following sections explore each of these theories and concepts in more detail.

## Part 1: Conceptualization of CRO Outcomes

### 1A. Recovery

The recovery model represents a shift in thinking about mental health that is closely related to the empowerment-community integration paradigm discussed in the previous chapter. The two perspectives are similar in their emphasis on self-direction, autonomy, community integration, potential for growth, and collaboration with professionals rather than expert/patient relationships (Shepherd, Boardman, & Slade, 2008). These core features are valued by proponents of the recovery model, but debate about the nature of recovery remains, and its conceptualization continues to evolve (Bellack, 2006).

One defining feature of the recovery model is that individuals in recovery decide for themselves what constitutes recovery by developing their own hopes, goals, and concept of a valued life (Thornton & Lucas, 2011). The emphasis on self-determination in defining recovery stands in stark contrast to the biomedical model, where recovery represents an absence of impairments that deviate from normal biological functioning (Kendell, 1975). Self-determination is clearly important, but it can be counterproductive if individuals choose goals that compromise health. Thus, the recovery model

is likely to be more effective if it also includes an explicit valuation of goals that promote human flourishing (Thornton & Lucas, 2011).

“Mental health recovery” also refers to individuals reaching a point at which their knowledge and management of their symptoms, their skills and values, their use of helping modalities, and their feelings about their life, together enable them to live a meaningful, satisfying life (Anthony, 1993). Recovery can be conceptualized as a combination of hope, self-responsibility, overcoming mental health problems, and moving past symptoms to cultivate a rewarding life (Deegan, 1988; Noordsy et al., 2002).

The self-determined nature of both CROs and CRO participation is consonant with the recovery model. As such, participation in a CRO can be a powerful part of one’s path toward recovery. CROs help people build capacity and learn skills to overcome stressors and recover wellness. CROs can foster active coping and encourage taking responsibility for the consequences of one’s actions, future, and well-being. By developing new capacities, framing new goals, and ascribing new meaning to old experiences, participants can create new states of wellness with renewed hope for the future. These all contribute to recovery. Thus, the concept of mental health recovery does not explain why or how CROs benefit people. Instead, it highlights the larger picture that CROs contribute to: helping people with mental health problems improve and refashion their lives in an adaptive response to mental health problems. This book seeks to develop a framework that can provide a more fine-grained understanding of how CRO participation promotes recovery.

### ***1B. Community Integration***

Community integration provides a different framework for understanding the many different ways individuals can benefit from CRO participation. Participating in a community is both a right (according to the 1990 Americans with Disabilities Act and the 1999 Supreme Court Olmstead decision) and an avenue to psychological and social benefits. Wong and Solomon (2002) thoughtfully define the interrelated physical, social, and psychological components of community integration. “Physical integration refers to the extent to which an individual spends time, participates in activities, and uses goods and services in the community outside his/her home or facility in a self-initiated manner” (Wong & Solomon, 2002, p. 18). Whenever individuals participate in a CRO, they do all of these. Thus, physical community integration is inherent in the act of CRO participation. The more someone replaces time spent in isolation with time spent involved in a CRO, the more physically integrated that person becomes into his/her community.

“Social integration has two subdimensions – an interactional dimension and a social network dimension. [The] interactional dimension refers to the extent to which an individual engages in social interactions with community members that are culturally normative both in quantity and quality, and that take place within normative contexts” (Wong & Solomon, 2002, p. 18). Again, CRO participation inherently involves social interactions with community members. CRO interactions are normative in the sense that participants voluntarily meet new people, share stories and discuss issues, solve problems, and take on leadership roles – activities common throughout community-based organizations. At the same time, CRO interactions are also often nonnormative in that participants interact only with other mental health consumers. This interaction may be helpful as participants share experiential knowledge in coping with mental health problems (Borkman, 1999), typically creating an understanding, accepting, and supportive environment where participants have a great deal in common. Thus, CROs facilitate social integration into the community of mental health consumers. However, socializing *only* with other consumers or CRO participants may limit a person’s community integration.

“[The] social network dimension refers to the extent to which an individual’s social network reflects adequate size and multiplicity of social roles, and the degree to which social relationships reflect positive support and reciprocity, as opposed to stress and dependency” (Wong & Solomon, 2002, p. 19). CRO participation leads to the development of a new social network full of mutually supportive roles. The more involved participants become, the larger and richer their social network will grow. Dependency roles do not typically develop because CRO participants act as both help providers and help seekers. The voluntary nature of CRO roles and relationships allows people to disengage from relationships in which stress outweighs the positive support received. Thus, CRO participation can dramatically enhance participants’ social integration.

### ***1C. Sense of Community/Psychological Integration***

“Psychological integration refers to the extent to which an individual perceives membership in his/her community, expresses an emotional connection with neighbors, and believes in his/her ability to fulfill needs through neighbors, while exercising influence in the community,” (Wong & Solomon, 2002, p. 19). This definition of psychological integration is very similar to the definition of psychological sense of community provided by McMillian and Chavis (1986). When interdependent, mutually supportive relationships form (at a CRO or elsewhere), a sense of community develops. People become attached and committed to the setting. They further invest themselves into the initiative, contributing to it and receiving many benefits from it.

Forming a sense of community is important to CRO settings because it promotes empowerment and catalyzes increased and sustained participation (Chavis & Wandersman, 1990; McMillan, Florin, Stevenson, Kerman, & Mitchell, 1995). Furthermore, a sense of belonging is a highly valued outcome of participation. A shared sense of community is catalyzed in many CROs by the shared “experiential knowledge” of members in a self-help initiative possess (Borkman, 1999). In a beneficial spiral, the warm accepting atmosphere inherent to settings with a strong sense of community is rewarding in itself, and is critical to the development of roles and relationships where participants exchange and sustain mutual emotional support. Having a place where people trust and support each other helps individuals gain confidence to take on new roles that are unfamiliar, exciting, and healthy. Settings rich with encouragement and acceptance allow people to take needed risks without the fear of social criticism. The trusting bonds enable communication around difficult issues and work as a healing mechanism (Gidron & Chesler, 1994).

Furthermore, developing a sense of community at a CRO can facilitate community attachment with other territorial (e.g., neighborhood) and relational (e.g., church) communities (Heller, 1989; McMillan & Chavis, 1986, Unger & Wandersman, 1985), thereby improving community integration. Research suggests that CRO participants are in fact involved in their communities; over 90% take part in at least one community activity outside of their CRO (Chamberlin et al., 1996).

In summary, the physical, social, and psychological aspects of community integration are important outcomes that CRO participation can promote, enhanced by the development of a sense of community. All fit with the larger conceptualization of recovery among people with mental health problems. Several other setting characteristics are also important determinants of positive CRO participation outcomes, including empowerment theory and behavior-setting theory. The next section discusses these, beginning with behavior-setting theory, which is useful in understanding how the CRO under- or overpopulation influences individual outcomes.

## **Part 2: Setting Characteristic Theories**

### ***2A. Behavior-Setting Theory***

Behavior setting is a small social system defined by its standing pattern of behavior and occurring within particular temporal and spatial boundaries (Barker 1968). Established patterns of behavior guide the interactions among the setting’s various participants. CROs are behavior settings that attempt to establish a mutually supportive pattern of behavior, where participants act as both help seekers and help providers, bounded temporally by their meeting hours and spatially by their meeting location.

For behavior settings to operate properly, the individual inhabitants that create the standing patterns of behavior need to be present. In behavior-setting theory, participants are essential to creating the standing patterns of behavior, but individuals

are considered relatively interchangeable because similar interactions occur regardless of who occupies the setting. Assuming participants are equally effective at seeking and providing help, a CRO setting will produce a similar pattern of mutually supportive exchanges regardless of who participates.

One critical factor in determining how individuals experience a given behavior setting is whether it is under- or overpopulated. An *under* populated behavior setting has more roles than members, making every member essential (Barker, 1968; Schoggen, 1989) and requiring that some members occupy more than one role. In this environment, there are many opportunities to develop new skills, and all available resources are used. For example, rather than screening out less-adequate participants from leadership roles through “vetoing circuits,” underpopulated settings develop “deviation-countering circuits” that help people learn the correct behavior and successfully perform the needed role (Schoggen 1989). However, if the setting is too underpopulated, members may become overextended and burn out.

In contrast, *over*populated settings have more interested participants than roles available. Therefore, such settings develop dynamics that select only the members perceived to be most capable to fill leadership roles, excluding other less-capable members. This process of exclusion within an overpopulated setting is called a “vetoing circuit.” Both over- and underpopulation have important implications for individuals’ experiences in that setting.

Research suggests that a strong leadership base is essential for effective CRO operation (Kaufmann, Ward-Colasante, & Farmer, 1993). Overpopulated CROs may be able to select only the strongest leaders and exclude weaker candidates. The competition can help CROs to operate effectively by putting the most capable leaders at the helm.

However, this exclusion of some members from leadership roles also may be problematic. Previous research indicates that involvement in organizational planning and decision making is an important predictor of participation benefits (Segal & Silverman, 2002). If there are a limited number of leadership roles, then overpopulated settings may confer less benefit on large proportions its participants. Instead, underpopulated settings may be more individually beneficial because all members are needed and encouraged to take on leadership roles. Furthermore, the idea that only some members are suitable for leadership contradicts the self-help ideals of minimal hierarchy and shared decision making (Riessman & Carroll, 1995).

Yet in any setting, participants gravitate to certain roles and avoid others depending on factors such as temperament, skill set, judgments of others, and opportunity. In overpopulated settings, involving everyone in planning and decision making can be slow and cumbersome. As groups grow, more participants are excluded from leadership roles since they are limited in number (Brown, Shepherd, Wituk, & Meissen, 2007b). However, exclusion from leadership roles may not be particularly problematic, as participants can still benefit from the mutually supportive exchanges that occur in nonleadership positions (Brown, Shepherd, Merkle, Wituk, & Meissen, 2008). These challenges of balancing leadership involvement with equality and effective operations are an important consideration for any CRO.

## ***2B. Empowerment Theory***

Like behavior-setting theory, empowerment theory provides insight into how setting characteristics contribute to outcomes. In this case, an empowering environment promotes individual empowerment and other benefits. Empowerment as a values framework recognizes that consumers have the right to gain control over their lives, make informed decisions about how they will use mental health services and take actions on their own behalf (Dickerson, 1998). As a process, empowerment involves developing skills and acquiring information to enhance self-determination. Environments facilitate this process when they value consumers' recovery and readily offer opportunities to both develop skills and acquire valuable information. Empowerment is also an important outcome fostered by CROs and positively related to indicators of physical and mental health (Israel, House, Schurman, Heaney, & Mero, 1989).

CROs are uniquely empowering because they are consumer driven. Furthermore, CROs are qualitatively different from professional mental health services in that CRO participants not only receive help but also provide it as well. Professionally delivered mental health services may provide excellent support, but even the most client-centered systems do not provide participants (clients) the benefits of helping others (see helper therapy principle, next section). The emphasis of CROs on building capacity to help oneself and others promotes empowerment (Trainor et al., 1997).

Thus, CRO participation leads to empowerment at the individual, organizational, and community levels (Segal, Silverman, & Temkin, 1993). CROs promote individual empowerment by helping members obtain needed resources, develop skills needed to take initiative in directing their own lives, and to become socially engaged. This is reinforced at the organizational level, in that CRO members control the activities that are pursued, their governance, and their administration. At the community level, many CRO settings encourage participant involvement in social change and policy making by organizing advocacy and public education efforts.

Thus, CRO settings often manifest key characteristics of empowering community settings, including: "(a) a belief system that inspires growth, is strengths-based, and is focused beyond the self; (b) an opportunity role structure that is pervasive, highly accessible, and multifunctional; (c) a support system that is encompassing, peer-based, and provides a sense of community; and (d) leadership that is inspiring, talented, shared, and committed to both setting and members" (Maton & Salem, 1995, p. 631). The sense of control and ownership that individuals can gain when participating in a CRO can transfer into a sense of personal and community-level empowerment (Schulz, Israel, Zimmerman, & Checkoway, 1995; Zimmerman & Rappaport, 1988). Furthermore, involvement in empowering leadership roles is an important predictor of personal empowerment and social functioning (Segal & Silverman, 2002).

Empowerment, sense of community, and behavior-setting theory all provide insight into how setting-level characteristics influence individual outcomes. The next sections describe how interpersonal processes in CRO settings help create these setting characteristics and contribute to individual outcomes. Specifically, the helper therapy

principle, experiential knowledge, social comparison theory, and social support theories all help to explain how the interpersonal interactions that occur during CRO participation are beneficial.

## **Part 3: Interpersonal Processes Within CROs**

### ***3A. The Helper-Therapy Principle***

The helper-therapy principle states that providing help can be more therapeutic than receiving help (Riessman, 1965). Research has demonstrated that helping others can improve self-concept, increase energy levels, and improve physical health (Luks, 1991). CROs provide many opportunities to help others in a mutually supportive environment. For example, participants help each other by providing emotional support, acceptance, and ideas about how to solve personal problems. Additionally, people in a CRO leadership role can help others by accomplishing organizational tasks that are beneficial to everyone. Such helping roles are especially valuable to people with mental health problems because psychiatric symptoms and the common consequences of severe mental illness (such as poverty, stigma, and discrimination) can reduce one's opportunities to make valuable contributions to others, such as through work, parenting, or civic leadership.

Skovholt (1974) theorized four benefits from helping others. One is an increased sense of competence or self-efficacy, which can occur when people successfully help others. For example, CRO participants may find that sharing one's own experiences and coping strategies gives other participants helpful ideas. This reinforces a positive self-assessment of those experiences while also creating the rewarding experience of being valued by someone else. Second, Skovholt theorized that helping others promotes a sense of equality in one's relationships, which can help consumers become independent, self-supporting adults, who contribute as much as they consume. A third benefit of helping is that it can promote learning and the acquisition of personally useful knowledge. In a CRO, people can apply their existing experience and knowledge in new ways, exercise problem-solving skills, expand their thinking about common challenges, and improve their interpersonal skills through helping others. Fourth, the helper role often leads to appreciation and social approval from the person receiving help and other peers. This positive regard can provide the helper with a sense of importance, usefulness, and satisfaction.

### ***3B. Experiential Knowledge***

Experiential knowledge refers to the insights, information, and skills that one develops through coping with life challenges. When people share a particular life challenge, experiential knowledge can help them relate to one another and provide

appropriate support (Borkman, 1999). This shared experience is particularly powerful in a CRO because the prejudice associated with mental illness often sets consumers apart from others. Experiences with psychiatric hospitalization, medications, hallucinations, suicidal ideation, and other symptoms are not only hard to fathom but also often frightening. Friends, family, and even professional providers who have not had such experiences may therefore shy away from understanding these experiences, often by discouraging discussion of them and the feelings they provoke, changing the subject, or encouraging cheerfulness in spite of trauma (Coates & Winston, 1983; Dunkel-Schetter, 1984; Helgeson & Gottlieb, 2000). Such responses can frustrate and belittle people struggling to deal with mental illness.

Therefore, the shared experience with mental health problems among CRO participants frequently acts as a key bonding point in the development of supportive relationships. This commonality can engender trust and a feeling of acceptance. Numerous studies have demonstrated the emotional benefits of sharing experiences with others who have faced similar hardships (Helgeson & Gottlieb, 2000), including validation, normalization of the experience, a reduction in social and emotional isolation, and a sense of belonging (Cowan & Cowan, 1986; Lieberman, 1993; Rosenberg, 1984; Toseland & Rossiter, 1989).

Additionally, people who have also “been there” are often better prepared to provide appropriate support to each other by virtue of the (often hard-won) expertise and understanding that these experiences convey (Helgeson & Gottlieb, 2000). For example, mental health consumers may be more capable of extending empathy and emotional support to other mental health consumers because their similar experiences give them accurate knowledge and a deep appreciation of what a person is going through. By dealing with their own problems, CRO participants may also have developed coping and problem-solving strategies that can be useful to others facing similar challenges (Borkman, 1999). Their experiences may have taught them certain information, coping strategies, or tips that can save others from having to learn through trial and error. Thus, the exchange of emotional and informational support in a CRO, informed by experiential knowledge, can be invaluable.

### ***3C. Social Comparison Theory***

In CROs, participants’ shared experiences enable several types of meaningful social comparison (Festinger, 1954). Lateral (peer) comparisons may serve to normalize and contextualize a person’s experiences within the particular challenges shared by the group. For example, having a psychiatric diagnosis or caring for someone who does is often isolating because others cannot relate to the challenge. Discussing hopes, fears, stories, and meanings in a CRO setting can help people realize they are not alone in their struggle or abnormal in their reactions (Coates & Winston, 1983).

Second, CRO leaders are often charismatic and accomplished people despite the serious challenges posed by their mental health problems. Other members can make *upward* social comparisons to these people, viewing them as role models (Helgeson

& Mickelson, 1995). Their success may help raise the expectations, dreams, and motivation of CRO participants. If such participants can also identify with these leaders, socially valued roles may become a new possibility in their minds, perhaps replacing assumptions of isolation and dependency. Such upward comparisons may inspire hope and the pursuit of new life-enhancing roles. However, social comparison theory also cautions that the benefits of upward comparisons can be compromised if the more-accomplished person is seen as a rare, unattainable exception or too dissimilar from the upward-looking members (Suls, Martin, & Wheeler, 2002).

Every CRO has members with a variety of capabilities. Just as upward comparisons with the leaders are possible, so are downward comparisons with people in worse situations. Comparing oneself to others who are “worse off” may boost self-esteem by helping people appreciate what they do have (Wills, 1981). Downward comparisons also sometimes help people persevere in their coping (Taylor, 1983). CRO participants sometimes report that hearing other participants’ more harrowing stories helps to put their challenges in perspective and increases their resolve (Lucksted, Stewart, & Forbes, 2008).

However, both upward and downward social comparisons are also potentially detrimental. Downward comparisons may lower expectations or contribute to demoralization, while upward comparisons may make people feel inferior (Helgeson & Gottlieb, 2000). How social comparisons play out in CROs is poorly understood and further research is needed.

### ***3D. Social Support Theories***

Social relationships are widely regarded as critical determinants of physical and mental health (Berkman, Glass, Brissette, & Seeman, 2000). Larger social networks among people with psychiatric diagnoses are linked to fewer psychiatric symptoms, improved quality of life, and higher self-esteem (Goldberg, Rollins, & Lehman, 2003). CROs improve social networks by providing participants with the opportunity to participate in shared activities that they self-organize and within which they may develop relationships that transcend those specific activities (Hardiman & Segal, 2003). Furthermore, research suggests that making new friends is the most frequently cited benefit of CRO participation (Mowbray & Tan, 1993). Relationships formed during CRO participation can be richly rewarding and therapeutic in themselves, and can also be valuable precursors to the development of relationships external to the CRO. Research by Trainor et al. (1997) supports the notion that CROs can help participants build networks in the broader community, with 60% of CRO participants indicating that contacts with nonconsumers increased as a result of their CRO involvement.

Social support, that is, the perception that one is part of a caring network of people who are helpful during difficult times (Cobb 1976), is widely recognized as an important determinant of mental health and a powerful motivation for CRO participation (Mowbray & Tan, 1993). However, *how* social support impacts mental health is

extensively debated (Cohen, Gottlieb, & Underwood, 2000; Thoits, 1985). There are two prominent and competing models: the stress-buffering model and the main effects model. The *stress-buffering* perspective argues that social support mediates the relationship between stress and health. Enhanced coping ability made possible through social support can buffer the negative influence of stressful experiences on mental health because the resources available from social support provide individuals with both confidence in their coping ability and real support in coping with imposed demands (Thoits, 1986). By maintaining long-term relationships in a CRO, people are able to draw on these social resources in times of need.

In contrast, the *main-effects* model of social support emphasizes the importance of social relationships in the direct production of positive affect and the reduction of psychological despair (Cohen, Gottlieb, & Underwood, 2000; Thoits, 1985). Such relationships provide people with a sense of predictability, stability, purpose, belonging, security, and self-worth (Hammer, 1981; Thoits, 1983; Wills, 1985). CROs also provide these direct positive effects through enjoyable social interactions, positive settings for fostering further social relationships, and affirming exchanges about problems and challenges. Thus, CROs embody both the stress-buffering and the main-effects models of how social support contributes to well-being.

## Part 4: Roles and Identity Theory

*Identity theory* and the concept of *roles* have not been traditionally applied to CROs; however, they provide important insights into how people benefit from these organizations. The concept of roles is helpful in integrating setting-level theories with interpersonal processes and individual outcomes because it provides a unit of analysis that is meaningful both to understanding the demands of behavior settings and individual differences in the nature and consequences of CRO interactions. Although there is no consensus definition of a role in the literature, a role can be defined as a set of behavioral expectations describing how one person is supposed to interact with others in a given environment (Brown, 2009a; 2009b; Brown, Shepherd, Merkle, et al., 2008).

Several social science disciplines have used the concept of roles to understand human behavior, including sociology (Mead, 1934), psychology (Lewin, 1948), and anthropology (Linton, 1936). Several role-based theories have been developed, including role theory (Sarbin, 1966), social valorization theory (Flynn & Lemay, 1999), and identity theory (Stryker, 1980; Stryker & Burke, 2000). All of these theories are meritorious, but the ideas presented in this book draw heavily from identity theory, a conceptually rich theory that grows out of sociological social psychology.

Identity theory (Stryker, 1980; Stryker & Burke, 2000; Stryker & Serpe, 1994) provides insight into the cognitive and behavioral consequences of taking on new social roles within a CRO. The theory is rooted in symbolic interactionism, a broad theoretical perspective within sociology pioneered by Cooley (1902), James (1950/1890), and especially Mead (1934). Although a review of symbolic interactionism is beyond

the scope of this work, the perspective provides numerous concepts that are useful in generating a fine-grained description of human interaction (Hewitt 2003). In symbolic interactionism, behavior is thought to be guided by an active construction of reality using subjective interpretations (symbols) of our interactions with the world. Through our regularized social interactions (i.e., our roles), we make sense of our selves. We look to our environment to understand how we should behave in these roles. Identity theory contends, “persons live their lives in relatively small and specialized networks of social relationships, through roles that support their participation in such networks” (Stryker & Burke, 2000, p. 285). A person can play multiple roles within one social network, such as the role of mother with her daughter and the role of wife with her husband.

Numerous roles exist in CROs. Two universally available roles are that of help seeker and help provider. These roles do not have strict expectations, but some general guidelines are clear. In help seeker roles, participants may be expected to share problems, listen to feedback, decide for themselves which advice is useful, and develop plans to overcome personal challenges. Those in help provider roles may be expected to provide empathy, share their own struggles with similar challenges, share problem-solving strategies that have worked, and accept others for who they are. CRO participants typically occupy both help seeker and help provider roles on a regular basis, sometimes during a single conversation. Well-run CROs maintain role structures that promote mutually supportive patterns of interaction and allow members to move easily between help seeker and help provider as their needs and the needs of others indicate.

The different CRO roles are important to consider because people use roles as basic conceptual tools in thinking about self: the roles that we play determine our identity, which in turn determines the roles that we play (Stryker & Burke, 2000). Because roles provide purpose, meaning, direction, and guidance to one’s life, Thoits (1983) theorized that a greater number of roles leads to a stronger sense of meaningful, guided existence. Her research shows that people who possess numerous identities report significantly less psychological distress (Thoits, 1986).

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

When a role associated with a social network position is played on a regular basis, it becomes internalized as a “role identity” and adopted as a component of the self (McCall & Simmons, 1978). In social interactions, individuals draw on the most appropriate role identities in a given situation to guide their behavior. When a particular role identity is activated it serves as an “identity standard” or set of meanings that represent an individual’s current self-concept. People try to behave in a way that

matches their identity standard and they continuously adjust their behavior in an attempt to receive feedback from others that verifies that identity standard (Burke, 1991). The process of continually modifying behavior in order to achieve congruence between the identity standard and feedback from the environment is known as the identity control system (Burke, 1991). In this system, the “comparator” (a cognitive process) determines the level of congruence between the social situation and the identity standard. Meaningful behavior is then used to alter the social situation in such a way that it will be more congruent with one’s identity standard. It is through this feedback loop that role identities have a major influence on behavior.

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

The identity-control system process of matching the social situation to the identity standard is conceptualized as the process of “identity verification” (Stets & Cast, 2007). While people attempt to match their behavior to their role identities, they also try to shape their environment in such a way that their behaviors will match the social situation. People go through a process of selective interaction in which they choose to interact with others who confirm their identities (Swann, 1987). People also avoid those who do not support these high-salience roles (Swann, Pelham, & Krull, 1989). When discrepancies exist between the group member’s role and the meanings of self-identity, the group member is less satisfied with the role and the performance related to that role (Riley & Burke, 1995).

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

The self is composed of various role identities that exist in a hierarchy of salience (DeGarmo, 2010). For example, an individual may be a father first and a businessman second, or vice versa. The most salient identities are the most likely to be invoked across a variety of situations. “Identity salience refers to the likelihood that a person

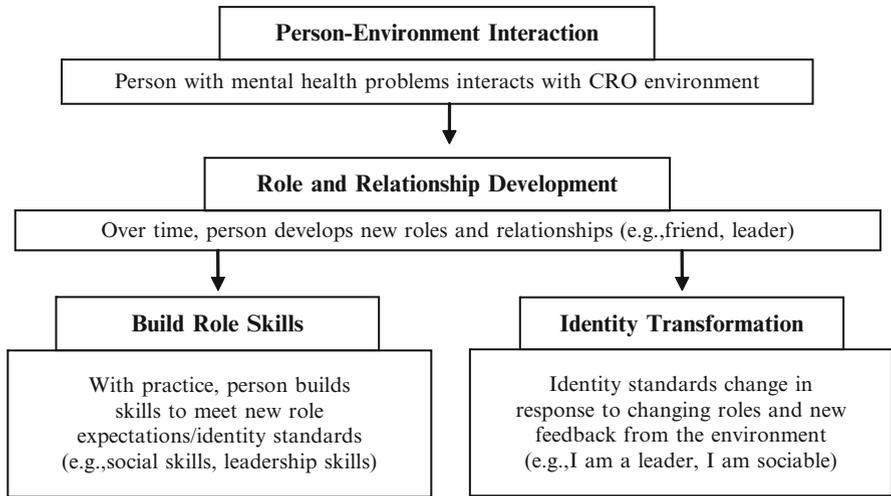
will enact a particular identity when given the opportunity to do so. Identity salience in turn influences the actual enactment of social roles: the higher the salience of a particular identity, the more time and effort one will invest in its enactment, the more one will attempt to perform well, the more one's self-esteem will depend on that identity, and the more one's identity performance will reflect generally shared values and norms" (Thoits & Virshup, 1997, p. 112–113).

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

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

## **Part 5: The Preliminary Framework**

Drawing from the previously discussed ideas of empowerment theory, sense of community, the helper-therapy principle, social support, and experiential knowledge, along with concepts from identity theory (Burke, Owens, Serpe, & Thoits, 2003;



**Fig. 2.1** The preliminary framework: how people can benefit from CROs

Stryker & Burke, 2000), the preliminary framework explains how people benefit from CRO participation (Brown, 2009a, 2009b). More specifically, the framework explains how the roles and relationships formed through CROs can lead to new skills and new identities. Fig. 2.1 illustrates the preliminary framework’s four components: (a) person–environment interaction, (b) role and relationship development, (c) skill development, and (d) identity transformation (Brown, 2009a). The subsections below describe each component, followed by an explanation of how theoretical concepts presented earlier in this chapter relate to the preliminary framework.

### ***Component One: Person–Environment Interaction***

The first component of the framework describes how individual and environmental characteristics interact to shape the course of role and relationship development. Individual characteristics that are especially relevant to CROs include having mental health problems or caring for someone who does and being interested in interacting with similar others. Following is a discussion of several other individual characteristics that have been shown to influence participation in self-help settings and may be relevant in a CRO context.

*Demographics.* Several demographic characteristics may influence person–environment interactions and the subsequent development of roles and relationships. Previous research indicates older, more educated people were more likely to attend GROW groups (Luke, Roberts, & Rappaport, 1993). Minority status and gender have also been implicated as an important predictor of attendance

(Humphreys, Mavis, & Stofflemyr, 1991; Humphreys & Woods, 1994; Mankowski, Humphreys, & Moos, 2001). Differential effects by gender have been identified, with men benefiting more from the support provided by groups than women (Wandersman, Wandersman, & Kahn, 1980).

*Level of social support.* Lack of social support can make attendance in a CRO more attractive because CROs provide many opportunities to make friends. Indeed, Medvene et al. (1994) found that people with smaller social support networks were more interested in attending a self-help group. It may also be that socially isolated people can benefit more from CROs, as they have more to gain from the social support available at a CRO.

*Similarity between self and group.* Previous self-help group research suggests people prefer to be in groups with others who are culturally similar (Humphreys & Woods, 1994; Medvene, 1990). Similarity between self and group promotes mutual understanding, which may make the provision of social support more relevant and effective (Medvene, 1990). Intragroup diversity, however, is not necessarily problematic, as Luke et al. (1993) found mixed-gender groups promoted retention. However, feeling dissimilar from the rest of the group appears to be a barrier to engagement (Lee, 1988).

*Environmental characteristics.* One particularly important environmental characteristic is that CROs provide people who have mental health problems a setting that emphasizes mutually supportive roles rather than the unidirectional help-recipient roles that operate when interacting with mental health professionals. As further discussed in the section, “Relating the preliminary framework to other theoretical perspectives,” environmental characteristics that influence person–environment interaction include the degree to which a CRO is empowering, has a sense of community, and is under- or overpopulated.

Identifying further individual and environmental characteristics that influence role and relationship development is a key research challenge facing CROs. Improved understanding of how the environment influences the interpersonal interaction process could foster the development of even more effective CRO environments that promote wellness-enhancing roles. Furthermore, understanding which individual characteristics influence the interaction process can help recruitment efforts target individuals who are most likely to benefit from participation and tailor skill-building programs within the setting.

## ***Component Two: Role and Relationship Development***

Whereas the first component focuses on characteristics of the person and environment (which influence role and relationship development), the second component focuses on describing the actual roles and relationships formed during CRO participation. A myriad of roles can develop during CRO participation, many of which are specific to a particular CRO. For example, a CRO may have an executive director, shift managers, and a board of directors. Listing the roles available in a

setting and describing the expectations associated with each one can provide insight into the structure and pattern of interactions within that setting. The self-governed nature of CROs promotes the development of empowering leadership roles among participants because the continued functioning of the initiative depends on multiple members taking on leadership responsibilities (Maton & Salem, 1995). These roles have important consequences for their occupants, which are described in the next two sections.

### ***Component Three: Build Role Skills***

When CRO participants take on new roles, they may need to develop new skills in order to meet the new expectations. The third component focuses on understanding the skills that CRO participants develop in order to meet expectations. For example, success in the help provider role requires good listening skills; success in the help seeker role requires the humility to ask for help and the critical thinking skills to differentiate between good and bad advice. Leadership roles require participants to development several skills such as decision-making abilities. Skill development is one strategy people can use to meet the challenges and expectations of the roles they undertake. Their ability to meet role expectations enables the attainment of positive self-appraisals, positive emotions, and increased self-esteem.

### ***Component Four: Identity Transformation***

The fourth component focuses on understanding how the new role relationships in a CRO transform the identities of participants. Roles are fundamental determinants of self-concept because each role an individual inhabits on a regular basis becomes a component of that person's identity. These identities then provide a framework that guides role-specific interactions that the person has with others (Stryker & Burke, 2000). For example, people in the role of help provider may begin to see themselves as good listeners. Similarly, CRO participants who take on leadership roles may begin to see themselves as leaders. Once these identity transformations take place, CRO participants may become more likely to move into help provider or leadership roles in other community settings.

Identities shift as people embrace new role expectations and appraise their role performance. For example, a CRO participant in a leadership role may be expected to facilitate productive discussions during meetings. If the CRO participant successfully meets expectations, s/he will think of him/herself as a good discussion leader and may expand his/her behavior and identity in this role. In contrast, failure to lead productive discussions will lead to negative self-appraisals, negative emotions, and reduced self-esteem. This can spark behavioral changes to improve one's role

performance, such as requesting coaching to improve facilitation skills. However, if failures continue, the person may escape the role expectations by giving up their role and identity. Thus, identity transformations are similar to skill development, in that they are a strategy people can use to maintain congruence between expectations and behavior.

### ***Relating the Preliminary Explanatory Framework to Other Theoretical Perspectives***

Several previously discussed theoretical perspectives are directly related to the preliminary framework, including sense of community, empowerment theory, behavior-setting theory, the helper therapy principle, experiential knowledge, social comparison theory, social support theories, and the recovery model. Within the person-environment component, sense of community operates as an important environmental characteristic of CRO settings that promotes the development of mutually supportive relationships. Similarly, an empowering environment is critical for CRO settings because it encourages participants to develop empowering leadership roles within the setting, thereby gaining greater control over their environment. When participants undertake empowering leadership roles, they can experience empowering identity transformations and begin to see themselves as leaders capable of controlling their lives and making important contributions to the community. Within behavior-setting theory, the concept of under- and overpopulation is a salient environmental characteristic for CROs that influences role and relationship development by pulling participants into leadership roles in underpopulated settings or excluding less-qualified participants from leadership roles in overpopulated settings. Experiential knowledge relates to the preliminary framework as an important individual characteristic that enhances person-environment interaction. The shared experience of coping with mental health problems helps individuals understand and identify with one another.

The consequences of role development described by the preliminary framework directly relate to two benefits of helper roles described by the helper therapy principle: an enhanced sense of self-efficacy and improved interpersonal skills (Skovholt, 1974). Through helper roles, people can build new skills such as interpersonal skills. Developing a sense of self-efficacy is a type of identity transformation that occurs when people become confident that they can meet the expectations associated with their helper role.

Among social support theories, the main effects model fit can be understood using the preliminary framework. CRO Participants can benefit directly from successful friendship roles because these roles help to boost self-esteem and provide participants with purposeful identities as important people embedded in the social network of the CRO.

Although not explicitly outlined in the role framework, both skill development and identity transformation are theorized to impact recovery. Skill development enables

recovery because the new capacities can help people solve problems, achieve goals, and successfully manage life – challenges that would otherwise compromise quality of life. Identity transformation is fundamental to recovery for people who identify as helpless because they must begin to see themselves as capable individuals in order to have hope, personal responsibility for their own self-care, and confidence in their self-determined life choices.

### ***Improving the Preliminary Theoretical Framework***

Although many CROs developed without the use of formal theoretical frameworks, CRO leaders and allies can nevertheless refine their efforts through careful reflection on how their actions lead to desired outcomes. This chapter reviewed some of the most common theories applied to CROs and Table 2.1 provides a brief overview of each theoretical perspective. Although all have some empirical support, none has undergone extensive or rigorous testing in a CRO setting. It is likely that all are partially able to explain how people benefit from CROs. However, it is unclear which theories demonstrate the most promise and explanatory power. Subsequent chapters of this book seek to further develop the preliminary explanatory framework through empirical work, garnering insight into its explanatory power.



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