The Experience of Belonging in the Mutual Help Group GROW

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Academic Declaration

The work presented in this thesis is, to the best part of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in whole or in part, for another degree or diploma at this or any other institution of higher education.

Jennifer Evans

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Signature

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Table of Contents

List of Tables

Abstract

The need to belong is argued to be a universal human motivation, the deprivation of which is associated with anxiety and depression. GROW is a mutual help group for mental health problems which may promote sense of belonging. This study was designed to investigate the experience of belonging in GROW. A total of 25 participants from three Sydney GROW groups completed questionnaires on demographic factors and mental health history and participated in three focus group discussions, which were thematically analysed. The sample was similar to large-scale studies of the Australian GROW membership in terms of age, gender ratio and psychiatric diagnoses but appeared to be higher functioning and to have higher usage rates for medication and professional mental health services. The thematic analysis identified three distinct but interrelated stages in the formation of belonging: (1) sense of safety; (2) authenticity of expression; and (3) formation of friendships. GROW is a community based intervention that is compatible with professional services and is recommended for targeting low sense of belonging in individuals with mental health difficulties.

Keywords Mutual help groups, Self help groups, Mental health, Community, Belonging

The Experience of Belonging in the Mutual Help Group GROW

Introduction

The need to belong is argued to be a universal and strong human motivation associated with mental health issues (Baumeister & Leary, 1995; Gere & MacDonald, 2010; Maslow, 1987). Sense of belonging can be defined as the experience of personal involvement in a system or environment to the extent that the individual feels an integral part of it (Anant, 1966). Empirical research using quantitative measures of belonging (Hagerty & Patusky, 1995) has consistently demonstrated that participants who report a low sense of belonging are more likely to report increased anxiety (Anant, 1967, 1969; Hagerty, Williams, Coyne, & Early, 1996) and depression (Sargent, Williams, Hagerty, Lynch-Sauer, & Hoyle, 2002). The inverse relationship between sense of belonging and depression has been demonstrated in a range of populations, including Australian men and women, gay men, lesbian women and older adults (Bailey & McLaren, 2005; Cockshaw & Shochet, 2010; Hagerty & Williams, 1999; McLaren, 2006, 2009; McLaren, Gomez, Bailey, & Van Der Horst, 2007; McLaren, Jude, & McLachlan, 2007, 2008; Rankin, Saunders, & Williams, 2000; Sargent et al., 2002; Steger & Kashdan, 2009; Vanderhorst & McLaren, 2005).

Deprivation of the need to belong is argued to be directly and uniquely related to depression. Individuals who reported a lower sense of belonging were found to exhibit more depressive symptoms than those reporting a high sense of belonging, regardless of exposure to risk factors (Sargent et al., 2002). In addition, low sense of belonging was identified as a better predictor of current depressive symptoms than social support, loneliness, or conflict (Hagerty & Williams, 1999). For individuals with severe depression, perceived sense of belonging has been associated with heightened reactions to social interactions, both positive

and negative (Steger & Kashdan, 2009). These findings suggest that low sense of belonging is a significant vulnerability factor for the development of depressive symptoms and may also contribute to the maintenance of severe depression by de-sensitising individuals to positive social experiences. Conversely, an intact or elevated sense of belonging may protect against the development of depression or facilitate recovery by allowing individuals to derive wellbeing from social interaction.

Mutual help groups (MHGs) are argued to be a unique intervention that may promote a sense of belonging in individuals suffering from mental health problems (Baumeister & Leary, 1995; Hagerty et al., 1996; Sargent et al., 2002). A MHG may be defined as a group of people led by a non-professional who share a similar problem and meet regularly to exchange information and psychological support (Levy, 2000). MHGs are complex multifaceted entities in which group members comprise both the subject and object of intervention (Humphreys & Rappaport, 1994; Levy, 2000). As such, social ecological perspectives are useful for conceptualising mechanisms influencing group effectiveness and individual change (Maton, 1994). Rather than being based on a particular discipline or theory, the social ecological model (SEM) provides an overarching, multidimensional theoretical framework that enables a 'big picture' analysis of individuals in health-related contexts (Stokols, 1996). This theoretical framework emphasises the dynamic interplay between personal and situational factors in predicting psychological wellbeing rather than focussing on one or the other (Stokols, 1996). The SEM conceptualises the MHG as an 'individual-group-community'-based phenomenon, comprised of a network of factors across these three levels of analysis that may influence each other in a unidirectional or reciprocal fashion (Maton, 1994). As such, change mechanisms in MHGs are viewed to be both shaped and experienced by group members and impacted by organisational factors (Maton, 1994).

MHGs have a unique community philosophy and particular group processes that may promote factors implicated in theories of belongingness formation, such as valued involvement, member-group fit and the nature of interpersonal connections. Hagerty, Lynch-Sauer, Patusky and Bouwsema (1992) conceptualised sense of belonging as involving two processes: valued involvement (feeling needed or important within the group) and member-group fit (perceived congruence with others in the group or environment through shared or complimentary characteristics). Valued involvement may be fostered in MHGs through the prioritisation of experiential knowledge and lack of professional involvement that encourages members to assume roles of responsibility (Humphreys & Rappaport, 1994). The perception of member-group fit in MHGs may be encouraged by the existence of common mental health problems. Baumeister and Leary (1995) posited the 'belongingness hypothesis', which stipulates that both the quantity and quality of interpersonal interactions are important for cultivating a sense of belonging. Specifically, frequent non-aversive interactions must occur within the context of a continuous relational bond characterised by stability and mutual affective concern (Baumeister & Leary, 1995). The MHG context can be viewed as encouraging both quantity and quality of interpersonal interactions through the frequency of scheduled meetings as well as the display of mutual affective concern and assistance that follows from the sharing of problems.

GROW is an international MHG that promotes recovery from and prevention of mental health problems (GROW, 2004). The organisation was founded in 1957 by former psychiatric patients and it has been estimated that around 6000 people currently have direct contact with the 302 groups operating throughout Australia (Finn, Bishop, & Sparrow, 2007). Studies of the Australian GROW membership have reported that the majority of members have been given a psychiatric diagnosis, the most common being anxiety and depression

(Finn et al., 2007; Young, 1992). In terms of demographic characteristics, two-thirds of Australian GROW members are female, the majority are over 30 years old, at least a third of members left school by the age of 15 and only about a third are engaged in paid employment (Finn, 2005; Finn et al., 2007; Young, 1992). GROW group meetings are run according to the 'group method', a structured format that allocates group time to specific tasks such as the discussion of problems and progress. Throughout the meeting, group members draw on their own experiential knowledge and refer to the GROW programme or 'Blue Book' to advise or encourage other members. The parts of the 'Blue Book' most often cited in meetings have been described as cognitive behavioural therapy for the layperson (Finn, 2005). A unique feature of GROW is that it encourages members to connect with each other through scheduled phone calls (called 'twelfth-step' work) and participation in social and training events.

Research on GROW has demonstrated that participation in this group is associated with positive psychosocial outcomes. Increased length of GROW membership has been linked to lower levels of symptomatology (Roberts et al., 1999; Seidman, Rappaport, & Hirsch, 1982), reduction in hospitalisation (Finn et al., 2007; Kennedy, 1989), reduced use of medication (Finn et al., 2007; Young, 1992) and reduced use of professional mental health services (Young, 1992). Furthermore GROW membership has been associated with fostering independence (Finn et al., 2007; Toro, Rappaport, & Seidman, 1987), the development of interpersonal and coping skills (Finn et al., 2007; Young & Williams, 1989), and sense of self worth and purpose (Finn et al., 2007; Young, 1992).

A recent in-depth analysis by Finn, Bishop and Sparrow (2009) using quantitative and qualitative methods sought to elucidate the mechanisms through which GROW impacts psychological wellbeing. It was proposed that 'sense of belonging' is one of the earliest

changes experienced by GROW members and one that is critical in facilitating member retention as well as transformation. GROW members viewed a sense of belonging as essential in motivating newcomers to keep attending GROW meetings even when they were not ready to commit to change. Finn et al. (2009) posited that the experience of belonging facilitated a positive change in self-perception, which was linked to identity transformation and recovery. Whilst this study was not examining belongingness specifically, it is the first to explore this phenomenon in GROW and utilised the SEM (Maton, 1994) as a theoretical framework. In line with the SEM, Finn et al. (2009) argued that sense of belonging in GROW is fostered by particular individual, group and community factors, which are supported by prior GROW research.

Individual factors proposed by Finn et al. (2009) that contribute to belongingness were the opportunity to become a member and participant of a group, which was linked to dissolution of a sense of isolation. Prior research suggests that GROW members tend to perceive themselves as poorly supported relative to non-psychiatric controls, however, the longer they remain members, the more likely it is that these perceptions will improve (Young & Williams, 1989). Furthermore, regular attenders of GROW meetings were found to report having more close friends and better quality of life than non-regular attenders (Young, 1992). The importance of length and frequency of attendance at GROW meetings is supported by the belongingness hypothesis, which emphasises the necessity of frequent interpersonal connections of sufficient quality to form sense of belonging (Baumeister & Leary, 1995).

Group factors hypothesised by Finn et al. (2009) to contribute to sense of belonging included the provision of a welcoming, accepting, understanding and de-stigmatising environment. This is supported by prior research reporting that GROW members assess the group social climate to be best characterised by mutual affirmation and empathy and describe

the "caring and sharing community" as a group process fundamental to their recovery (Corrigan et al., 2005, p. 733; Young & Williams, 1989). Finn et al. (2009) also highlighted the importance of shared mental health problems to the formation of belonging, which relates to the concept of member-group fit (Hagerty et al., 1992). Whilst sense of belonging in GROW may be fostered by the perception of congruence with the group regarding experiences of mental illness, a previous study has suggested that perceived congruence in terms of demographic factors may also be important. Luke, Roberts and Rappaport (1993) found that newcomers to GROW were more likely to continue attending if they were similar to the group in terms of age, education, occupational functioning and marital status. Taken together, these studies suggest that GROW's highly interactional group processes may foster sense of belonging through valued involvement; however the existence of common mental health problems may not be sufficient to create perceived member-group fit.

Community factors proposed by Finn et al. (2009) to facilitate sense of belonging included particular elements of the GROW programme and ethos: being part of a twelfth-step phone network, regular attendance and active participation. The twelfth-step phone network pertains to scheduled calls between members to maintain contact between weekly meetings. Regular attendance and active participation pertains to the weekly meetings as well as extra social and training events held for the wider GROW community. The importance of staying connected and engaging in community has been highlighted in previous analyses of the GROW organisation. A thematic analysis of the GROW programme and written testimonies from GROW members identified one of the most prominent recovery processes as "decentralise from self and participating in community" (Corrigan et al., 2002, p. 296). Similarly, a longitudinal case study identified the following as empowering organisational characteristics of GROW: a belief system that was focused beyond self and a support system

that provided a sense of community (Maton & Salem, 1995). Taken together these studies suggest that the structure and programme of the GROW organisation strongly encourage members to enmesh themselves into the GROW community in a way that promotes valued involvement as well as frequent and intimate interpersonal connections, processes implicated in theories of belongingness formation (Baumeister & Leary, 1995; Hagerty et al., 1992).

The current study aimed to extend the work of Finn and colleagues (2009) by conducting a specific analysis of sense of belonging in GROW groups as well as assessing the representativeness of the sample. Two specific research questions were posed: (1) Will the sample employed in this study be comparable to previous samples used in GROW research in terms of demographic characteristics and mental health history?; (2) What themes can be identified in participant discussion of belongingness to GROW and how might these themes be conceptualised in terms of individual, group and community factors?

Method

After obtaining ethical approval from the University of Western Sydney and GROW Board of Directors (appendix A), convenience sampling procedures were employed to recruit members from four existing GROW groups in the Sydney metropolitan area. The GROW regional branch manager contacted the group organisers, who provided members with written information about the study (appendix B) at least one week prior to the scheduled research. Focus groups were selected as an appropriate method for generating insight into the extant processes of belonging as they could be conducted with existing GROW groups and capitalise on pre-existing group dynamics and the familiar naturalistic setting (Wilkinson, 2008). Research at one of the sites was cancelled due to a paucity of group members. The focus groups at the three remaining sites were conducted either during or immediately after the standard GROW meeting and the focus group facilitators attended the standard meeting as 'community observers' to allow participants to ask questions prior to participation in the research.

Inclusion criteria were attendance of at least one GROW meeting, being aged 18 or above and proficiency in English. A total of 25 individuals participated in this study: 11 participants at one site and seven participants each at the remaining sites. Eight individuals declined to participate and stated reasons included being a first timer at GROW, time constraints or concerns about the focus group discussion being recorded. Individuals who declined to participate either left the room or remained present without contributing to the discussion. Those who decided to participate provided informed consent (appendix C) and completed a brief questionnaire consisting of questions on demographics and the usage of professional mental health services (appendix D).

The focus groups were co-facilitated by two female researchers, a qualified psychologist with a doctorate and prior experience conducting focus groups and a clinical psychology masters student with no prior focus group experience. The latter facilitator was known to one of the groups due to previous attendance as a community observer. A focus group schedule (appendix E) comprised of five open ended questions and optional extension probes was used to focus the discussion on the participants' general impressions of GROW, their experiences as newcomers, their responses to newcomers in the group and the effects of GROW on their lives. Some brief member checking procedures were conducted in the last focus groups in order to gain participant feedback on emerging themes, as recommended by Miles and Huberman (1994). The duration of each focus group was 30 to 40 minutes. An audio recording was taken and the data were transcribed verbatim such that the transcript denoted only the gender of the speaker. The completed transcripts were then checked for accuracy against the original audio recording.

Transcripts were submitted to a thematic analysis, a method for identifying and analysing patterns in qualitative data, which was conducted according to published guidelines by Braun and Clarke (2006). The current research adopted a critical realist orientation, in which participant verbalisations were assumed to reflect their subjective experience of a reality independent of consciousness (Bunge, 1993; Finlay, 2006). This position necessitated an explicit acknowledgement of researcher value biases when interpreting focus group data such as the expectation that participants would report sense of belonging and positive benefits associated with GROW. The initial stage of analysis involved a single researcher reviewing the transcribed data line by line and assigning labels to generate a list of regularly occurring phrases or key ideas called 'in vivo' codes (Strauss & Corbin, 1990). This inductive process allowed the codes to be generated directly from the data without the imposition of theoretical

perspectives. All relevant extracts for each code were collated to identify whether the code had emerged across sites. Codes were then checked against each other and the original data set to determine their distinctiveness and relevance to the research question. A subset of these codes was assembled into three major belongingness themes with an explicit emphasis on accounting for negative instances of belonging in the data. The three themes were entered into a matrix display, a technique recommended by Miles and Huberman (1994) for illustrating and drawing conclusions from qualitative data. A conceptually-ordered matrix was used in which the codes comprising each theme were allocated to one of three levels of analysis (individual, group or community) as per the SEM (Maton, 1994). These themes were checked and verified by a second researcher who had co-facilitated the focus groups.

Results

Demographic Variables

Of the 25 participants, 64% were female, 32% were male and 4% were transsexual. The mean age of participants was 48.5 years, with a range of 22 to 66 years. The majority (72%) of participants were Australian-born and the remainder were from the United Kingdom (16%), Ireland (4%), the Netherlands (4%), New Guinea (4%), Egypt (4%) and South Africa (4%). Regarding marital status, 16% of participants were in current relationships (either married or de facto), 64% were divorced or separated, and the remaining 20% had never married. The majority (64%) of participants were engaged in paid employment and the remainder were engaged in voluntary work (16%), unemployed (16%) or retired (12%). The majority (80%) of participants had received tertiary education, 4% had trade qualifications and 16% had not pursued further education past a high school level.

Almost half (48%) the participants had been members for less than a year, 16% for one to two years and 36% for over two years. The majority (80%) of participants attended group meetings on a weekly basis with the remainder attending on a fortnightly (16%) or monthly (4%) basis. Whilst more than half (56%) the participants had never held a leadership role, 28% had held a group organiser role and 16% had held a group recorder role. Less than half (44%) of participants reported attending training events, with only 8% reporting regular attendance. A higher proportion (60%) of participants reported attending social events, with 24% reporting that they attended most events.

Mental Health History

The majority (88%) of participants had received a psychiatric diagnosis with the most common being depression (52%), followed by anxiety (44%), bipolar disorder (28%), schizoaffective disorder (8%) and schizophrenia (4%). Almost half (48%) the participants had been hospitalised at some stage but only 8% had been hospitalised in the preceding year. The majority (92%) of participants had taken psychotropic medication at some time, with 80% reporting current usage. All participants reported seeking professional assistance for mental health problems at some time, although only 76% reported currently receiving professional help. Table 1 compares participants' lifelong and current usage of different types of professional help. The majority of participants reported having consulted a psychiatrist, psychologist or general practitioner (GP) at some time. Whilst there was no difference between lifelong and current consultation rates of GPs, current consultation rates had decreased by more than a third for psychiatrists and by more than half for psychologists, counsellors and social workers.

Table 1 *Percentage of participants using professional mental health services*

	Lifelong	Current
General Practitioner	76%	76%
Psychiatrist	80%	48%
Psychologist	80%	36%
Counsellor	48%	16%
Social Worker	28%	8%

Themes of Belonging

Table 2 presents an overview of the three belongingness themes identified in the focus group data: safety, authenticity and friendship. In accordance with the social ecological model (Maton, 1994), each theme is associated with factors at three levels of analysis: (1) individual GROW members, (2) group and (3) GROW community ethos or programme. The three themes are conceptualised as operating in parallel, however they are presented in a particular order to reflect their relative importance to chronological stages in GROW membership. For newcomers, a sense of safety is hypothesised to be most salient. For prospective GROW members (Growers) who are starting to share within the group, authenticity is likely to be paramount. Finally, committed Growers are likely to be most focussed on friendship. Reciprocal pathways of influence are hypothesised to operate between all the themes.

Table 2 *Overview of belonging themes*

Theme	Individual Factors	Group Factors	Community Factors
Safety	*Newcomers:* Opportunity to connect Being affirmed	Similar problems Non-judgemental acceptance De-stigmatisation	GROW Commitment Structured format of meetings (Group Method)
Authenticity	*Prospective Growers:* Honest expression Feeling liberated	Similar problems Empathic understanding Honest feedback	GROW Commitment Allocated time for sharing in the Group Method
Friendship	*Committed Growers:* Investment of time Active participation	Extra activities Mutual help	Being part of a 12th-step phone network Mutual help ethos

Safety.

Participants' accounts of mental illness frequently included reference to feeling isolated, stigmatised and rejected in their daily lives. These experiences were juxtaposed with their descriptions of feeling welcomed, accepted and affirmed at GROW meetings from the very first meeting. Participants across all three focus groups spoke of feeling "at home" in the GROW group, a phrase that captures their acute sense of comfort and security. One male participant described the group as a "safe harbour" an evocative metaphor that encapsulates the sense of being able to unburden oneself in a calm environment where one is sheltered from the harsh and unpredictable wider social context:

> We may never see one another on the street but when we come here it is a safe harbour because we've got issues which are despite being common, aren't commonly acknowledged and for me that is what its really about.

The existence of shared problems was a group factor reported to contribute to a sense of safety. The commonality of mental health issues appeared to foster a group atmosphere characterised by non-judgemental acceptance and de-stigmatisation. Part of this group de-stigmatisation process may be illustrated by two male participants' use of the phrase "we're all nuts" to describe their sense of belonging to the group. This phrase could be interpreted as a positive reclaiming of a negative slur and their use of humour also suggests a level of healthy detachment from mental health issues. The sense of non-judgemental acceptance was associated with fostering trust. Individual factors contributing to a sense of safety included the opportunity to re-connect with people in a non-intimidating environment without fear of being judged and also the experience of being affirmed by other members for acts as minor as returning to the group for a second time. One female participant articulated the process of acceptance and affirmation:

> ...it's when you walk through those doors and you look up, and you see people and they smile at you and they make eye contact and you're thinking I'm home, I'm where I fit in, I'm where I belong, I'm where I'm not judged, I'm where I'm loved, accepted and a little bit of progress is seen as huge progress.

Community factors related to the GROW programme and structure were also reported to foster a sense of safety. The structured format of meetings provided by the 'group method' was reported to be crucial for preventing vulnerable individuals with mental health issues from going off track. An initial part of the 'group method' is the recitation of the 'GROW Commitment' that is designed to "bind all persons present in this situation of trust" (GROW, 2004, p. 77). All attendees pledge to respect the confidentiality of what is disclosed at meetings, never to lead a GROW member in any serious wrongdoing and to speak the truth (GROW, 2004). The habitual recitation of these explicit principles was described as having a stabilising effect by one female participant and as a "safety net" by a male group organiser.

Authenticity.

From the very first meeting, GROW attendees appear to be immersed in a community value system that encourages and values authentic sharing and feedback. This is made explicit through the recitation of the GROW Commitment at the beginning of each meeting, in which attendees pledge to "speak the truth and only truth at GROW meetings" (GROW, 2004, p. 77). Additionally an implicit expectation of sharing is set up by the substantial allocation of time to sharing problems and progress in the 'group method'. As a general rule, newcomers to GROW are advised not to share until they have attended a few meetings and developed a sense of trust in other members. Multiple participants in different focus groups spoke about the importance of being ready and willing to share the "secrets of your heart", which appeared to be an indispensible aspect of being a GROW member and allowed the whole group to come to a deeper understanding of issues. For prospective Growers starting

to share problems with the group, it was described as confronting to be completely open with relative strangers but also liberating to speak without fear of boring others, being misunderstood or stigmatised, as articulated by a female participant:

> …the fact that you can be very honest about what's going on for you without thinking I can't sort of bore anyone anymore. Everyone here is here to discuss things that are bothering them and is very understanding about the types of things that people bring up so it's very, very liberating.

Participants across all three focus group made reference to the lack of empathic understanding received outside of GROW from friends, family, employers and even mental health professionals. Participants spoke about friends and family having limited time and understanding for their mental health problems, which inhibited participants' expression of these issues and caused distress in some cases. In contrast, the group response to shared problems and progress appeared to reinforce and reflect a more authentic kind of expression. Personal experience of mental illness was viewed as a necessary component of empathic understanding. Participants across all three focus groups described the experience of empathy in terms of understanding others and feeling understood at a deep level with minimal explanation, which was attributed to common patterns of thinking and feeling. This empathy appeared to be communicated through verbal and non-verbal gestures, such as positive feedback and eye contact, as described by one female participant:

> GROW wouldn't be GROW without the people. I mean it's that heartfelt one to one, its that looking in an eye, it's that learning to look away from the floor and to be honest and to be real enough to, as we say, to share the secret of your heart and to be in a place where when you do that you don't get that stigma, you get wow that was an amazing story.

Shared problems were followed by the provision of honest feedback from the group, which might take the form of positive affirmation, practical advice, suggested solutions or challenges. Challenging was conceptualised as explicitly highlighting an individual's

maladaptive thoughts and behaviours. One female participant used the phrase "a good friend stabs you in the front" to describe the beneficial yet confronting nature of accepting honest feedback, especially challenge statements, from other members. Giving honest authentic feedback was described by one female organiser as being a courageous act, which increased confidence and strengthened relationships when the feedback was accepted. Thus it appeared that the exchange of authentic sharing and authentic feedback was a reciprocal process that strengthened bonds and a sense of acceptance, thus increasing sense of belonging.

Friendship.

Across all three focus groups, there was an emphasis on friendship being a "special key to mental health" (GROW, 2004, p. 7). Committed Growers talked about the quantity and quality of their relationships to other GROW members. These participants spoke about having more friends as a result of attending GROW and frequently referred to the close and caring nature of their friendships. These friendships were described as having developed over time and having been fostered by specific elements of the GROW programme: the 'twelfth step' and mutual help ethos. The twelfth step of recovery and personal growth pertains to connecting with other GROW members via weekly phone calls, and the mutual help ethos emphasises the integral and rewarding role of reciprocal member support. Members across all focus groups commented on the role of this twelfth-step phone network and mutual help in fostering a sense of being a valued part of the group, feeling supported and developing relationships with other members. One female group member articulated how the 'twelfth step' was enforced in the weekly group:

> …usually an Organiser will, if they're disciplined, will insist on reminding people about twelve step, asking people at the end of the meeting "who are you going to

> ring, who's going to ring somebody, is everybody having a phone call" and that sort of thing. That's very helpful to foster that connection.

The community focussed GROW ethos and the camaraderie formed within group meetings was reported to flow quite naturally into extra social activities. Participants reported frequent interactions with other GROW members outside of weekly meetings for scheduled group activities as well as informal social visits. The close nature of friendships reported by members was largely attributed to the frequency of social contact outside of group meetings (including phone calls and extra activities) as well as the passage of time. A number of participants commented on the fact that it took time for these close friendships to develop and required an active investment on the part of the individual to enmesh themselves into the GROW community wherever possible by involving themselves in local and regional activities. The following focus group extract illustrates the role of extra social contact in developing member friendships.

> Female 1: It hasn't come from the group, its come from the activities outside the group because most of us meet quite a bit out of the group and I think just coming to the group would be impossible to get that level of intimacy.
> Female 2: It doesn't really work that well.
> Facilitator: Is it the group that allows that intimacy to grow?
> All members: Yeah, yeah.
> Female 1: And encourages it.
> Female 2: It encourages you to meet one on one with people or get a group doing something.
> Transgender: Phone calls, coffee, cycling.

Discussion

The first aim of this study was to assess whether the sample was representative of the Australian GROW membership in terms of demographic factors and mental health history. The sample of GROW members who participated in this study was comparable to large-scale studies of the Australian membership (Finn, 2005; Young & Williams, 1987) in terms of mean age (late 40s) and gender ratio (about two-thirds female) but differed in terms of occupational, educational and marital status. The current sample appeared to be higher functioning than national estimates since a higher proportion were tertiary educated and engaged in paid employment. A higher proportion of the sample was divorced or separated and a lower proportion was in current relationships. About half the members had attended GROW for less than a year in line with one national study (Young & Williams, 1987) but higher than another (Finn, 2005). A lower proportion of the sample reported weekly attendance at GROW meetings, attendance at training or social events and group leadership positions relative to a recent national study (Finn, 2005), suggesting that the current sample were less actively involved in the GROW community.

In terms of mental health history, the proportion of the sample with psychiatric diagnoses and the prevalence rates for the most common diagnoses, depression and anxiety, were comparable to large-scale studies of the Australian GROW membership (Finn et al., 2007; Young & Williams, 1987). However, the current sample reported greater usage of medication and professional mental health services. Rates of medication use in the current sample were reported to be 92% lifelong and 80% currently, compared to national estimates of 79-85% lifelong and 47-69% currently (Finn, 2005; Young & Williams, 1987). Rates of professional help seeking in the current sample were reported to be 100% lifelong and 76% currently, compared to national estimates of 72-85% lifelong and 41-45% currently (Finn,

2005; Young & Williams, 1987). The higher usage of professional services and medication reported by this sample might be indicative of more severe psychopathology or may reflect greater accessibility of professional services. Nevertheless, it appears that GROW is a community-based intervention commonly used in conjunction with professional mental health services.

The second aim of this study was to explore the processes by which GROW members develop a sense of belonging. Emerging themes from the focus group data suggested three distinct but interrelated stages in the formation of belonging: (1) the cultivation of a sense of safety; (2) authenticity of expression; and (3) friendship formation. These themes were hypothesised to comprise multifactorial processes at three levels of analysis (individual, group and community) and to involve reciprocal pathways of influence in line with the SEM (Maton, 1994). These belongingness themes can be linked to previous findings on GROW and to theories of belongingness proposed by Baumeister and Leary (1995) and by Hagerty et al. (1992).

The first theme of 'safety' was postulated to be most pertinent for newcomers to GROW groups, who tend to be passive observers of the group. Key individual and group processes associated with safety were the dissolution of isolation and stigma and a sense of non-judgemental acceptance by connecting with a group of people with similar issues. All these processes have previously been proposed as GROW newcomer experiences reported to foster belonging (Finn et al., 2009). In addition, the current study postulated that sense of safety was also fostered by the structured nature of meetings and positive affirmation of members, the latter being previously highlighted as a fundamental characteristic of GROW's social climate (Young & Williams, 1989). This proposed stage of belonging could be viewed as promoting member-group fit and valued involvement, both attributes of belonging

proposed by Hagerty et al. (1992). Member-group fit might be facilitated by the perception of similar mental health problems shared by other members and valued involvement might be facilitated through the individual's experience of non-judgemental acceptance and affirmation for simply being present at the group.

The second theme of 'authenticity' was hypothesised to be the most relevant for prospective Growers who were starting to share in the group. Key processes associated with this theme included the GROW ethos of openness, the sense of empathic understanding and honest feedback from the group which encouraged and reinforced honest expression from individuals. Empathic understanding has been previously highlighted as a fundamental characteristic of GROW's social climate (Young & Williams, 1989) and as a group process that contributes to sense of belonging (Finn et al., 2009). This stage of belonging could be viewed to facilitate the expression of mutual affective concern between GROW members, a quality of interpersonal connections theorised to be crucial for belongingness formation (Baumeister & Leary, 1995).

The third theme of 'friendship' relates to committed Growers and pertains to longer-term processes of belongingness formation. Attending GROW was associated with having more friends and the development of close connections with other members. Previous studies have reported that members who attend GROW on a regular basis and for longer are more likely to report increased social support and more close friends (Young, 1992; Young & Williams, 1989). The positive psychosocial benefits associated with duration of GROW membership may be partially attributed to increased sense of belonging through this 'friendship' theme. Key community and group processes associated with friendship development included being part of a twelfth-step phone network, active participation in community and mutual help between members. Previous GROW studies have highlighted

that GROW's organisational philosophy, programme and social climate encourage participation in community and the development of positive relationships (Corrigan et al., 2002; Maton & Salem, 1995; Young & Williams, 1989). Finn et al. (2009) also posited that the twelfth-step phone network and active participation were linked to sense of belonging; however, they identified the mutual help ethos as a separate change mechanism that contributed to members feeling useful and valuable.

The 'friendship' theme can be understood within the framework of the belongingness hypothesis (Baumeister & Leary, 1995). The community and group processes of GROW appear to foster both the quantity and quality of interpersonal interactions posited to form a sense of belonging (Baumeister & Leary, 1995). The regularity of GROW meetings combined with phone calls and extra social activities are likely to create frequent non-aversive interactions between members. In addition, the quality of these interactions may be fostered by acts of mutual help between members over time. The reciprocity of help between members appears to contribute to a sense of valued involvement and to the development of relationships characterised by mutual affective concern, both of which have been linked to sense of belonging (Baumeister & Leary, 1995; Hagerty et al., 1992).

Limitations and Future Research Directions

The results of this study should be interpreted with caution, since the research design poses several threats to the reliability and validity of quantitative and qualitative data. The transcription and coding of qualitative data was conducted by a single researcher, which precluded any calculation of inter-rater reliability. The external validity of findings may have been compromised by the small sample size, sampling bias and self-selection effects. The generalisation of current findings to other Australian GROW groups may be limited by

differences between the current sample and national studies of the GROW membership and also the heterogeneity of GROW groups generally. The internal validity of qualitative and quantitative data may have been impacted by experimenter effects, social desirability effects or participant mood and memory biases.

The cross-sectional nature of the research design prevents any conclusions about causality. The current research presents a tentative model of the formation of sense of belonging in GROW derived from three focus group discussions. Whilst the analysis involves a level of subjectivity and may have been impacted by researcher biases, the model is supported by findings from previous GROW research and by extant theories of belonging. Further research could employ triangulation of ethnographic, phenomenological and quantitative methods to test out the model with other GROW groups, and perhaps other MHGs. This would involve longitudinal observation of group meetings, phenomenological interviews with newcomer GROW members at regular intervals and quantitative measures of sense of belonging (Hagerty & Patusky, 1995) and mental health outcomes.

Conclusion

Deprivation of a sense of belonging has been directly related to mental health problems such as anxiety and depression. This establishes low sense of belonging is an important target for intervention in mental health populations. Whilst mental health professionals such as psychologists and psychiatrists play an important role in the recovery of these individuals, they have limited influence in this domain. Professionals alone cannot provide the quantity and quality of interpersonal connections hypothesised to form a sense of belonging (Baumeister & Leary, 1995). The current study highlights the potential benefits of GROW, which can be viewed as having particular community and group processes that promote sense

of belonging from the very first meeting. The findings of this paper are supportive of the view that professional and community based interventions for mental health such as GROW can supplement each other. As such, mental health professionals are encouraged to recommend that their clients attend MHGs such as GROW, especially where low sense of belonging or poor social support appears to be a maintaining factor for psychopathology.

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