

# **Narrative Studies, Personal Stories, and Identity Transformation in the Mutual Help Context**

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*A common way for researchers to think about mutual help organizations is as alternative treatments for people with problems in living. This approach, illustrated here in the context of a series of empirical studies conducted by the author, views people as service seekers. Although much can be gained from research in which there is collaboration between professionals and the self-help community, there remains a need for work that uses theories and methods consistent with the experiences of the members and the ethos of the organizations. A different way to understand mutual help organizations is to view them as normative narrative communities where identity transformation takes place. This approach forces us to listen to the personal stories that people tell about their lives. It has several advantages, including the reduction of professional centrism and the explicit linking of individual lives to community processes. A narrative studies framework also has the advantage of tying mutual help to a great deal of cross-disciplinary research, including cognitive psychology, anthropology, sociology, and literary analysis. General features of models for understanding the role of narratives, autobiographical memory, and personal change through identity transformation are described in the context of mutual help organizations.*

Intrinsic to self-help research are a number of contradictions that have been troublesome for its advocates. Demands from the mutual help community for collaborative and participant based research is only the political side of the contradiction. As a practical matter, smart, sensitive, and politically astute researchers are increasingly able to enlist members of the self-help community and the consumer movement into the service of traditional research aims.<sup>1</sup> These alliances can be mutually beneficial, especially if the work provides the self-help community with needed resources. But at a deeper level, to understand the phenomenon of mutual help, theories and methods

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consistent with the experiences of the members are required (Department of Health and Human Services, 1988).

The narrative approach to understanding cognition, personality development, culture, and community is one that is emerging from several disciplines as a way to understand human experience, memory, and personal identity from the point of view of a person in social context (e.g., Coles, 1989; Gergen & Gergen, 1988; Howard, 1991; McAdams, 1993; Ross, 1989; Sarbin, 1986). In its simplest form, the narrative approach means understanding life to be experienced as a constructed story. The stories that people tell and are told are powerful forms of communication to both others and one's self. Stories order experience, give coherence and meaning to events and provide a sense of history and of the future. Some scholars go so far as to regard narrative as a root metaphor for psychology (Sarbin, 1986). Others see it as a means of socialization (Miller & Moore, 1989) or identity development (McAdams, 1993), as basic to human cognition and learning (Schank, 1990) or as a method for understanding individual language and lives (Labov, 1982; Mischler, 1986). For those interested in understanding communities, the narrative itself is sometimes viewed as the community (Bruner & Gofrain, 1984; Goldberg, 1982, 1987; Hauerwas, 1983).

For our present purposes, although more precise definitions have been suggested and debated (Brewer & Lichtenstein, 1982; Labov, 1982; LeGuin, 1990, pp. 37-45; Schank, 1990; Stein, 1982), it is sufficient to think of narratives and stories as interchangeable terms, used here in exactly the same sense that the terms are used in ordinary conversation. However, one useful convention is to refer to narratives when speaking at a community level of analysis and to stories when referring to the individual level of analysis—thus for convenience one can speak of community narratives and personal stories. Both can be subject to similar narrative analysis, and such analysis is a useful way to understand individual lives within their community contexts.

In whatever way one uses the terms, for those interested in the relationship between individual lives and the social processes of communities, narrative studies provides a powerful analytic and methodological tool. The thesis of this article is that narrative studies can also provide a conceptual framework and theory-driven methodology appropriate to the study of mutual help. Consistent with the mutual help ethos, the narrative approach highlights the nature and functions of the community, the power of its narrative, and how it changes (and is changed by) the members' personal life stories. One advantage of this approach is that it makes the study of mutual help organizations a specific example of the processes that can be shown to occur in the lives of people more generally. This way of understanding self-help, wherein membership in a mutual help organization is viewed as joining and living in a community,

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is contrasted here with the more common view of self-help as an alternative treatment for a medical or psychiatric disorder. In addition to its usefulness for understanding, conceptualizing mutual help organizations as narrative communities is one way for researchers to avoid the professional centrism that necessarily emerges from conceptualizing mutual help communities as alternative treatments.

### **SELF-HELP AS AN ALTERNATIVE TREATMENT**

A common way to think about mutual help organizations is as alternative treatments for people with problems in living. Although this is not an unreasonable way to construe them, it is largely the result of mental health professionals' and social scientists' application of an implicit medical or human services model, defined more by the purposes of the professional community than by the contexts in which people live their lives. I am not simply referring here to notions of etiology or conceptions of problems in living as illness, disease, or social dysfunction. I am also concerned with that aspect of the medical-social service model that has to do with "style of delivery" (Rappaport & Chinsky, 1974) and its way of regarding people as recipients of services. As Ernest Kurtz (1992) recently put it, "Examining [groups such as] Alcoholics Anonymous under the heading of 'treatment' is like studying the formation pattern of bears flying South for the winter" (p. 397). Both bears and Canadian geese change their winter habits. Both Alcoholics Anonymous and alcohol treatment can benefit the lives of alcoholics, but to conclude that they are in the same category makes as much sense as concluding that the bears are the same as the geese.

Taken to an extreme, recipient of the services model tends to lead researchers to go so far as to suggest that we must, or lament that we cannot, randomly assign people to self-help groups, despite the fact that to do so would change the phenomenon we want to understand (Levy, in press). In the human services way of understanding the world, people are thought of as service seekers, and the alternatives available to them are viewed as treatments or programs. People are seen to join a program, benefit or not, and drop out or continue, in ways analogous to joining and dropping out of a medical or psychological treatment program. This approach is quite useful for mental health professionals who can apply many of the research methods and ideas with which we are already familiar to what is now seen as simply a different form of treatment. Indeed, collaboration between mental health professionals and mutual help organizations is probably facilitated by this way of thinking. Certainly, it can be an attractive way to garner the support of funding agencies that are used to thinking about illness and disease, treatments, and cures. However, as many who are a part of the self-help movement are aware, there is danger that the movement itself will be taken over by well-meaning professionals.

Being "taken over" has several meanings, ranging from the self-help community becoming dependent on professionals for resources through the powerful imposition of ways of thinking that are derived more from professional training than from experiential knowledge (Borkman, 1990). Professional training often disregards, despite the best of intentions, the self-help ethos (Riessman, 1985). Ironically, the

self-help ethos often includes members' rejection of a view of themselves as recipients of services—an ascribed status granted to them by professionals. Their rejection of that status expresses itself in various ways that could involve the adoption of a new "ideology" and a transformation of identity, or sense of self, according to a narrative provided by the organization (Antze, 1976; Cain, 1991; Kennedy, 1991; Levine, 1988). Before further discussing some of the ways in which this transformation can be understood through narrative analysis, I present a summary of some of my own previous work as an example of the limitations in an alternative services model.

### **THE GROW STUDY: ALTERNATIVE TREATMENT OR A NEW STORY?**

I want to illustrate some of the limits of the alternative services model in part by reflecting on my own work with numerous colleagues studying one mutual help organization for the mentally ill over a long period of time (see Rappaport et al., 1985, for the details of the research design and a description of the organization, Grow, Inc.). In various ways we have applied, not without benefit, a services model to this organization for people who have a lengthy history of seeking mental health services. We have found a number of interesting things, and I would like to review just a few of them that resulted from construing the organization as a provider of services and then trying to understand what we had found.

A logical question for a treatment agency is, does it have an impact on its clients, based on their rate of attendance? Although one could not, in the absence of random assignment to control or comparison groups (an approach that violates the ethos of mutual help) demonstrate the effectiveness of the program as an alternative to other treatments, it would at least be logically consistent with an effective program to demonstrate that rate of attendance is related to improved functioning. One can also argue that many of the members of this organization have already had a long history with traditional treatments that have failed, and in a sense they constitute their own control group. Finally, it can be argued that because the members of this organization have not found, according to their own report, significant assistance from the professional services community, any assistance they find in a mutual help organization extends the range of services to some people who would otherwise not be reached.

In one study, based on Douglas Luke's dissertation (Luke, 1989), we followed 115 Grow members over an average of 10 months. The multiple measures we used were classified into three groups: psychological, interpersonal, and community adjustment. A cluster analysis found that members could be classified into three types on the basis of their pattern of change on the measured categories: positive (improved), negative (got worse), or stable. Although the results are a bit more complicated, one way to characterize them is to note that dropouts were more likely to be in the negative change cluster. We also found that committed members, as opposed to those who attended less than once per month, were more likely to be classified as positive changers on at least one of the three measurement domains (78% vs. 50%). Committed Grow

members were also found to be more likely to fall into the positive change cluster when the criterion was change on at least two of the domains.

It will be obvious to anyone with a passing knowledge of research design that Luke's findings might very well be due to a self-selection factor—those who liked what they were experiencing stayed in the organization and those who did not benefit dropped out. What we can say is that those who stayed and those who left did not look different at the outset and that those who stayed and showed improvement had the same history of dissatisfaction with professional services as did those who left. What we do not know from this work is why those who stayed and benefited found this mutual help community to be one they decided to join. To anticipate a question that emerged later, one might ask, "Why did some people adopt the Grow story as their own?"

A second study was restricted to those Grow members who had a recent history of state hospitalization during the 32 months just prior to joining Grow (see Kennedy, 1989, for study details). They were each individually matched (by use of a computer program blind to their ultimate positive or negative outcomes) with a sample of nonmembers on hospitalization history and demographics, including race, sex, age, marital status, total number of days in hospital prior to joining Grow, number of previous hospitalizations, community tenure, discharge region, diagnosis, legal status, and religion. Although the two groups had spent a similar number of days in the hospital during the 32 months prior to the date the member joined Grow (an average of 174 days vs. 179 days), during the next 32 months Grow members spent significantly less time in the hospital than did their nonmember counterparts (49 days vs. 123 days).

In addition to these "outcome" findings, we have carefully observed how the organization expanded in membership throughout the state (Zimmerman et al., 1991) and the nature of the verbal behavior during group meetings (Roberts et al., 1991). These studies have told us quite a bit about group variance and about behavior in the groups. They have also enabled us to characterize the Grow approach as creating new groups that provide their members with a niche, or a role. We have characterized our findings as demonstrating that Grow expands by the creation of underpersoned settings—that is, settings where there are more roles than people. Thus many members who typically have experienced most of their life as a receiver of help are now placed in the position of also being a giver of help. Again, to anticipate later thoughts, at the time we conducted this work we did not ask what effect joining a community in which the narrative includes stories about how members are both givers and receivers of help might affect the personal stories that people tell, nor did we inquire as to how those stories create a new identity.

### **LISTENING TO STORIES AS AN ANTIDOTE TO PROFESSIONAL CENTRISM**

Narrative analysis provides an alternative to the study of mutual help in a treatment and services paradigm. Rather than view people as help seekers obtaining services

from an agency, albeit an agency staffed by nonprofessionals or peers, this way of conceptualizing self-help removes it from implicit or explicit comparison to treatment. By its very nature, applying narrative analysis is an antidote to professional hegemony. It forces us to ask questions, such as "Who has the right to speak for this person?" It requires us to learn about both the structure and content of the stories that people tell about their own lives and of the lessons they learn from their communities of membership. It highlights (albeit imperfectly) their views of themselves rather than emphasizing our views of them. Narrative studies is a theoretical framework that can be applied at multiple levels of analysis, that is, to understand the community as well as the individual. It can provide a link between individual identity development and cultural and community imperatives.

In addition to requiring us to listen more carefully to the voices of the members themselves, researching mutual help as "the stories people tell" has several advantages, not the least of which is to free the idea of mutual help from the stigmatizing implication that those who are involved in such organizations are more needy or less competent than those who are "on their own" or that the implicit standard for comparison is professional treatment. For example, in a recent study of over 800 professionals throughout the State of Illinois, my colleagues and I (Salzer, McFadden, & Rappaport, in press) found that, although professionals tended to see self-help groups in a positive light (well above the neutral point on a 7-point scale), regardless of their discipline and regardless of where they worked (in a community mental health center, a general hospital, or a state hospital), they always viewed professional groups as more helpful than self-help groups. We termed this attitude "professional centrism." So long as mutual help organizations are viewed as service agencies they will necessarily be considered second-rate because the standard for comparison will be limited to treatment outcome data as judged by the professional community rather than belonging and social identity as judged by the members themselves.

Despite a variety of rather interesting findings in our Grow project, we did not understand, from the point of view of the members, very much about how the organization worked its way into members' lives. When one has spent a dozen or so years talking with people in an organization and then looks at the reported findings expressed in the form of outcome variables and discrete behaviors, there is a very obvious gap in understanding. Our formal data simply did not capture the experience of the members. Despite our efforts to examine the processes of group behavior in some detail—including the members' perceptions of social climate (Toro, Rappaport, & Seidman, 1987) and of what they think is important about being in the groups (Roberts, 1987), their reports on questionnaires and our behavioral observations are quite distant from the ways in which the members experienced changes in themselves over time. It is only from conversations with individual members over a long period of time that I became convinced that many people have experienced a change in their social identity that is simply not captured well by the sort of data we have obtained. What we have lacked is a theory-driven methodology appropriate to the phenomena. One such theory is found in narrative studies.

A different, and less professional-centric, way to understand how the mutual help organization shapes the identities of its members is to try to understand the

organization's narrative about itself (the community narrative) and how that influences the personal life stories of the members. What is it about the Grow narrative that becomes incorporated into the personal life stories of those members who have decided to join the Grow community? How does it happen?

### **INFORMAL OBSERVATION OF COMMUNITY NARRATIVES AND PERSONAL STORIES**

My interest in narratives began with the serendipitous observation that the membership of the Grow organization—one that encourages cooperation with, but independence from, the professional caregiving network—often led people who had a history of serious and diagnosable psychological disturbance to tell very different stories about themselves than did their peers who continued to be treated under the care of professionals. In listening to personal stories, although each had its own life-course details, there was a striking cross-person similarity. What accounts for that similarity, I believe, is the well-developed narrative (identifiable in both written and verbal behavior) that defines the community. This narrative is very different from the one that defines the professional care community.

I have spent some 25 years doing research and talking to people with serious problems of the sort that get people labeled "chronic patients" (see Rappaport, Chinsky, & Cowen, 1971). But I have never before encountered the kind of personal conversion stories that many of the Grow members tell—stories in which one can hear echoed the formal ideas of the Grow organization. If one listens to the personal life stories told by many Grow members (often expressed in "personal testimonies" during formal meetings or in individual interviews), one hears people with a history of mental hospitalization who have come to see themselves as a part of what the community narrative refers to as a "caring and sharing" community of givers as well as receivers, with hope, and with a sense of their own capacity for positive change. People often describe their life in terms that characterize it as "before and after" Grow. Their personal stories are often consistent with the kinds of themes we had found in a content analysis of the organization's written material that members use for discussion, study, and reflection (McFadden, Seidman, & Rappaport, 1992). In short, the personal stories of Grow members tend to reflect its community narrative. These personal stories are very different from those I had heard for so long from other patients under professional care for their mental illness. Typical professional patient stories often revolve around learning to see one's self as sick and dependent on medication to control behavior. They often hope for independent living, despite its loneliness, and see themselves as dependent recipients of services who have little to offer others.

While conducting the self-help research project I also observed in these organizations the sorts of functions that formal religious organizations serve for their members. Although I did not hypothesize, or even consider, such matters initially, I began to notice a similarity between how certain church members and mutual help group members changed over time. This led to exploration, with a local religious leader, of the kinds of stories that people tell about their own life and the congruence between

those stories and the church's communal narrative (Rappaport & Simkins, 1991). Both the patients and the church members tended to incorporate into their own life stories elements of their respective community narrative. It was at this point that I began to think that the phenomenon observed in two settings where I happened to be working might in fact be more general and that each of us might construct our personal life stories under considerable influence from the community narratives that operate in the settings to which we belong.

### **MUTUAL HELP ORGANIZATIONS AS NORMATIVE NARRATIVE COMMUNITIES**

The narrative framework views mutual help organizations as one of a number of potential communities of membership available to people. An important characteristic of a community is that it has a narrative about itself and about its individual members. It often has a narrative about individual change and stability (Ross, 1989). In this sense, the mutual help organization is a normative structure in social experience—not unlike families, religious organizations, political parties, labor unions, professional organizations, or other voluntary associations. The members are not clients getting services and therefore somehow different from the rest of us; rather, they are people living lives. Professional treatment is not necessarily the appropriate comparison group if one wants to understand such experiences.

Everyone has problems in living and everyone uses, for well or for ill, the available mediating structures for figuring out (constructing) answers to such questions as “Who am I?,” “To whom am I connected?,” and “Who can I hope to become?” By this reasoning, although they each have their own content domain, the same processes that operate in other community organizations—so as to facilitate or hinder identity development and transformation—also operate in mutual help organizations. Such organizations are simply a special case of a more general phenomenon: The experience of identity formation and change takes place within a social context that contains community narratives that can be read, observed, communicated, or otherwise understood. These organizations might be better understood as voluntary communities rather than as social service agencies. When membership leads to significant change in a person's identity and behavior it could be understood as a change in community of membership and lifestyle rather than as a “treatment outcome.”

One advantage of this normalizing view is that it enables us to learn from a wide variety of research on social cognition, institutional processes, and individual identity development (Baumeister, Stillwell, & Wotman, 1990; Colby, 1982; McAdams, 1993; Markus & Nurius, 1986; Mumbry, 1987; Schank, 1990). It suggests that the same processes of identity construction that take place in schools, families and neighborhoods, churches, professional associations, clubs, or other voluntary organizations take place in mutual help organizations. It does not set apart those who join mutual help organizations as especially different. They are best understood as similar to other people who also continue to develop and change their individual identities in the context of social and community life throughout the life span.



The fact that people who join mutual help organizations are often looking for an alternative or an addition to professional services or for a community of people with similar life experiences is no more or less important than someone else looking for a different church, transferring to a new college, seeking more schooling or employment training, joining a social or athletic club, or moving to a new neighborhood. These are *community joining acts* that have consequences for identity development and change (some of which will be self-imposed and some of which will be imposed by others) through the normal processes of social communication by means of shared narratives.

In this view, people who elect to join mutual help organizations are not necessarily deciding to obtain a treatment, so much as making a decision that helps them to answer identity questions of the form "Who am I?" Indeed, people who join such organizations might be rejecting the paradigms of professional treatment as a way of life and the identity it has offered them as "recipients of services." Similarly, those who leave an organization might not be dropouts as much as people who have decided that the organizational story does not match their own current or desired life story. That does not necessarily mean that they would not like to obtain services, but it often means that they are trying to figure out how to get what they need in a way that provides a more dignified sense of identity. This point of view suggests that the way that a mutual help organization provides members with an identity is through the narrative it tells about the community of membership, about how members change, and that this narrative serves as a basis for change in one's personal identity story.

The general idea that personal stories are changed through experiencing a new communal narrative was anticipated by Antze (1976) and can be found in his notion of the mutual help organization providing an "ideology." William James's (1902/1929) discussions of religious conversion are also pertinent, as is the work of modern anthropologists such as Cain (1991). But there is now a field of narrative studies that can serve as a basis for development of a much more detailed theory for exploring how the process of change in identity takes place in community contexts. One advantage of such theories is that they make the study of mutual help organizations a specific example of processes that can be shown to occur for people in general. This means that the relatively small number of self-help researchers can benefit from work by many other researchers and that our work can contribute to understanding human functioning more generally.

### **NARRATIVE STUDIES: COMMUNITY NARRATIVES AND PERSONAL STORIES**

Although there is now a burgeoning area of thought that falls within the rubric of narrative studies, the notion that the community narrative and the personal life story are embedded in a mutual influence process requires further development. A community narrative is a story repeatedly told among many members of a setting. It can be told directly, as in face-to-face contact, or indirectly by means of written material, rituals, implicit expectations, shared events, and nonverbal behaviors. A setting can be a family, a neighborhood, or a social, religious, or business organization. One might

also be a member of a psychological community (i.e., homeless persons or veterans of particular wars) or a member of the women's movement or of a professional community. One way to know if a setting is a community is to look for the presence or absence of shared stories. Sometimes, the community story will be written. In the modern world, people belong to many settings. How one's personal story is constructed and transformed by the multiple settings to which one belongs is an overarching question in understanding identity development in social context (Gergen, 1991).

Community narratives tend to be heavily invested with implicit as well as explicit meaning. A personal story is more private and more idiosyncratic. It serves the purposes of individual identity development, maintenance, and change. But it is also reasonable to expect that these levels of analysis are not entirely independent. Understanding the link between these two kinds of stories and the role they play in psychological, social, and behavioral change in the context of formal organizations is of concern to many disciplines. Understanding the basic mechanisms of personal and group identity in these contexts has important implications for the practical world of organizational management and development, as for most people their work, church, educational, and family environments play an important part in their personal identity.

This sort of work is pursued by scholars and scientists from many disciplines. The "narrative project" is one that both challenges and unites anthropology, psychology, sociology, literature and rhetorical studies, history, linguistics, and religious studies. By narrative studies I am referring to a broad range of ideas and methods that have developed around textual analysis of written or spoken language in ritual and everyday behavior along with general propositions, such as narrative is a "root metaphor" for human experience (Sarbin, 1986), people "live by" stories (McAdams, 1993), and "a community is its story" (Hauerwas, 1983). In a more applied context it has been argued that stories are a particularly powerful tool for teaching and moral development (Vitz, 1990) and that understanding clients' "narrative schemas" might be useful for psychotherapists (Howard, 1991) who are concerned with problems such as how to understand and help change the identity or sense of self of their clients (Russell & Van Den Broek, 1992). In most of this research, somewhat predictable by the discipline of the investigator, there is a tendency to emphasize either the cultural messages in the narratives of a community—without attention to individual differences among the members—or to emphasize the individual members' "personal life stories" without much attention to the common community narrative in which the person develops her or his own personal story. In few cases is any attention paid to how the community narrative becomes incorporated into the personal lives of individual people (an exception is the work of some developmental psychologists with children, i.e., Miller & Moore, 1989; Nelson, 1993).

Narrative studies provides a theoretical framework that can account for a variety of empirical facts and ways of thinking about self-help, with the advantage of not doing violence to the perspective of the members of such organizations or to the self-help ethos (Riessman, 1985) because it requires understanding the world from the point of view of the individual members and their community. We could be wrong—that is, as researchers we might misunderstand or misinterpret the people we are trying to understand, but the goal of such work is to understand what their stories mean to

them. This research approach is similar to the one referred to by Denzin (1989) as the interpretive point of view.

The narrative project tends to be sensitive to the point of view of the people being studied. It also encourages a multiplicity of research methods. Stories have been proposed as “especially interesting prior experiences” basic to human memory and intelligence (Schank, 1990). The study of narratives ranges from very detailed textual analysis in linguistics (Labov, 1982) through very global conceptions of culture and myth by anthropologists (Bruner & Gofrain, 1984). It is often concerned with personality development and cognitive processes as well as with the contemporary uses of historical texts. Scholars and researchers, at whatever level of analysis, share the view that the study of narratives—their structure, function, and influence on our lives—is a powerful way to understand cognitive and social life, personality development and change (especially with respect to identity), and the power of community life.

### **NARRATIVE STRUCTURE, FUNCTION, AND CHANGE**

Narratives (and stories) have certain structural features. These features include event sequences arranged in context over time. Thus they are different from abstract principles (rules) that tend to be acontextual and static. Narratives also serve certain functions: They communicate to members and others what the community is like, how it came to be that way, and (sometimes implicitly) what behavior is expected. Narratives are powerful devices for effective communication. Some scholars have suggested that the narrative is the defining characteristic of a community (Goldberg, 1982, 1987; Hauerwas, 1983).

Most psychologists who have studied narratives tend to be concerned with their structure, as in linguistic analysis, or with cognitive representation and memory. Sociologists and anthropologists tend to be more concerned with the functions of narratives and questions of meaning. It might be useful to link approaches around such questions as “How do people develop personal identity, and how do they change?” and “How does the mutual influence process of individuals in organizations operate in the realm of storytelling?” These sorts of questions apply to individual, organizational, and social change and have implications for psychological application to a wide range of contexts, including the special cases of people who seek assistance for problems in living and those who do so in the context of mutual help.

The view that mutual help organizations can be understood as contexts for identity transformation is consistent with recent thinking about autobiographical memory. Although I am not now prepared to defend a particular model of the process, there are several general features of these sorts of theories and considerable empirical research that can be seen as consistent with the idea that self-help organizations can be viewed as a special class of communities in which an alternative identity is provided and that those who become embedded members do so by transforming their personal life stories so as to conform to the community narrative.

Nelson (1993), for example, in the context of children’s development of autobiographical memory (personal stories), distinguishes between generic event memory,

episodic memory, and autobiographical memory. Generic event memory is taken to be similar to what Schank and Abelson (1977) called scripts—that is—general outlines of common events, without specific details of time and place, similar in some respects to what is called semantic memory (Tulving, 1983). Episodic memory refers to specific times and places, although the exact times and places themselves need not be recalled. According to Nelson (1993), what matters is the sense that it happened at one particular time, as opposed to scriptlike memory that things of this sort happen “this way.” More important for the present purposes is Nelson’s argument that the development of autobiographical memory occurs in a social context and that this occurs through learning, most likely early in life by talking about events with a caretaker, and by reinstatement (repeating the events). The more frequently an event is experienced the more it becomes scriptlike. But Nelson notes that this does not account for how single events become autobiographical, and she argues that the functional significance of autobiographical memory is sharing it with other people:

Memories become valued in their own right—not because they predict the future and guide present action, but because they are shareable with others and thus serve a social solidarity function. . . . This is the social function of storytelling, history-making narrative activities, and ultimately all of our accumulated knowledge systems. . . . Once the autobiographical memory system is established it takes on personal as well as social value in defining the self. (pp. 12-13)

In other words, Nelson’s model for the psychological and social origins of autobiographical memory is consistent with the view that personal stories are developed in a social context, that they serve social as well as personal functions and suggest that a change in one’s community of membership can be an important source of change in personal identity.

Schank (1990), a cognitive psychologist who studies artificial intelligence, has recently theorized that story-based knowledge expresses our points of view and philosophy of life and that it depends on telling. What we tell, he suggests, indicates our making of decisions about what to remember and that “listeners reveal, usually implicitly, which stories they want to hear” (p. 136). In his view, with respect to memory, the storytelling process requires one to make decisions about which episodes to relate and which to ignore. He argues that once composed, stories remain and indeed become shorter and more compact as they are retold: “Memory tends to lose the original and keep the copy” (p. 138). He argues that telling stories that express a lack of ability to cope (i.e., answering questions about the problem or about what sort of help one requires) might actually reinforce the kinds of problems people have. He suggests that it would be better (including in psychotherapy) to encourage people to tell stories that put themselves in a positive light.

Schank (1990) also makes an interesting proposition concerning how to deal with negative experiences. His view is that once told they can be forgotten, partly because the details will tend to be lost after a story is composed. Certain events that are very important to the person—he calls them situation-defining episodes—are likely to remain in memory if not told to another person. This is partly because one tends to look for other events to match to it. He suggests that untold stories can be troubling

in part because if not expressed they can remain less coherent. Stories told only to oneself do not benefit from the modification and coherence required for a listener. Because important stories that were never told might have retained childish explanations, if they are not talked about they can remain accessible and continue to provide bad explanations for present events. But Schank predicts that given the nature of what he calls “memory organization packages” a story once told must be retold many times to remain a “findable memory structure.” He suggests, therefore, that a bad experience, to maximize the likelihood of forgetting, should be told once and never again:

The sooner you tell a story, the sooner you can begin to forget it—by never telling it again. If you want to remember the story, on the other hand, keep telling it. Telling stories is fundamentally a memory reinforcing process. The more you tell the more you remember. The areas you dwell on when you talk are the areas your memory wants to, and does, reinforce. (p. 141)

### **RETURNING TO SELF-HELP RESEARCH WITH A NARRATIVE PERSPECTIVE**

These notions of memory and storytelling explicated earlier in a theoretical context seem to have been acquired, albeit in less abstract terms, by many of the people I encountered in the Grow organization. In the course of our research analyzing the group conversations we found that when members were asked to rate how good (defined by an evaluation factor on a set of ratings) a particular meeting was, they tended to find those meetings in which there was a great deal of negative talk and a relatively large amount of personal questioning (defined by independent observations of verbal behavior) to be significant negative predictors of meeting quality. Clinical psychology graduate student observers, asked to rate the quality of a group meeting, however, gave significantly better ratings to meetings with more personal questions—exactly the opposite of the members themselves. When I presented this data to the Grow organization group leaders they were delighted. In a research feedback meeting with me they expressed, not without enthusiasm, that they were tired of being asked by doctors to tell bad stories about themselves and that they now saw Grow as doing the best for people when new stories about dealing with today’s practical tasks of living were being told.

Mellen Kennedy is conducting a dissertation on this topic. She is interviewing members of Grow in an effort to understand more directly how they undergo the ideological transformation that she hypothesizes is a major factor in the organization’s success. This kind of thinking seems consistent with the work of others who have more directly investigated stories in the mutual help context. For example, Cain (1991) found that answers to the question “Who am I?” (Kuhn & McPartland, 1954), in which the respondent has 20 opportunities to answer the question, were more related to what she called the “AA identity” among members who had most closely adopted the AA story as a model for their own personal life story. In her view, “The AA story provides a general framework, of which the individual stories are specific examples” (Cain, 1991, p. 227). Similarly, Humphreys (1992) has identified five types of AA stories and

demonstrated through interviews and textual analysis their multiple functions. He describes the "drunk-a-log" as a particularly important story that, among other things, transmits AA ideology into personal identity. Over time the drunk-a-logs are constructed so as to become more similar to those reported in the AA literature (Cain, 1991).

Many of the ideas presented here are the result of an ongoing seminar-research group convened at the University of Illinois. Our project, broadly conceived, is to consider how what we refer to as community narratives become embedded in the personal stories of individual people. This work has many facets to it. On the one hand, we are willing to assume that the content of a particular community's shared narrative is likely to be adopted by the members of the community. On the other hand, this assumption demands empirical demonstration, and a number of studies in a variety of settings have been conducted to provide it (Rappaport, 1992). However, what we want to know is not simply *if* the community narrative is adopted as a part of community members' personal stories but *how* it is adopted.

Asking *how* leads us to be concerned with questions of social cognition and social communication. That is, how does the external social world become a part of one's internal world? How do individuals come to understand themselves in the context of their communities of membership? Or, conversely, how does the community come to understand itself in relation to its members? We ask these questions with particular attention to the problem of identity. More precisely, how do the communal narratives available to any given individual become a part of his or her personal identity? Which narrative becomes the vehicle for transformation? Why does a particular narrative persuade some people and not others at a given time?

These are not new questions. They could be framed in terms of traditional research on socialization processes, but today, such questions are asked in a postmodern environment. It is now widely believed that personal reality is constructed (and therefore can be reconstructed throughout the life span) and that there is an iterative process between the internal and external. The way that we have begun to study this is to conduct research in which we spend time trying to explicate the details of the community narrative. This can be accomplished in a variety of ways, including extended observation of meetings, conducting focus groups, and detailed reading of available texts. It requires thick descriptions of organizational processes as well as detailed interviews with community members (e.g., Denzin, 1989; Lincoln & Guba, 1985; McAdams, 1990; Mischler, 1986) to explicate their individual life stories. It is in the search for relationships across these levels of analysis that the experience of participation in a mutual help community can be explicated in ways that more closely approximate lived experience.

Opportunities for choice and change in identity are more available (see, e.g., Gergen, 1991). In such an environment, the narrative viewpoint is particularly appealing for several reasons.

1. Given acknowledgment of life-span opportunities for redefinition of self (and others), understanding what has been thought of as socialization requires a mechanism that can account for the subjective experiences of both stability and change (see, e.g., Ross, 1989).

Asking people to tell their life stories provides a vehicle for the sharing of personal constructions in a way that is intuitively sensible to most people (see Coles, 1989). Almost everyone is able to describe, in some coherent story, who they are and how they have always been that way, yet are different than they used to be or will be at some future time (see Markus & Nurius, 1986, on possible selves). That is, everyone knows what a personal story is.

2. It is no accident that "personal testimonies" in both religious and self-help contexts have had such a powerful effect on people. Nor is it an accident that good advertising and journalism—the kind that attracts readership—is often woven around particular stories of lives or that stories are often thought to be entertaining (Brewer & Lichtenstein, 1982). There are many other examples, all of which suggest that most people (including those who are the subjects of our research) think that telling stories about themselves and their communities of membership makes sense and is persuasive.
3. Narratives provide us with a vehicle, or a focal point, for examination of the nature and result of active constructivist processes. Narratives are assumed to be dynamic rather than stable. They are not defined by their text alone but must include their context. That is, every community narrative will be told in some context that will be a part of its meaning. Similarly, personal stories are told in particular contexts to make particular points to others or to one's self. They are acts of communication and self-definition.
4. Narratives are continuously constructed, and the process of storytelling is an active one from the viewpoint of both the teller and the listener.
5. The processes mirror themselves at different levels of analysis—thus allowing direct cross-level comparisons between individuals and larger units of analysis. Such processes lend themselves to cross-disciplinary study that draws from the understanding of many different methods and viewpoints—a distinct advantage at a time when all the major canons of logical positivism as the single acceptable philosophy of science and method are in serious retreat (Manicas, 1987, pp. 243-244).
6. It is rare to find a phenomenon of interest that so clearly cuts across the social and behavioral sciences and humanities. Although pursued by the various disciplines as a means to analysis and understanding per se, narrative studies also has profound implications for the world of action, including practice in clinical and community psychology, applied social psychology, social work, psychiatry, and pastoral and other forms of counseling (see, e.g., Howard, 1991). Although this approach provides an interesting alternative theory for the professional practice of helping (Russell & Van Den Broek, 1992), it is especially useful for the field of self- and mutual help. Indeed, narrative studies can provide a basis for the long sought systematic theoretical and methodological approach appropriate to the study of self- and mutual help.

## NOTE

1. The term "self-help" is used most often as a self-descriptor by members of the groups and organizations about whom this article is written. "Mutual help" is the term preferred by many researchers. In this article, I use the terms interchangeably. I personally prefer the term "mutual help" as a more precise descriptor of the hypothesized processes of shared responsibility. Theoretically, group and organization members are both givers and receivers of help, usually meeting face-to-face and engaging in interpersonal discourse in the absence of a designated professional responsible for the group by virtue of educational credentials.

Although from my own technical research and academic perspective "self-help" seems to convey a connotation of individualism that may not communicate the ethos of equalitarian mutuality and shared roles

suggested by the term "mutual help," my experience has been that many leaders of the organizations with whom I have worked prefer to be called, usually for practical reasons of public communication, members of self-help groups. The designation "self-help group" is widely understood in the popular media to refer to such organizations. The term "consumer" has been adopted by many such groups who see their role as advocating for both better professional services and greater independence and control over services.

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