

PROFESSOR J. RAPPAPORT - THE EVALUATION OF GROW  
IN THE U.S.A., AND ITS SIGNIFICANCE FOR  
COMMUNITY MENTAL HEALTH

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I was just saying I was in Hobart while an industrial dispute was going on. Stranded in the airport there for 4 or 5 hours, sitting around listening to everybody grumble and getting increasingly agitated, I was tempted to start a GROW group. But I restrained myself.

I must say I have been very fortunate. The way I feel about my experiences in doing research on GROW are well expressed by the title of the talk that I gave to the International Congress of Psychology, which had people from all over the world here to share their ideas. That title was "Mutual Help and Community Care: Transplanting an Australian Innovation in the U.S.A."

My general feeling is that people from Australia have a lot to be proud of. I think GROW is a unique mental health innovation. It is now well established in the United States (I'll present you some data in a moment to show you how it is doing there), and I think it will continue to expand all over the world. I must say I was skeptical to begin with. And I think you'll see from our evaluation that we were careful about coming to that sort of conclusion.

To put this all into some context for you, let me first tell a story. It captures for me a lot of the feelings I've had for the people I've met in the GROW organization. It's about a man, a hiker, who's climbing up a mountain. As he goes up higher and higher the path gets more and more narrow. At a certain point the ground underneath him gives way, and suddenly he slips over the edge of the cliff and is falling. He reaches out and grabs onto a branch that is sticking out from the side of the cliff. Hanging there with one hand, sweating with fear as he realizes his hand is beginning to slip, he looks down at the jagged rocks below and he screams out "Can anybody help me?" Immediately a voice booms out from the sky: "I'll help you - as soon as you let go". The cliff hanger takes one look down at the jagged rocks, then, looking back up at the sky, he calls out: "Is there anybody else up there that I can talk to?"

Well now, I think a lot of people in the GROW organization have been asking, "Is there anybody else up there - anybody else I can turn to for help?" In some ways that story always reminds me of their situation.

But let me take a bigger context for you, one that will explain why I was willing to spend a fair amount of time and resources, and involve my graduate students in a set of research projects around this organization, when its leaders showed up on my doorstep. As you know, there is widespread recognition that deinstitutionalization, which has been a key component of the community mental health movement, has failed to solve the problems of mental illness in the U.S.A. This is forcing many of its previous supporters, including the American Psychiatric Association, to retreat from the ideals of community care. To some extent this decline may be predictable

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in the cycle of social change and social intervention; but, whether it is predictable or not, the loss of support for deinstitutionalization is going to leave many of our most vulnerable citizens at risk for institutional confinement. As prison populations reach a new high, and as social explanations turn increasingly back to what I think of as victim blaming, it becomes more and more likely that unwillingness to tolerate deviants will be expressed by what I might call a rediscovery of the asylum. Much of this will be justified as a humanitarian effort to keep the homeless from the streets, and in this scenario we will surely over-identify those in need of confinement for their own good. History is very clear on this point. There is a very distinct cyclical phenomenon of this kind in the field of mental health if you look back historically. To avoid a simple minded return to mental hospitals as the treatment of choice, *we must find alternatives to inadequate, unrealistic, traditional outpatient services and to the dumping of patients into the community with no services, no support and no skills.* Realistic assistance with the seriously and chronically mentally ill remains the unfinished business of the mental health movement. One realistic alternative form of help, heretofore largely unresearched, is the mutual help organization.

The view that I just expressed is one that I felt for quite some time, so, when I had an opportunity to relate to the GROW organization and actually look and see, I was very excited. Much of what psychologists and other mental health helpers know about helping is based on our awareness of people in very artificially structured role relationships between professionals and clients, usually occurring in places like offices, laboratories or hospitals. Much remains to be learned by studying 'helping' where it occurs in the natural environment, where people tend naturally to care for one another. More specifically, I mean among friends, family, teachers and others in places like schools, churches, community organizations, neighbourhoods, places that Berger and Neuhaus called *the mediating structures of society*, that is, structures that fit in between the individual person and the impersonal, large institutions. Those settings are very helpful to people with their problems in living, but, for one reason or another, a large number of our citizens are excluded either accidentally or planfully from the benefits of such mediating structures. It is important, therefore, for professionals to look for new kinds of structures. I think GROW is a good example of such an innovative structure.

The failure of efforts to create successful alternatives to the mental hospital in the United States mental health system, and I suspect also in other mental health systems around the world, has been a failure to implement what I call a positive philosophy of community care. In part, this problem goes back to the inability of the mental system to shift resources as the chronic hospital population was reduced and the outpatient population increased. We have retained a pattern of outpatient mental health services that was designed for the times when we considered long-term hospitalization of chronic patients to be a viable strategy of health care. The movement to deinstitutionalize has failed to modify the kind of care that outpatient services provide, even though the population in need of outpatient services has changed dramatically. The deinstitutionalized patient is one who requires more assertive, day-to-day, real life or concrete supportive services. But we have failed, with few exceptions, to alter the type of services provided, and to come up with the kind that provides a concrete mediating structure for people living their life in a community.

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There are lots of reasons for this failure, not the least of which is the fact that under at least U.S. federal policies, it is much easier for states to fund hospitals than it is to fund alternative care. But not all of the reasons are economical. *Mental health professionals are, by and large - and I speak as a mental health professional - unwilling, perhaps unable, to do what is necessary to create the kinds of day to day support that individuals need in the community.* Few professionals are willing to socialize with these people and become significant others in their lives, to befriend them. Few are able, for example, to spend time working closely with these needful people in their apartments, to help them learn housekeeping and handle the daily problems of living. When they do that, there is abundant evidence that it helps. Such assistance requires, however, a new view of what mental health workers do. Not only are there few who are able and willing to become an integral part of a client's everyday life, but, just think about it, to do so at professional salaries would be quite expensive. It would be financially impossible, in fact. The model of professional training is, like it or not, simply not suited to such work. Besides making unrealistic and costly time demands on professionals, it also requires in terms of intensity an ongoing involvement, in much the same way that family members remain involved with one another over time. Nor is the short-term commitment of people like non-professional volunteers adequate if the problems are long-term.

To summarize the community treatment literature, even the most successful community treatment programs - that is, those that keep people who would otherwise be hospitalized living in the community while the program is going on - show no differences toward comparison patients at follow up. That is, even in the case of the most successful programs, once the program ends and the people are on their own, there remain no great differences between people who were not in the program and people who were. In short, the cure model of care - and this is an important thing to recognize, because we come out of a medical tradition in which we tend as professionals to think of cure - the cure model of care, which assumes a time-limited treatment, followed by withdrawal of services as the person makes it on his or her own seems to be quite inadequate for many people. The literature for care of long-term chronic patients suggests that *adequate alternatives to hospitalization must be ongoing rather than time-limited, assertive rather than passive and flexible enough to meet the changing needs of their clientele. Professional services are simply unsuited to such care.* This is the kind of care that creates what an environmentalist or a biologist might call an environmental niche. It means creating a setting, a niche, for people in which they can live. Although many are willing and able consultants as professionals, it is very difficult for the professional community to be available on the day-to-day basis that such support entails. In short, if, on the one hand, I am right in asserting that much helping in life goes on outside the constraints of professional care, and if, on the other, the helping professions give little promise of being able to expand their reach to include those who are currently, for whatever reason, being excluded, then I have to conclude that we need to search systematically for settings that do attempt to create that kind of a niche for people.

That is the reason why, when approached by GROW, we decided that what we needed to be was *participant observers*: people who would go out into the community where GROW is, and rather than us telling them what to do, see what they were doing. So we went into the setting as a guest rather

than as the host. We simply observed the setting. The GROW community simply went on doing what it does. They told us that we were free to be present, to observe and to collect information. They helped us in every way they could to collect the information we needed. Before we started our project we did a pilot study, because I needed to be certain that I could ensure the scientific integrity of the project. A pilot study is a little practice-run in which we checked with people whether or not they would welcome us, give us access to information, be willing to talk with us and let us observe unobtrusively. We found, in fact, that that was the case, so we went ahead with the more formal research.

I am told that there are many people here who are not familiar with the facts about GROW and how it works, so let me give a little bit of an overview of what GROW is. As you may know, it was begun here in Australia about 30 years ago when Con Keogh (who is here at the Seminar and will be speaking later), after experiencing what he called a mental breakdown, met a number of other former mental patients at meetings of alcoholics anonymous where they had each, independently, come seeking help for their recovery. Finding A.A. a little bit too confining, they began to develop the idea of their own mutual-help group for mental rehabilitation. The organization they started in 1957 is open to anyone, but it focuses on persons with a history of mental illness. It has developed its own extensive literature, written by the members themselves and accumulated over the course of its history. Many of its principles are in small books that people can carry around with them, which they can use and look up for information and advice. The one I particularly like is known as "the Blue Book". I think of it as a member's manual for mental health. The groups generally have somewhere between 3 and 15 members; they meet weekly for about 2 hours, and they follow a structured group method. Important components of that method include personal testimonies, discussion of members problems and progress, discussion of readings from their literature, and the assignment of practical tasks. I'm sure there are enough Growers here today for those of you who are not familiar with GROW to get lots of input about those details. Each group has an elected volunteer organizer whose role it is to keep the group on task and consistent with the GROW principles. Each week the organizer selects a participant leader to run the meeting. In addition to weekly meetings GROW sponsors regular social events and leadership training functions, and encourages and helps members to develop relationships outside the GROW functions. What I am describing is what I have seen in Illinois; I understand it is quite similar in Australia. The leaders are also members. People are encouraged to take increasing responsibility as they become a part of the organization. A small number of members are paid field workers who help get new groups started, serve a training function for the organizers and other potential leaders, and visit groups in the regions where they operate.

I refer to GROW as a *mutual-help organization* rather than a set of mutual help groups. The distinction to me is not trivial. In order to understand what GROW is like, it is necessary to see the group meetings as important but not necessarily the sole or even the key ingredient in the approach. The groups may be like the glue that holds the organization together, but I suspect that much of the effect is in function of a total involvement of the organization in the lives of its members. GROW's intentions, as I see them,

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are to create friendship networks and what they call a caring and sharing community, enabling members to enjoy meaningful lives by adopting various roles and responsibilities in a very complex organization designed to create a social niche for people, or a mediating structure between each person and the large impersonal world. In a sense then GROW becomes a mediating structure.

From the outset of our association a collaborative research arrangement was developed. And, here again, let me say I don't work for GROW; and whenever I have sought it I have been provided complete access to the organization's information and functioning. So I feel very comfortable presenting what I am saying here to you, which is exactly what I said to the scientific meeting of psychologists from all over the world. The way we approached GROW, however, was to respect it as a community with its own values, procedures and ideals; not with the approach that 'we are the expert and you are the subject'. We started by reading all the GROW literature. We did a content analysis of the literature. All of the advanced clinical psychology Ph.D. graduate students who were hired to work on the project became very familiar with the GROW approach before they started. Then what we did was to place participant observers. We chose 15 meeting sites that were accessible in the Central Illinois area of the United States. In them we placed these advanced participant-observer graduate students who attended the meetings regularly, met the new members as they joined, and essentially were welcomed as anybody else in the organization. Although they did not participate in the discussions during the meeting, they did, as you will see in a minute, carefully record much of what went on during the meetings. The same people also conducted multiple and periodic interviews with a large number of Growers over a period of up to 27 months; so we could follow up what was going on in the lives of Growers.

Let me now turn to our evaluation and what it looks like (I am going to move over here to the screen).

No.1

(SLIDE 1) We attended over 1000 meetings. Even though I am not a Grower I feel like I know GROW. 1000 meetings is a lot of meetings! Before we even started the research formally we needed to understand what we were researching. So, in the beginning, what we did was develop our assessment devices without the collaboration of the organization. We developed behavioural observation techniques. (These are fairly technical things, which I will not go into now. But I will be here all day to talk to any professionals who might want to go into details concerning the things that I am going to present.) By the time we got the research going, and funded by the National Institute of Mental Health, and did our preparation stages, we were ready to formally observe and record exactly what went on in the meetings. We did that in 527 meetings in 15 different locations, so I feel like I have a good sample of what GROW meetings are like. We also did, as I said, multiple interviews that ran anywhere from 2 to 8 hours, with almost 300 members over a 27 month period. Many of these had repeated interviews. In addition to those 299 people, we talked periodically every 6 months or so with many other members. We were also able to follow the Growers' changes over time, and I have a lot of information about that. By the way, as you can imagine, there is a lot of information that is not completed yet, so I'm giving you a kind of progress report here.

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We also kept what I call archival data on group development, that is, we followed the GROW leadership around. I actually assigned a graduate student to follow Con Keogh around; and, let me tell you, that graduate student lost a lot of weight. In short, we wanted to see how this GROW organization operates, what they did to get established in North America - not an easy thing to do in a professionalized, skeptical mental health system, and I wasn't even sure when we started that GROW would necessarily be successful at being accepted in the U.S. - so, if they were going to be, we wanted to know how they did it. I won't talk about this in great detail because it will take too much time, but I do want to give you some idea of how many different things we got to know about the individual people. Our first table, then, is about *individual assessment* (SLIDE 2).

No. 2

What we have here is information from 4 sources about individuals. We got information from the Grower herself or himself. We got information from interviewers completing ratings - professionals, trained interviewers. We got information from significant others in the Growers' lives; that is, we conducted telephone surveys and asked people who knew the Grower (the Growers nominated someone they said would know them well, then we would call them up with their permission and get information from them). We also got some information from formal hospital records for a sample of people who had a history of being in the Department of Mental Health in Illinois, and we could, so to speak, track what happened there. From these 4 sources of information the kinds of things we got include information about people's social relationships, about their community adjustment, their working and their living environment - in all, 9 different domains; it's very detailed. We got information about what we called psychopathology in coping. Basically, we were talking about how people were functioning, what kind of symptomatology we saw, what kind of coping responses. We also collected a lot of information about the role of GROW in people's lives. So, as you can see, at the individual level we were getting to know a lot. I feel like I know these people, I mean really very well, especially from having done those multiple interviews over time.

No. 3

No. 4

(TABLE 1, TABLE 2) We also collected, as I have said, a lot of information in the group meeting. We developed a *coding system* to enable our *participant observer* to sit in the meeting, placing a coding sheet inside the Brown Book, which is part of the GROW literature, and record, by checking the proper categories, exactly what kind of discussion was going on, what kinds of statements were being made. The GROW organization helped us develop this. I have all kinds of technical information for any researchers who might be here and want to know about it. Let me just say, without going into those details, it's a highly reliable device, and I am confident that our observers' ratings are very accurate.

We also got a rating of the quality of the meeting from the *members*: whether or not they thought it was a good meeting, and what they saw was happening in the meeting. We also asked the Growers periodically what they thought was important. I'm going again here for the professionals. I can describe myself as both a behaviorist and a phenomenologist. I think they both matter. You have to know what people are seeing, and what they are thinking and feeling about it; and you also have to see what's being

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done behaviorally; so we think we've got all the necessary angles here. We are interested also in the social climate that one experiences in the group.

No. 5

(TABLE 3) Then, as I said, at the *organizational assessment* level, we were interested in how the organization grew and developed throughout Illinois and the United States. So we followed its early development, looking at archives; we also had the field workers keep logs about what they are doing (field workers just love doing that). We did what we call investigative reporting; in other words, we nosed around and asked people in the Department of Mental Health what they thought. We really did a pretty careful multiple view assessment, and we got what we call naturalistic observation by participant observers; the people who attend GROW regularly would come back and write notes in our files. In short, we gained a tremendous amount of basic information on the organization by the time we got finished. I'm saying this quickly, but you might get some little idea about how much effort went into just creating the measurement devices, creating the system to collect the information, before we ever collected it.

No. 6

In the preparation phase, through GROW we got a small grant from the MacArthur Foundation to enable us to produce a research design and submit it to the National Institute of Mental Health. They sent a team of visitors out to look at our research plans, and they decided to give us the funds to conduct the longitudinal evaluation. By the time we were ready to go with the formal evaluation, GROW had already developed some 18 groups in Illinois. They were very quick. From that point on we watched the organization develop during the next 34 months, formally. (SLIDE 6) This little graph, I think, is quite remarkable. The first question we wanted to address, of course, was: would GROW be acceptable? would the transplant take? Well, there was absolutely no doubt about that in our state. Illinois is quite a large state, and the GROW organization did not seem to worry about risk-taking. If I had been advising the GROW organization on how to expand I would have told them what you should do is, you get a group started, then you let it fill up, and when you have more than enough people, well then you split the group into 2 groups. Well, it turns out, that's not what they did. In fact, over the course of development from 18 to 99 groups, during the time we formally observed, the organization only created 10 groups in that way. All the others were created by recognizing the need in some community and sending someone out there to create a new group, to get it started. This involves something extremely significant, as I see it. Beyond helping the organization to meet the needs of the people throughout the state, it also creates a kind of atmosphere in the organization that's incredibly healthy for the members. You must remember that most of the leadership and involvement in GROW comes from people who come up through the organization. What this method of expansion does, then, is to continuously create new roles. It's what psychologists call the creation of "undermanned settings". Now, the characteristic of an undermanned setting is that there are more roles than people; consequently people are needed. If you have more people than roles, then somebody falls by the wayside. But, if you have more roles than people, everybody is needed and people become an active part of the organization. This is the claim to fame of mutual help organizations in general. They seem to do

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much better than professionals in activating people because, when you go to a professional, the message communicated is clearly not that this person needs you. No matter how benign the professional may be, the communication is that you need the professional. Now, in a mutual help group, right from the beginning, each one perceives this meaning: not only do I need the people here, but they need me. So, first at the personal level, each one in need is called upon to be a resource person for others - for some people, perhaps, for the first time in their lives! Moreover, it doesn't end there because, as the organization grows and creates more new roles for people, there is a growing need for persons who are able to take on more responsibility for themselves and others. So I think this method of expansion serves to highlight two senses in which the GROW organization is extremely viable. The first is that it is an expanding resource in which people who heretofore had been only problems now become resources for other people; and the other is that the style seems to be an intrinsic part of the creation of a social niche. So I regard that as an extremely exciting fruit of our research observation.

No. 7

Now, let me tell you a little more about what we found with respect to *the groups themselves and what they are like*. We have tons of information on this. As I will have to run through this very quickly, don't even bother to read the words on this graph (SLIDE 7). It will take too long to go through it, and it's not all that pertinent now. Rather, just look at these 2 different lines. Taking a very formal assessment of the social climate in a GROW group as compared with a psychotherapy group, what you find is that they are very different. They are different in all these dimensions. So, here is my point: *one should not confuse GROW with psychotherapy*. It is not a psychotherapy group, and there are lots of interesting ways in which it is different from psychotherapy. The graph here is one very objective demonstration of that. It is a very standardized measure, one that is used in psychological literature to describe group experiences of people. Let us move on from that finding. Again, if anybody wants to look at the details, I will be glad to go into them with you later. (Remember, I said I was partly a phenomenologist, so this is the phenomenological part, where I am wanting to know the Growers' lived experience. What do Growers think is important in the group meeting? What you have here (SLIDE 9) is a rank order of what they rate from the most to the least important things. Just take a look at the top 3. Here you get some sense of what Growers themselves report as being important in the

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meanings - getting support and encouragement, helping others and becoming hopeful. Interestingly to me, among the considerably less important things (it has this little negative sign out there to signify that it's below the average in terms of things they thought were important), this was getting new understandings and explanations, expressing my true feelings - all essentially psychological kinds of probing. What the Growers were telling us was, "look, there is a lot of support and encouragement here. I like that. It is a lot less important to me to be digging into the psychology of my childhood or the depth of my personal questions." This, of course, runs directly counter to what a psychologist would predict would be a good environment for people. I submit that this is one area where ordinary people's experiential knowledge has a lot to teach professionals.

No. 9



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Let me show you a little more detail about this. You will recall that now we have exact measures of the behaviour, the verbal behaviour, that is going on in the meeting, what people are saying to one another, and we have it in 12 different categories. Well, what we did now was do a fancy statistical analysis in which we could take the Growers' evaluation of a meeting that is good or bad - good for them or bad for them, helpful or not helpful - and, when it was seen as a good meeting by the Growers, discover what was actually going on in the meeting at the time, so we could relate those two. What this analysis means is that, if the Grower tells you that this was a really good meeting, what actually was happening in the meeting was that there was a low amount of negative talk (that is why there is this minus sign over here, it's not good to have negative talk going on in the meeting) but there was a high amount of support, a high amount of guidance. Also, consistent with what I was saying before, there was a low amount of personal questions, the deep probing psychological kind ("let's get to the background", let's psychologise"), the kind of things we teach our professionals to get at. The Growers seem to say, "OK, that's interesting, but so what?" Well now, if we take exactly the same approach and we ask my professional Ph.D. advanced clinical psychology graduate student observers of the meeting, what is going on in this meeting - is it a really good meeting or is it not so good a meeting? - when they say it is a good meeting, what actually is happening? Well, like the Growers, they think it is a good meeting when there is a low amount of negative talk and a high amount of support and guidance, but they love the meeting when there is a high amount of personal questioning rather than a low amount.

Now, I think this is a typical example that we're going to have to write up for the professional journals (I haven't gotten around to it yet, but I will) because this is very informative, this is an example of people's experiential knowledge communicating to professionals something very different to the traditional wisdom. It's one reason why I think this organization has a lot to teach professionals.

No.11 *Cluster Analysis of Member Characteristics*

I won't bother to read all of this to you. I just have to look at it to remind me of something I want to tell you. One might ask, who is in this organization? Just what kinds of people does it cater for? To find out, we did another fancy statistical analysis of the characteristics of GROW members, and we found that several different kinds of people are represented in the organization in significant numbers. There are a number of people who are now independently living and employed, but have a history of serious problems in living, and now want to be helpful to others. We find a number of people, particularly women, who have a history of depression and of being in and out of hospitals, but who are now recovering and wish to be helpful to others. We also find several clusters of people who are very, very seriously in need of services and support. Now, one of these, the bottom group which we call the sheltered living group, are people who are basically being taken care of by the State. They have lots of emotional problems, but they are living in a sheltered environment or are in sheltered employment. However, there are other sets of people who are equally upset, equally in need when they come to GROW, who are not being taken care of by the State, partly because

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many of them simply do not find it helpful to them, they do not find it useful, or they are angry about it, or they can't relate to the professional community. They have a long history of dealings with it, and they see it as not helpful. Yet they show equally chronic, upset psychological symptoms. So, basically, what I am saying is that *the GROW organization brings together a variety of people at different stages of their emotional development, and they seem to blend together and be helpful to one another. Different people get different things from the organization, but yet it all seems to fit together in a way that doesn't label and isolate people so much as create what I am beginning to think of as an extended family.* Just as you have various types in your biological family, people with different strengths and different weaknesses, so in this context you find each person contributing something to the common goal of getting well and growing together.

No.12

We have lots of information on *who shows up to GROW*. The best way to summarize it, from our data, is *people in crisis*. People are usually at their lowest when they turn up. We have detailed histories of their lives now, and when they show up they are clearly at the bottom of their life cycle.

Next, *who returns?* This is very interesting to us research people. I hope it is interesting also to the GROW organization as well as to people outside GROW. We can predict who comes back after the first meeting by individual characteristics in Illinois. In Illinois you are less likely to come back if you have never been hospitalized and are higher functioning at the time you did show up. Now, that doesn't mean that there are not higher functioning people in the organization; only that, relatively speaking, the organization is more likely to keep in Illinois those who are less well functioning and who have been hospitalized. Now, that is, of course, exactly what our Department of Mental Health is interested in, because these are people who are very difficult for the professional services to help.

Beyond that - remember GROW is an open organization, so anybody can come who wants to - there are some people who will come and decide that it is not appropriate for them. But, among those who return, who come back a second time, how do you predict *whether or not they stay?* Well, it turns out from our detailed data that you can't predict that on the basis of the individuals themselves; rather, it depends on what they experience during their first 2 meetings in GROW. That is to say, if during their first 2 meetings there was a lot of high support in the group, not necessarily directed at the person coming in, but just group members supporting one another, a very low amount of negative talk, and a low number of personal-probing questions, then the people who experience that are more likely to continue in the organization. Once again, what we are being told is that people want support, encouragement, a chance to become a part of things, and not necessarily to go through some of those things that professionals like me have been trained to probe about.

No.13

What do we know about *individual change?* Now we are getting down to the nitty gritty: here is how it is, here is how it works, here is what seems to be going on. We know the organization attracts people, but *is it working*, in the sense that we typically mean when we ask that ques-

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tion? We have just begun to analyse the information we have on that vital question; so what I'm giving you is where we are at now. But I think the results are quite promising and really rather exciting. What we see is that *those in the organization for a longer period of time report lower levels of psychological symptoms*. In research terms this doesn't necessarily prove anything - I won't go into the technical reasons - but it is very consistent with what we would expect. So that's the first piece of information we caught.

The second piece of information is that *people who are frequent attenders get rated by the professional observers as showing greater improvement in their psychological adjustment over time*. So we have now a couple of indices that show that people who stay in GROW longer begin to look like they are doing better. Here again, of course, you might ask all kinds of questions about that from a research standpoint. But we note it and keep going.

Another way we assessed how the Growers were doing was to look at *their involvement in community*; what are they doing, not just in GROW, but in their social activities more generally - because people who have serious problems tend to become isolated and to drop out of social contact. What we have here is a little graph which charts change over time. Just look at the way the two lines go. This top line here shows Growers who attend meetings at least an average of once per month. What we find is a dramatic difference in their social involvement over time, not just within the organization, but out in the world, going to community activities, joining other organizations, becoming a part of life again.

Now let me tell you of *two other crucial pieces of outcome information*. I will try to summarise these in the next 5 minutes and then I will stop. One question has to do with experiences with respect to *getting services and resources from the Department of Mental Health*. What happens? Well, we took a sample of 88 Growers who had a history of being in and out of the Department of Mental Health. We chose Growers with a history of being in and out of mental hospitals in Illinois. We got from the Illinois Department of Mental Health a data tape of all their information throughout the state over many years and, with their help, we constructed a little experiment. Some psychologists might really like to do things like randomly assign people to GROW and *not* to GROW, and so be strictly experimental; but obviously with this kind of research you don't do that sort of thing. So, what we did was the next best thing. Using the departmental health tapes with permission, we found for each of these 88 Growers an exact match. With at least ten variables we matched them - you can read what they are: race, age, marital status, that sort of thing, number of previous hospitalizations, length of stay in the hospital; community tenure, that is, how long they have stayed out of hospital, the region of the state to which they were discharged, their diagnosis, their legal status, and their religion. As the point for the match, we used the day that the person joined GROW. Accordingly, we went back into the files of Department of Mental Health and found, as of that date, an exact matching person on each of those variables for each individual. We ended up with 88 pairs. We then set out to see what happens with respect to the individual's involvement in the Department of Mental Health. We have got some very interesting findings here which, I think, will confirm the idea

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Prof. J. Rappaport - The Evaluation of GROW... (cont'd.)

that GROW serves as an extended family for people. Remember, I'm not a person who believes in the cure model of mental illness. I'm a person who believes in the creation of a social niche for people to live their lives. Here is what we have been finding. This data is still in process, but this is what it looks like so far. Of those 88 paired individuals, 77 continued in GROW. That represents about 85% of the people we identified at the time they arrived. So one could really be comfortable saying, "yes, they really stayed with the organization". For 38 of the 77 pairs, 49% of them - of one person in the pair, either the Grower or the Grower's match - had episodes of rehospitalization ranging from 1 to 11. We're covering here a period of anywhere from 3 to 6 years.

Now, what we were interested in was, how do the Grower and the match compare in terms of rehospitalization and the time spent in the hospital? What we found was, first of all, that in this set the number of times a person needed hospitalization was not different between the 2 groups. However, there was a whopping difference, looking over a six-year period of time, in the number of days that Growers and non-Growers had to spend in the hospital. Note that we are talking here about people with a high level or serious history of being in and out of mental hospitals. Well then, *the comparison people over that time period had been hospitalized for an average of over 200 days each; by contrast, those who had experienced GROW had spent only 81 days on average in hospital.* What this seems to indicate to us is that there is a place to come out to; you don't fall back and get lost in the system if you should need hospitalization; instead, you have your extended family to come back into and be a part of.

No.15

The final piece of information I promised you is in answer to the question: *how does GROW change people?* One of the things we asked of each Grower in our interviews was: tell me the most upsetting event that happened to you in the last 2 weeks. We got the interviewee to write down in great detail what that event was, and then we asked: well, what did you do about it? How did you handle it? They then described in great detail how they handled that upsetting event. From that data we were able to examine over time what kinds of coping strategies Growers use, and to check how closely those strategies related to their involvement in GROW. I have a finding which I would like to describe to you. I have it both in graph and statistical form, but I am going to skip over that and just describe it to you in words, to explain to you what I think is going on. The basic finding is this: *those Growers who attend at least once a month, compared to those who attend less than once a month, look very different with respect to how they cope when, outside the GROW situation, they are confronted with an upsetting event.* The people who are frequent attenders are much less likely to indulge in what we call *sulking*, which is a combination of brooding and isolating themselves. If you are familiar with the GROW literature, you will know that sulking about your problems is going off and isolating yourself, and such sulking and brooding about them is thought to be a bad thing to do. These considerations and data are part of a graduate student's Ph.D. thesis, and I am passing on to you here some of his findings without the numbers. What happens in the normal course of events is registered on this top line here. We got the live data on this from GROW and from other people. Briefly, when an upsetting event occurs in the life of a person who has a history of serious problems in living, it often leads to an increase

Prof. J. Rappaport - The Evaluation of GROW... (cont'd.)

in their sulking, that is, brooding and isolating themselves, and, as that increases, we find a corresponding decrease in their social adjustment. Their symptoms go up, and their ability to cope with life goes down. So we first document what may seem like an obvious thing to say, which is that sulking, brooding and isolation are bad psychologically as a way to deal with your problems in living. But it is important, further for us to document that when it occurs in people with those kinds of difficulties. In fact, you also see a decrease in traditional measures of mental health. That is what happens in a normal, natural case, without some intervention.

No.16

Then we find, if a person attends a mutual help organization, which in this case was GROW, at least once a month, what happens first is that, just by attending - actually it turns out the person doesn't even have to say anything, just has to show up and be there in the group - by dint of simple attendance, therefore, such a person, when confronted with an upsetting event, does not experience an increase of sulking. For some people it just doesn't increase at all, and for others it actually decreases when they are confronted with that kind of event. In addition, it transpires that those who attend at least once a month *and participate in the meeting by presenting their problems*, also manage to develop positive coping strategies outside the meeting. They increase their social and emotional engagement and reduce their diverting of attention from their problems in living. In other words, it appears that Growers are learning socially and emotionally to engage other people with themselves in finding solutions to their problems of living. This we believe to be a factor which keeps them well functioning, and they do, in fact, build community and relationships over time.

Let me now conclude by saying that I think *GROW is now in the U.S. on the cutting edge*. I am a member of the recently appointed Surgeon General of the United States Panel on Self and Mutual Help and its relationships to the public health system in the United States. Self and mutual help, not just of GROW, but of all kinds of people with all kinds of problems in living. With its rapidly increasing influence, self and mutual help is today a vigorous social movement in the U.S. It follows that the transplant of Australia's GROW into Illinois at this time has moved this remarkable organization right on to the cutting edge of the United States' changing developments in health care. Again, I am not speaking only of mental health care, but of people with physical and social health problems as well. There is a whole burgeoning worldwide movement here. Consequently, with a sense of the major part GROW will be playing in this, I am absolutely thrilled to be here at the place that started it all, and I thank you for your kind and patient attention.

\* \* \* \* \*

Nº 1

OVERVIEW OF RESEARCH DESIGN

1. ATTENDED OVER 1000 MEETINGS
2. FORMAL BEHAVIORAL OBSERVATIONS OF 527 MEETINGS IN 15 LOCATIONS
3. MULTIPLE INTERVIEWS (2-3 HRS) WITH 299 MEMBERS OVER A 27 MONTH PERIOD
4. ARCHIVAL DATA ON GROUP DEVELOPMENT

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TABLE 1: INDIVIDUAL ASSESSMENT

<u>SOURCES OF DATA</u>	<u>SOCIAL RELATIONSHIPS</u>	<u>COMMUNITY ADJUSTMENT</u>	<u>PSYCHOPATHOLOGY &amp; COPING</u>	<u>ROLE OF GROWER</u>
1. GROWER SELF REPORT	SOCIAL NETWORK INTERVIEWS (STRUCTURE & QUALITY)	9 LIFE DOMAINS	- SCL-90 SYMPTOM CLUSTERS - UPSETTING EVENTS - COPING RESPONSE	INVOLVEMENT, LIFE CHANGES, COSTS & BENEFIT
2. INTERVIEWER RATINGS	INTIMACY & HELP EXPECTATIONS	LIFE SATISFACTION	RATING OF PATHOLOGY	IMPACT OF GROWER
3. SIGNIFICANT OTHERS	TELEPHONE INTERVIEW (STRUCTURE & QUALITY OF NETWORK & DYAD)	S.O. PERCEPTIONS OF WORK & FAMILY	RATINGS OF SYMPTOMATOLOGY	IMPACT OF GROWER
4. FORMAL RECORDS		HOSPITAL RECORDS PSYCHIATRIC HISTORY	HOSPITAL RECORDS PSYCHIATRIC HISTORY	

Table 1.

## BIC Category Descriptions, Reliability by Category and Mean Percentages

<u>BIC Category</u>	<u>Mean Kappa<sup>a</sup></u>	<u>Mean Percentage<sup>b</sup></u>
<u>Support</u> : comments which are encouraging approving, or offer tangible assistance.	.85	7%
<u>Interpretations</u> : analyze, evaluate reconceptualize, challenge, or summarize another member's comments.	.73	10%
<u>Direct Guidance</u> : specific suggestions, direction, or guidance about possible courses of action.	.70	5%
<u>Requests for Feedback</u> : request information or guidance from another.	.67	1%
<u>Personal Questions</u> : questions which encourage another to reveal personal information.	.65	2%
<u>Impersonal Questions</u> : ask for general and impersonal factual information.	.75	12%
<u>Self-Disclosures</u> : provide personal information.	.72	7%
<u>Information Giving</u> : general and impersonal information.	.69	36%
<u>Group Process</u> : alter or reflect on the group's direction.	.87	8%
<u>Agreement</u> : comments which disagree, are resistant or defensive; or indicate disapproval.	.71	8%
<u>Small Talk</u> : comments not relevant to the group's current task.	.78	4%
<u>Negative</u> : comments which disagree, are resistant or defensive, or indicate disapproval.	.62	2%

<sup>a</sup> Summarized across 10 coders<sup>b</sup> Summarized across 527 GROW meetings



No 4

Table 2  
Meeting Assessment Instruments

A. Mutual Help Observation System

1. Continuous Coding of Behavioral Interaction: Group Process; Agreement; Self-Disclosure; Impersonal Questions; Information Giving; Support; Interpretation; Guidance; Negative; Requests for Feedback; Personal Questions; Small Talk.

2. Observer Ratings: number and types of problems, progress reports, and practical tasks; members' helpfulness, participation, roles filled, level of functioning, etc.; group atmosphere and evaluation.

3. Member Ratings: quality of meeting, GROW activities and involvement

B. Grower Experience Inventory: One Time Assessment: member's experiences and their perceptions of the importance of the experiences for growth; members' perceptions of their group.

C. Group Environment Scales (Moos): One Time Assessment of: cohesion, leader support, expressiveness, independence, task orientation, self discovery, anger and aggression, order and organizer, leader control, innovation.

No 5

Table 3

Organizational Assessment

1. Archival data on group development, and resources obtained and used.
2. Fieldworker logs of contact by type and purposes.
3. Investigative reporting.
4. Naturalistic observation by participant observers.

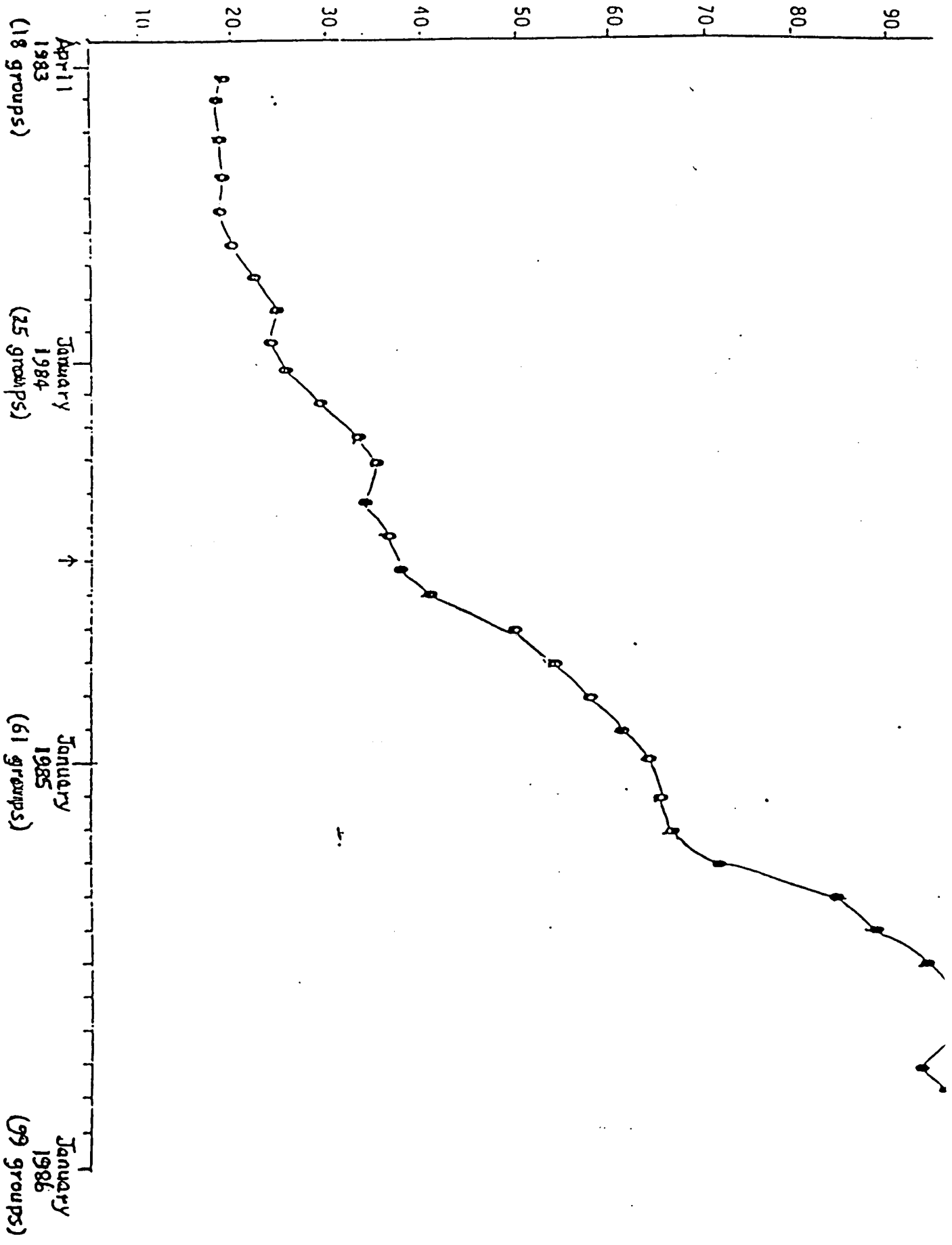
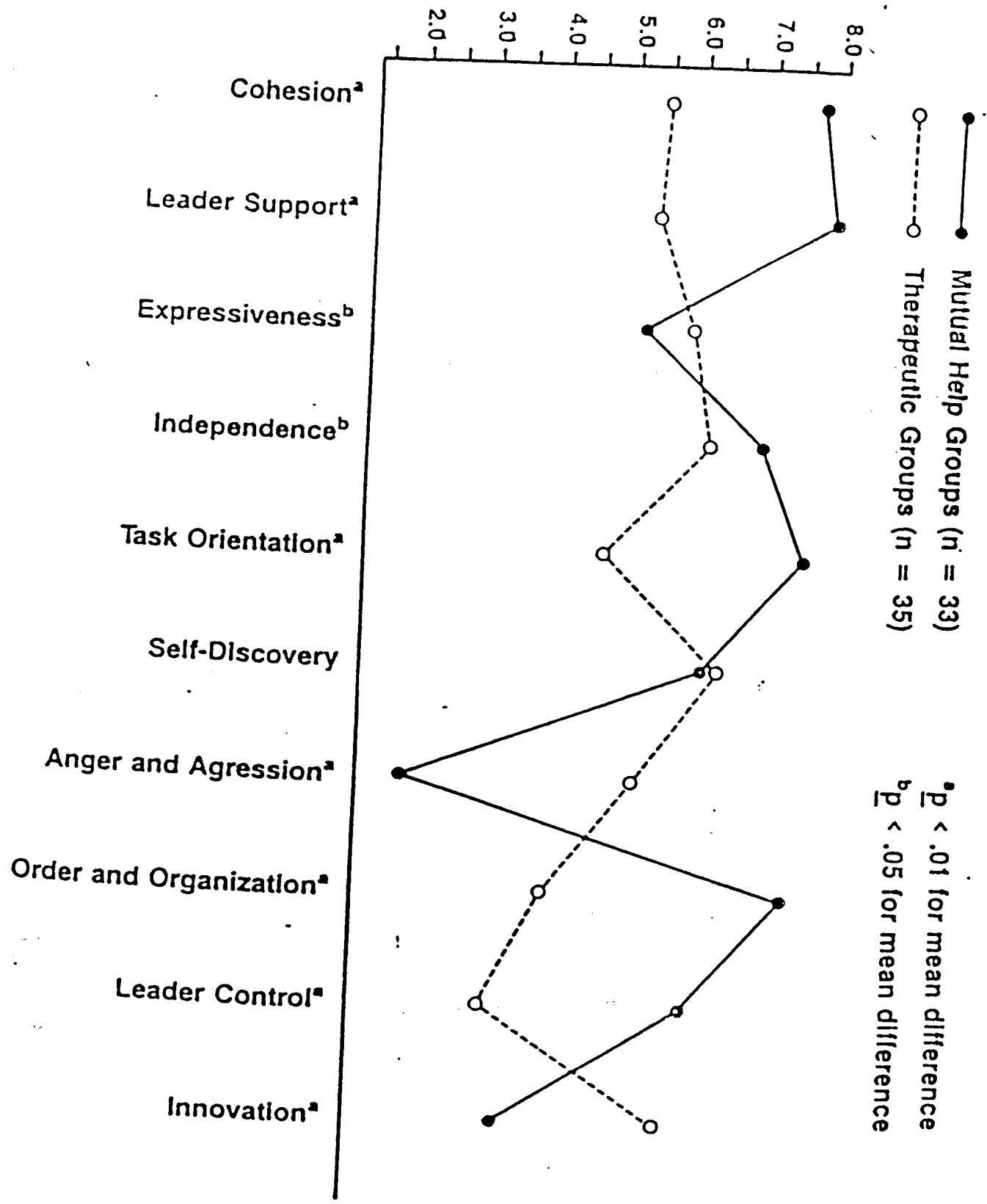


Figure 1. Growth of GROW Groups

## SOCIAL CLIMATE

1. SIGNIFICANTLY DIFFERENT THAN THERAPY GROUPS
2. MEMBERS REPORT KEY INGREDIENTS - SUPPORT, ENCOURAGEMENT, HELPING OTHERS, BECOMING HOPEFUL
3. EXPRESSION OF FEELING AND PSYCHOLOGICAL UNDERSTANDING LESS IMPORTANT
4. MEMBERS' EVALUATION OF GOOD MEETING - SUPPORT, GUIDANCE, LOW NEGATIVE TALK, AND LOW NUMBER OF PERSONAL QUESTIONS. EXPERT OBSERVERS AGREE; BUT SEE HIGH LEVEL OF PERSONAL QUESTIONS AS BETTER

Figure 2. Social Climate of Mutual Help



No ~

Table 4  
Mean Ratings of Importance and Corresponding Z-Scores for the GEI Items  
(N=89)

Item	$\bar{x}$	S.D.	Z-Score
Getting support and encouragement	4.02	.80	1.77
Helping others	3.87	.87	1.15
Becoming hopeful	3.83	1.09	1.04
Learning that I am responsible	3.75	1.13	.73
Belonging to and being accepted by a group	3.73	.94	.65
Getting honest feedback from others	3.71	.85	.53
Owning up to my maladjustment	3.70	1.06	.50
Developing a new attitude toward life	3.69	.94	.50
Gaining insight about myself	3.67	1.12	.42
Learning that my problems aren't unique	3.64	.84	.30
Developing new friendships	3.64	1.05	.30
Getting direct advice or suggestions	3.60	.82	.11
Getting new understandings or explanations	3.47	.97	-.35
Expressing my true feelings	3.46	1.17	-.43
Reading and memorizing the Blue Book	3.45	1.12	-.47
Playing my part at the meeting	3.45	.84	-.47
Being encouraged to talk more	3.34	1.12	-.89
Talking about everyday things and socializing	3.16	1.14	-1.59
Deepening my spiritual life	3.12	1.45	-1.70
Modelling myself after other group members	3.02	1.25	-2.09

No 10.

Table 3

Summary of Simultaneous Regression Analysis: Significant Behavioral  
Predictors of Participant's Meeting Evaluation (N=462)

Variables	<u>T</u> value	B
Negative	-3.54**	-.18
Support	3.81**	.20
Guidance	3.67**	.19
Personal Question	-2.70*	-.15

Final R = .35, Adjusted R<sup>2</sup> = .10

\*\*p .001

\*p .01

No. 11

## CLUSTER ANALYSIS OF MEMBER CHARACTERISTICS

CLUSTER ANALYSIS OF MEMBER CHARACTERISTICS SHOW THAT THOSE WHO ARE WILLING TO TRY GROW CAN BE CHARACTERIZED AS FIVE SUBGROUPS:

- A. INDEPENDENT LIVING AND EMPLOYED PEOPLE WITH A HISTORY OF PROBLEMS IN LIVING WHO NOW WANT TO HELP OTHERS WHILE THEMSELVES SEEKING MUTUAL SUPPORT RATHER THAN NONRECIPROCAL PROFESSIONAL HELP.
- B. PEOPLE WHO ARE OUT OF THE WORK FORCE BUT LIVING INDEPENDENTLY (PRIMARILY WOMEN) OFTEN WITH A HISTORY OF DEPRESSION, AND WITH MOTIVES SIMILAR TO THE FIRST GROUP.
- C. SEMI-INDEPENDENT LIVING, PARTIALLY EMPLOYED PEOPLE WHO HAVE A HISTORY OF HIGH ANXIETY AND CRISIS SERVICE USE.
- D. UNEMPLOYED, SEMI-INDEPENDENT LIVING PEOPLE WITH HIGH RATES OF SYMPTOMATOLOGY AND A HISTORY OF USE OF ANTIPSYCHOTIC MEDICATION, HOSPITALIZATION AND OTHER MENTAL HEALTH SERVICES.
- E. SHELTERED LIVING AND SHELTERED EMPLOYMENT PEOPLE WHO ARE REGULAR RECIPIENTS OF CARE BY OTHERS AND LIVE AND WORK IN PROTECTED ENVIRONMENTS.



No. 12

1. WHO SHOWS UP? - THOSE IN A CRISIS

2. WHO RETURNS?

- TRY BUT NOT STAY - INDIVIDUAL CHARACTERISTICS  
(HIGHER FUNCTIONING, NEVER HOSPITALIZED)

- CONTINUE TO ATTEND - THOSE WHO EXPERIENCE EARLY  
MEETINGS WITH HIGH SUPPORT AND LOW NEGATIVE TALK;  
LOW NUMBER PERSONAL QUESTIONS BECOME FREQUENT  
ATTENDERS

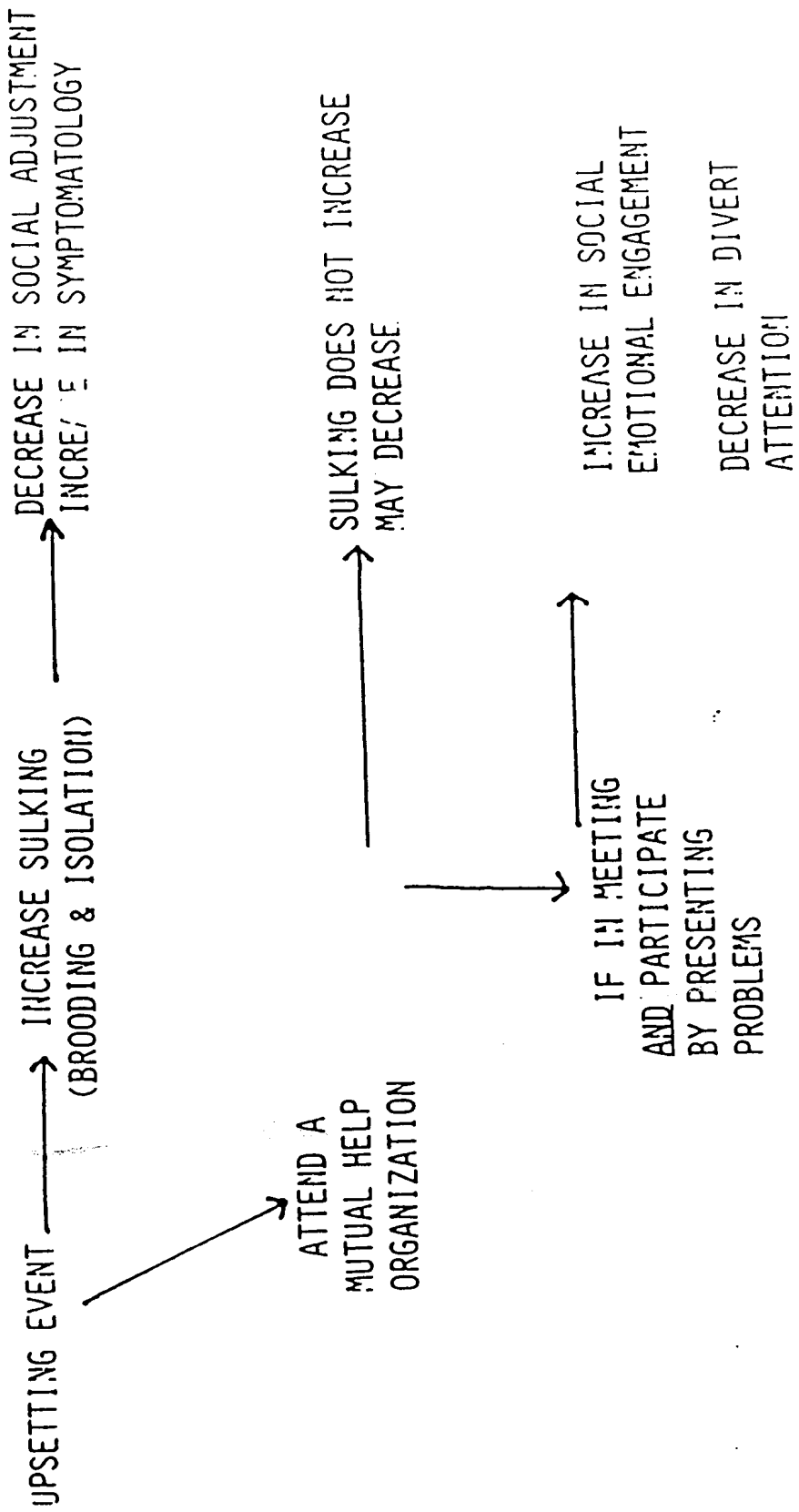
INDIVIDUAL CHANGE

- 1 - THOSE IN THE ORGANIZATION LONGER REPORT LOWER LEVELS OF SYMPTOMATOLOGY (CROSS-SECTIONAL)
- 2 - FREQUENT ATTENDERS RATED BY OBSERVERS TO SHOW GREATER IMPROVEMENT (LONGITUDINAL DATA)

No. 14

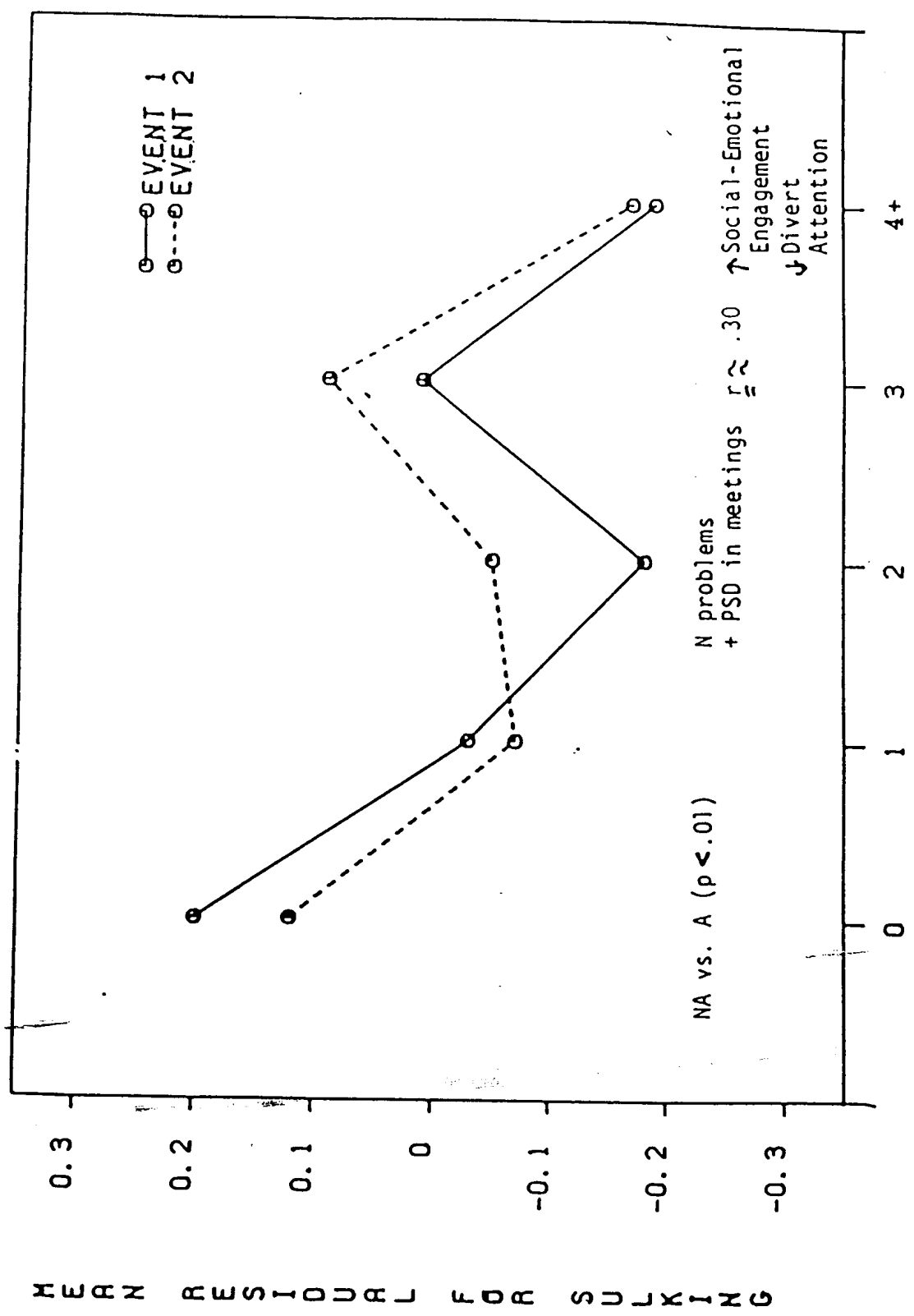
38 GROWERS WITH A DMH HISTORY MATCHED WITH PERSONS FROM FILES ON:

1. RACE & SEX
2. AGE
3. MARITAL STATUS
4. NUMBER OF PREVIOUS HOSPITALIZATIONS
5. LENGTH OF STAY
6. COMMUNITY TENURE
7. DISCHARGE REGION
8. DIAGNOSIS
9. LEGAL STATUS
10. RELIGION



No. 12

# ATTENDANCE AND CHANGES IN SULKING



MEAN RESIDUAL FOR SULKING

ATTENDANCE RATES IN MEETINGS PER MONTH