

## Sense of Community in Clubhouse Programs: Member and Staff Concepts

Sandra E. Herman,<sup>1,4</sup> Esther Onaga,<sup>2,6</sup> Francesca Pernice-Duca,<sup>2</sup>  
SuMin Oh,<sup>2</sup> and Catherine Ferguson<sup>3,5</sup>

---

Psychological sense of community within psychosocial rehabilitation clubhouse programs was examined using concept mapping with 18 members and 18 staff from 10 programs. Members identified four concepts: Recovery, social connections, membership, and tasks and roles. Members described hope and healing as aspects of recovery. Members' views on sense of community focused on the rehabilitation and social nature of the program. Staff also identified four concepts: Affiliation and support for members, shared experiences, clubhouse organization, and task and roles. The staff concept of clubhouse organization, which incorporated the ideas of leadership and organization of physical space and the concept of task and roles, was based on ideas of shared responsibility and clubhouse procedures. Staffs' views on sense of community strongly reflected their formal training in clubhouse principles. The relation of these concepts to McMillan and Chavis' theoretical framework for sense of community is discussed and recommendations for practice provided.

---

**KEY WORDS:** sense of community; psychosocial rehabilitation; clubhouse; mental illness.

---

### INTRODUCTION

A clubhouse program is designed as an intentionally created community for adults with psychiatric disabilities such as schizophrenia and major mood disorders. A Clubhouse establishes a support system based on a sense of purpose, belonging, and empowerment, thereby helping people to recover

from the disabling effects of mental illness (Beard, Propst, & Malamud, 1982).

Individuals who participate in clubhouses are referred to as members rather than clients or patients, suggesting a change of social status from the traditional mental health approach. Four fundamental principles guide clubhouse programs: (a) the clubhouse belongs to its members, (b) daily attendance is desired and makes a difference to other members, (c) members feel wanted as contributors, and (d) members feel needed (Beard et al., 1982). The clubhouse model has an egalitarian social structure with members and staff sharing in clubhouse work and decision-making. Clubhouses typically operate like an informal work environment with social activities occurring in the evenings and weekends.

The purpose of this study is to understand the elements that contribute to a psychological sense of community (PSOC) within an intentionally created community from the perspectives of the people who are part of the clubhouse—members and staff. Specifically, how do individuals within a psychosocial

---

<sup>1</sup>Services Research Unit, Michigan Department of Community Health, Lansing, Michigan 48913.

<sup>2</sup>Department of Family and Child Ecology, Michigan State University, East Lansing, Michigan 48824.

<sup>3</sup>Services Innovation and Consultation Section, Michigan Department of Community Health, Lansing, Michigan 48913.

<sup>4</sup>Sandra E. Herman is now an independent program evaluation consultant.

<sup>5</sup>Catherine Ferguson is now an independent consultant on psychosocial programs.

<sup>6</sup>To whom correspondence should be addressed at Department of Family and Child Ecology, 123 West Fee Hall, Michigan State University, East Lansing, Michigan 48824; e-mail: onaga@msu.edu.

mental health program define community and their sense of belonging?

The seminal work by Seymour Sarason (1974) initiated decades of inquiry into the study of sense of community (SOC). According to Sarason, SOC, is the perception of similarity with others, interdependence, reciprocity, and a "sense of belonging to a larger dependable structure (p. 157)."

Traditionally, researchers have made several distinctions in the study of sense of community. It has been characterized as one's relationship to locality, region, or geography (García, Giuliani, & Wiesenfeld, 1999; Obst, Smith, & Zinkiewicz, 2002), or described as relationships among a group of people sharing various characteristics (e.g., gender, ethnic group, age). Definitions of sense of community also encompass an interpersonal dynamic component that can be defined as a set of mutually supportive and reciprocal relationships and values across a group of individuals (Hughey, Speer, & Peterson, 1999; McNeely, 1999).

Clubhouses are based on the notion that members will acquire a sense of belonging which provides them with fellowship and support, which may assist in the process of recovery. McMillian and Chavis (1986) conceptual model of sense of community discusses many of the components on which clubhouses are founded. In essence, McMillian & Chavis' model is based on four core elements: (a) membership, (b) influence, (c) integration and fulfillment of needs, and (d) shared emotional connections. This framework will be used to examine the intentionally created community of the clubhouse and to determine whether members describe their experiences within these themes.

### **Sense of Community and Mental Health**

The consequences of mental illness can be devastating. Mental illness can be stigmatizing, leaving many individuals isolated and marginalized within society. Little research based on the principles of community building has been done on sense of community within mental health programs. Early studies conducted with halfway houses (Raush, 1968) and lodge community (Fairweather, Sanders, & Maynard, 1969) examined the interdependence of members within their communities. Individuals survive in these settings by creating a sense of community with others in the house by developing a level of interdependence with each other. However, none of these studies intentionally examined sense of

community. It is well documented that positive connections with social networks composed of family, friends, and others play a significant role in fostering psychological well-being and self-efficacy among individuals struggling with mental illness (Gottlieb, 1985). Community-based mental health settings or support services can also serve as important mediators to stress and well-being. In a longitudinal study, Maton (1989) examined community settings and organizations (i.e., churches, self-help groups, and senior centers) as sources of support and buffers against stress. He found settings that "facilitate higher levels of social support, adaptive coping, and meaningful roles may be expected to better protect members from deleterious effects of stress than settings lacking these capabilities (p. 204)." A supportive community environment would be expected to reduce stress and improve the quality of life for people with persistent mental illness.

Recovery is a key concept in the mental health field that includes a number of psychological concepts also found in discussions of sense of community (Anthony, 1993). These concepts include connections to the social world through roles that involve activities with others, relationships, and meaningful daily activities, such as work (Jacobson, 2001; Jacobson & Greenley, 2001; Turner-Crowson & Wallcraft, 2002). Other elements of recovery are hope, healing or re-conceptualizing the illness as only part of oneself, and empowerment (Jacobson & Curtis, 2002; Ridgway, 2001). Jacobson and Greenley (2001) also note that there are external conditions that facilitate the recovery including the application of human rights to service settings, providing services in a positive culture of healing, and using recovery-oriented services. Services that create these conditions will be collaborative, involving both consumers and professionals in the delivery of the service and have the attitude that recovery is possible.

Psychosocial rehabilitation programs create such environments through their goals to achieve inclusion, opportunity, independence, empowerment, recovery, and quality of life for persons with serious and persistent mental illness (Corrigan et al., 2000; Corrigan, 2003). Corrigan contends it is the ability of these programs to meet the consumers' need for affection and affiliation that facilitate their achievement of these goals. The psychosocial clubhouse, as an intentional community, has the potential to provide many of the social connections and social supports that are needed as people recover from serious and persistent mental illness.

## METHOD

Concept mapping (Trochim, 1989a, 1989b) is a structured process that begins with a group of people responding to a specific question. The process then translates the ideas generated into measurable relationships and patterns depicted in a pictorial map. In this case, the questions posed related to a sense of community in clubhouses. Concept mapping has been used in a variety of settings, as well as in program evaluation and planning in mental health settings (Johnsen, Biegel, & Shafran, 2000). The use of concept mapping in the current study was an appropriate method to generate ideas and perceptions about sense of community from the perspectives of clubhouse members and staff.

### Participants

Ten volunteer clubhouse programs that were selected to represent the range of size and geographic location (urban and rural) of Medicaid-enrolled clubhouse programs in a Midwestern state. Each clubhouse was invited to participate in the 1-day meeting and was asked to identify two members and two staff to attend the session. Clubhouses were asked to select participants who had at least 1 year of clubhouse experience and were comfortable working in a group. Participation was confirmed by telephone. Travel costs were reimbursed for all participants, and members were offered a \$20 stipend for their participation.

Eighteen members and 18 staff from 10 clubs participated. Two members and two staff attended from seven clubhouses. One clubhouse sent one member and one staff, one clubhouse was represented by two members and one staff, and one clubhouse was represented by one member and two staff. An equal number of male and female members attended, while the majority of staff were female (83.3%). Diagnoses of member participants included major depression (33.3%), schizophrenia (27.8%), bipolar disorder (22.2%), and 16.7% other or not reported. Members' ages ranged from 28 to 59 years. Members had participated in the clubhouse programs an average of 2 years. Staff had worked in the clubhouse for 3 years, on average, in a variety of roles including management, direct service, and support roles.

To examine the representativeness of the 10 clubhouses, comparisons were made on several key characteristics (see Tables I and II) with the larger sample of clubhouses that were part of a statewide study on best practices. Overall, participating and nonparticipating clubhouses were very similar on the characteristics of age of the program, location, attendance, staff training, and the proportion of members with schizophrenia. There were no statistically significant difference on these variables. To examine whether the clubhouses differed on member and staff perceptions of importance of psychosocial principles, the 10 clubhouses were compared to all other clubhouses in the state using survey data from our larger study. In the state study, members

**Table I.** Clubhouse Characteristics: Concept Mapping Session\*

	Attending clubhouses <i>N</i> = 10	Non-attending clubhouses <i>N</i> = 25	
Mean number of years enrolled in Medicaid	4.0	3.3	$F(1, 33) = 3.29$
Percent urban	30.0	27.6	$\chi^2(2, N = 35) = 1.86$
Average number of members attending daily	29.8	27.1	$F(1, 33) = .26$
Average percent of members with schizophrenia	53.8	58.2	$F(1, 33) = .77$
Mean number of staff with ICCD training <sup>a</sup>	7.60	6.37	$F(1, 33) = .79$

*Note.* Both clubhouses that attended and did not attend the concept mapping session had a majority of white consumers (on average 85.0% for attending clubhouses and 84.1% for non-attending clubhouses) with a small percentage of persons of color where African-American/Black was the most often represented group with 12.7 and 12.9% for attending and non-attending clubhouses, respectively.

\* $p > .05$  for all tests.

<sup>a</sup>ICCD is the International Center for Clubhouse Development.

**Table II.** Clubhouse Characteristics: Concept Mapping Session with Multivariate Analysis of Variance\*

	Attending clubhouses				Non-attending clubhouses			
	Member	F(1,35)	Staff	F(1,35)	Member	F(1,35)	Staff	F(1,35)
Mean importance of <sup>a</sup>								
Recovery	4.31	0.19	4.44	0.38	4.27	0.19	4.50	0.38
Choice and control	3.91	0.60	4.22	0.08	3.82	0.60	4.24	0.08
Partnership	4.20	0.00	4.55	0.13	4.19	0.00	4.52	0.13
Sense of community outcome	4.65	3.37	4.88	0.40	4.44	3.37	4.84	0.40
Social support outcome	4.63	1.56	4.68	1.07	4.50	1.56	4.77	1.07
Interpersonal relations outcome	4.54	1.8	4.20	0.00	4.06	1.8	4.20	0.00

*Note.* Both clubhouses that attended and did not attend the concept mapping session had a majority of white consumers (on average 85.0% for attending clubhouses and 84.1% for non-attending clubhouses) with a small percentage of persons of color where African-American/Black was the most often represented group with 12.7 and 12.9% for attending and non-attending clubhouses, respectively.

\* $p > .05$  for all tests.

<sup>a</sup>1, not at all important; 5, extremely important.

and staff rated the importance of psychosocial rehabilitation principles and outcomes to the success of the clubhouse program (Herman et al., 2003). When ratings for the two groups were compared in a multivariate analysis of variance, differences in the ratings of the importance of the psychosocial rehabilitation values or outcomes were not statistically significant (see Tables I and II).

### Procedures

All participants provided their signed consent to participate at the meeting that began with an overview of the plans for the day. Members and staff were then directed into two separate rooms for the concept mapping session, which consisted of three activities: (a) brainstorming, (b) rating the importance of the brainstorming items, and (c) sorting items into related groups (Trochim, 1989b). A half-hour break separated the brainstorming session from the rating tasks. A 45-min lunch break occurred between the rating and sorting tasks.

#### Brainstorming

A nominal group technique was used to generate items. The question posed to club members was: "When you come to the clubhouse, what makes you feel like you belong? What makes you feel comfortable being there? In other words, what about the clubhouse gives you a sense of being part of a community?" The question posed to staff was: "When people come to the clubhouse, what makes them feel like they belong? What do you think makes people feel comfortable being there? In other words, what about the clubhouse gives members and staff a sense

of being part of a community?" Both brainstorming sessions lasted about 45 min and produced two lists of statements.

#### Rating

Participants were given a rating form comprised of all ideas generated in their group. Participants rated how important each idea was to him or her in creating a sense of community at the clubhouse from 1 (*not at all important*) to 5 (*extremely important*). Participants only rated ideas generated from the session in which they had participated. The group facilitators assisted clubhouse members in reading the items if they indicated they wanted assistance. The rating activity took about 30-min to complete.

#### Sorting

During the lunch break, items generated by each group were printed for each participant on 2 in. × 3 in. cards. Members received cards with the items generated by their brainstorming session and staff received cards with items from their session. Participants were instructed to sort the cards into piles that reflected concepts that made sense to them. Four rules guided the sorting: (a) each card could only be in one pile; (b) all the cards could not be in one pile; (c) cards could not be placed into a miscellaneous pile; and (d) single card piles were permitted but not all cards could be in single piles. After each person had sorted the cards and was satisfied with the sorting, the cards in each pile were banded together and all the piles from one person were also banded together. The sorting task lasted about one hour.

## Analysis

### *Developing the Concept Maps*

The first step was to conduct multidimensional scaling analysis (Trochim, 1989b, 1993) using a two-dimensional non-metric multidimensional scaling (MDS) procedure (SPSS, 1999). This procedure produces a two-dimensional map of the items based on how items were sorted. Items closer together on the map are perceived as more similar than those that are farther apart. The stress statistic for the member matrix was .29 and the stress statistic for the staff matrix was .32. These stress statistics are similar to stress statistics reported in other concept mapping studies (Trochim, 1993).

In the next step, a hierarchical cluster analysis of the *X-Y* coordinate values from the multidimensional scaling was conducted using Ward's method. Three to eight cluster solutions were examined to identify a reasonable number of clusters. Beginning with largest number of clusters, the research team examined statements within the clusters for content. The number of clusters was reduced one at a time as indicated by the analysis and the resulting combination of items examined until a set of clusters was identified that captured different concepts.

Due to restriction in time, participants did not name the clusters. The clusters of items were presented to an advisory panel of clubhouse members and staff who were asked to generate names for the clusters based on the items included in them. Labeling and interpreting the cluster proved to be a difficult task and resulted in a variety of labels. The labels that have been assigned to the concepts were derived by the research team who used the literature on psychosocial rehabilitation, recovery, and psychological sense of community to match the content of the clusters to concepts in the literature.

### *Ratings*

Mean ratings of importance were calculated for all items, and the mean rating for each concept was also calculated based on the items included within the concept cluster. Paired *t*-tests were used to compare the mean importance ratings among clusters of items. Bonferroni correction was used to adjust the observed significance level for multiple comparisons. For the member ratings, a *p*-value of less than .016 was used to determine statistical significance. For the staff ratings, a *p*-value of less than .008 was used.

### *Dissemination*

The results of the research were shared with the advisory group that was comprised of members and staff from clubhouses, the State Association of Clubhouses, and all clubhouses participating in the study through a workshop format. Clubhouse members and staff generally agree that the identified concepts reflected their experience in clubhouse programs. The reports were distributed to all clubhouses.

## RESULTS

### Reliability

Reliability estimates were calculated for the concept maps as suggested by Trochim (1993). The reliability estimates provide measures of the consistency of the participants in sorting the items (consistency of the similarity matrix) and the consistency of the map produced by the multidimensional scaling procedure. Six reliability estimates were calculated separately for the member and staff groups to determine consistency of the item sorts, MDS maps, sorts across individuals, the individual sorts with the overall sorting of the items, the MDS map with the original sorting of the items, and the importance ratings across people. The reliability estimates ranged from .61 to .99 for members and .49 to .99 for staff. All but the staff average individual-to-map reliability are within the acceptable range and indicate good consistency among members and staff in how each sorted and rated the items. The lower staff average individual-to-map reliability suggests that the MDS map based on the total sort matrix may not have represented all staff sorts equally well. However, it is not low enough to suggest that the results from the MDS for staff are incorrect.

### Concepts

In this section, we present the concept maps developed by the two groups of participants. First, we present the four concepts developed by the member group, which were named recovery, social connections, membership, and tasks and roles. The map of members' statements based on their sorting is presented in Fig. 1. Next we present the four concepts developed by clubhouse staff: Affiliation and support for members, tasks and roles, clubhouse organization, and shared experiences. The map of staff's

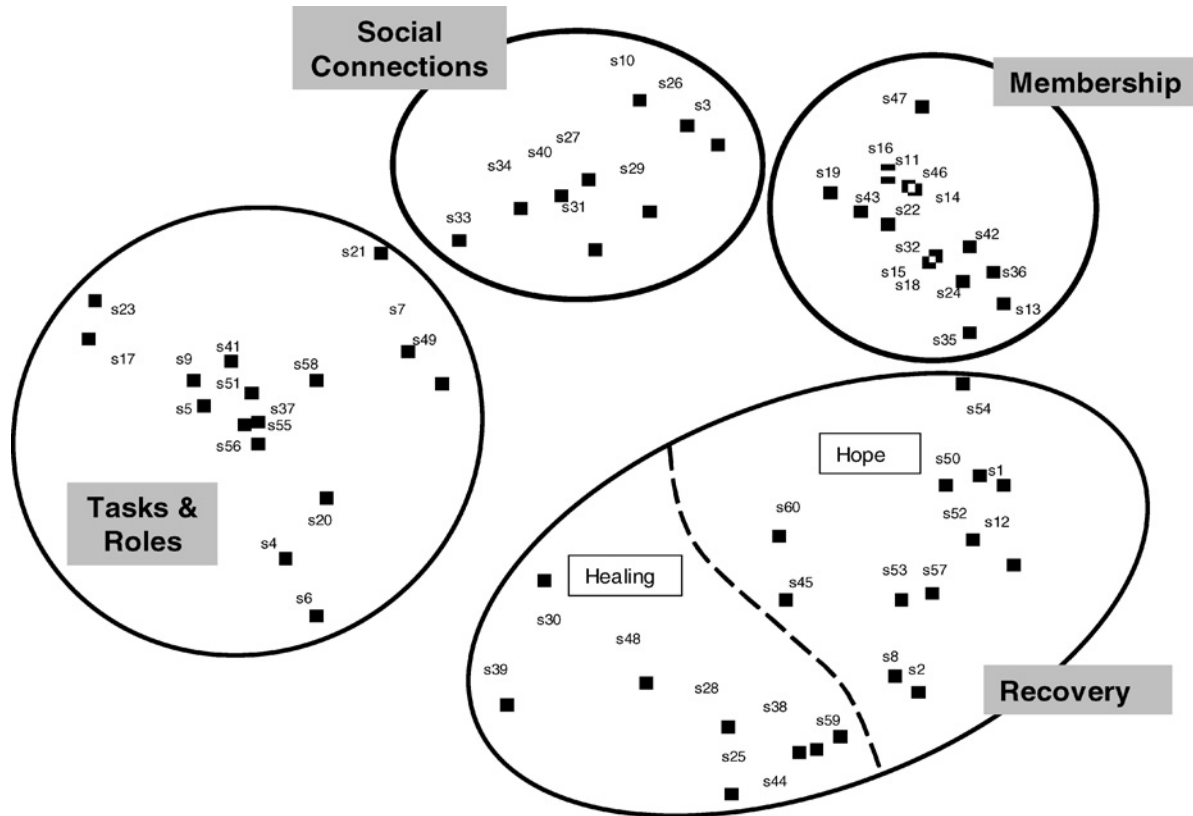


Fig. 1. Members' concept map.

statements is displayed in Fig. 2. Concepts that are closer together on the map have greater perceived similarity of content. The concept maps derived from the staff and member card sorts reveal their unique perceptions about the definition of community as well as concepts that are common to both groups. Last we describe the relative importance of each concept within each map, as rated by the participants.

### Members' Concepts

The members' responses yielded four conceptual clusters, based on 60 items that were fairly distinct (see Table III). Notable is the concept of Recovery (19 items, 31.6% of total items) and how it emerges as part of the definition of a sense of community. Members defined a community as one that supports recovery; that is, an environment that promotes hope, as well as knowledge and skills in managing one's illness. Having hope, affirmation, psychoeducation, and providing ways of coping are aspects of recovery that connect members together.

Members described the setting as a place they could be themselves and be reassured that their confidentiality would be honored. Within the Recovery cluster, there are two subgroups of items: One subgroup is composed of items related to hope and the other has items that describe the recovery construct of healing.

*Membership*, a second concept (16 items, 26.7% of total items), described the clubhouse as an environment where one can feel part of an intimate, family-like relationship. Members perceived the clubhouse as a place that affords them opportunities to celebrate together and participate in outings and events. This cluster of items appears to address the value of reciprocity in relationships and the ability to support and respect diversity in a desirable community.

*Social Connections* is a third concept (nine items, 15.0% of total items) describing the clubhouse as a setting where basic social skills can be learned and practiced. Members perceived the clubhouse as a safe and comfortable place to work on a variety of

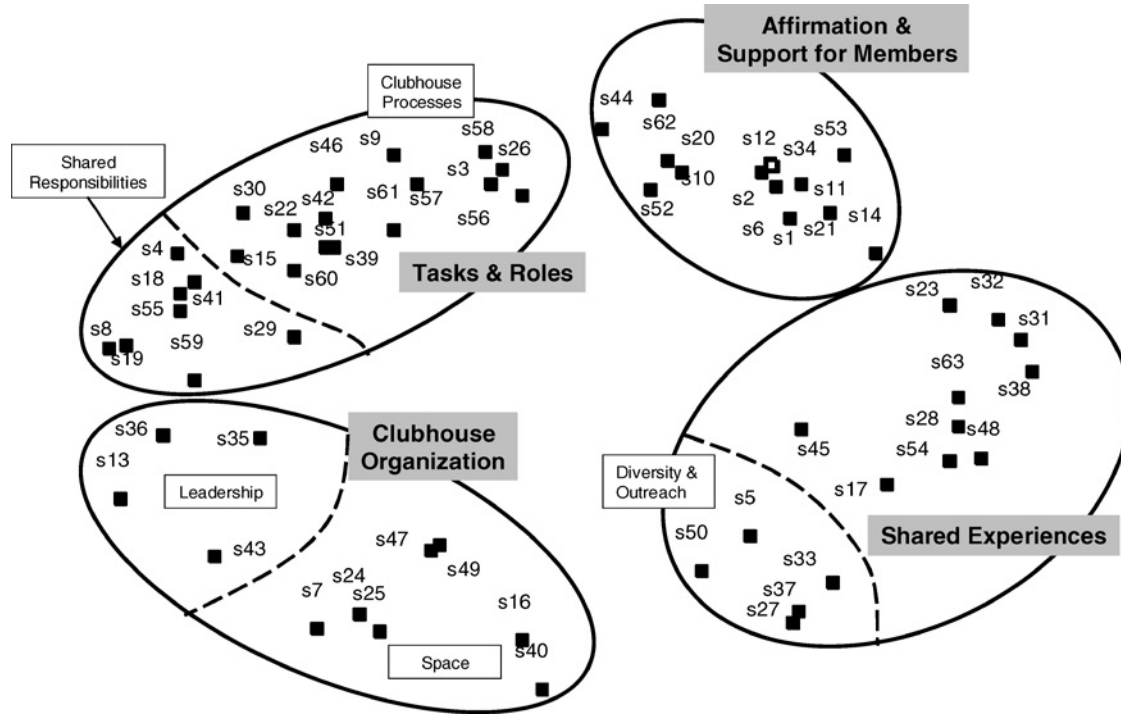


Fig. 2. Staff's concept map.

social skills and a place to meet new people. This concept suggests that members see the clubhouse as a community that meets their needs for social opportunities and social skills practice.

Structural elements of the community are defined by the fourth concept, *Tasks and Roles* (16 items, 26.7% of total items). The structural elements refer to the physical and functional organization of the clubhouse community and how it facilitates opportunities to work together, provides continuity in daily life, and promotes basic work skills.

*Staff's Concepts*

The staff identified four conceptual clusters, based on 63 items, which revealed a clear difference of perspective from that of the clubhouse members as shown in Table IV. Although the clubhouse promotes a non-hierarchical organizational structure whereby staff and members work side-by-side with each other, these perceptions reveal that members' and staff's roles clearly promote differences in perspectives.

The first concept, *Affirmation and Support of Members* (14 items, 22.2% of total items), includes items related to providing an environment that is

welcoming and supportive for the clubhouse membership. Staff statements include creating a setting where members can share their experiences and participate in support groups. Staff primarily perceived themselves as active players in being supportive and extending care and concern to members. Many of the items that comprise this concept are functional elements of the clubhouse program, such as daily care call, daily wrap-up sessions, and outreach when members have not been to the clubhouse for some time.

Similar to the member conceptual cluster, *Tasks and Roles* (23 items, 36.5% of total items) relates to the functional aspects of the work in the clubhouse. A large number of the ideas in this cluster related to the work-ordered day but also connected the task to the larger whole or the collective. The staff task and roles concept is a complex one with two subgroups of items. One subgroup describes the process aspects of roles in the club and the other describes roles as defining the shared responsibilities of members and staff within the clubhouse community. Staff described the shared responsibilities of members and staff when they talked about how a sense of community is created when everyone's input is valued. In contrast, the members' task and roles concept does

**Table III.** Members' Concepts and Statements

Recovery mean; Importance = 4.00, $SD = .74$	Tasks and roles; Mean importance = 3.78, $SD = .60$
1. Helps get self-esteem	4. Gives me something to look forward to and gets me out of the house
2. Lets me be myself	5. Opportunity to do different kinds of work in the work-ordered day
8. Helps me cope	6. Go to every morning meeting
12. Feel hope and justice	7. Provides continuity and usefulness
25. Helps me understand my mental illness	9. Having a specific job to do when I go in
28. Give me a sense of importance by taking a negative that was my illness and helping others	17. Helps you find a job
30. Encourages independence	20. Helps me use by imagination
38. Helps me deal with my mental illness	21. Learn to work with others
39. Helps you put energies into positive things instead of negative/neurotic things	23. Working as a volunteer and club work works together; its good
44. Helps reduce stigma from the greater community	37. Place to go and learn something
45. Get a sense of being appreciated—When I don't show up, I get calls	41. Gives me a chance to work
48. Diplomatic and tactful way staff handle personal problems	49. Give me a positive place to go
50. Good therapy	51. Helps you learn to work with the computers
52. Hope for the future	55. You can always find something to do
53. You have pride in yourself	56. Have something to keep you busy all the time
54. Encouragement from staff	58. Availability of being able to procure other volunteer work
57. Nondiscriminatory respect for other people's opinion will put clubhouses in the forefront of the world in the 21st century	Membership; Mean importance = 3.83, $SD = .60$
59. Get the feeling that I'm mentally ill and I'm proud of it	11. Look at it as a family
60. You can say things without shame, there is confidentiality	13. Feel understood
Social connections; Mean importance = 3.78, $SD = .60$	14. You can make friends and fellowship
3. Opportunity to meet new people	15. People see me as another human being on an equal level
10. Belonging to a subculture	16. Social part, sharing feelings
26. Planning and celebration of different holidays give a sense of family	18. Rebuilding trust in others
27. It's a melting pot of many different people that works	19. Teaches you to get along with others again
29. Interaction	22. Underlying sense of brotherhood to be worked towards
31. Helps me develop social skills	24. Gives appreciation for the unique qualities of other people
33. Sharpens my communication skills	32. Teaches me how to get along with different people and feel accepted by them
34. Good relationship with others who work there	35. Giving of yourself instead of just taking
40. Helps you go on outings and events	36. They give you understanding and help when you lose a loved one
	42. Warm hugs
	43. Safe environment
	46. Fellowship
	47. Promotes unity

not include a subgroup similar to the shared responsibilities aspect of staff.

*Clubhouse Organization* (11 items, 17.5% of total items) is the third staff concept and describes the clubhouse organization. It includes items such as communal property, familiarity with clubhouse building, having decision-making authority to decorate the environment, and keeping the community space clean and safe. This concept also has two subgroups of items. One group of items describes the structures and space with the clubhouse and the other is concerned with leadership in the club.

*Shared Experiences* was the fourth staff cluster (15 items, 23.8% of items). It covered descriptions of social activities both inside and outside of the clubhouse and includes families. As with other clusters, this cluster has two subgroups of items. One subgroup of items describes the shared experiences of

member and staff within the clubhouse. The other subgroup describes outreach to the larger community. The definition of SOC here appears to be one in which staff feel that members can represent the club in the external world through education or volunteering on behalf of the club. This concept is unique from the others because it involves the idea that the clubhouse community has a shared identity which members can use to represent their affiliation in the larger community.

#### *Comparison of Members and Staff Concepts*

When comparing the maps derived from members and staff, one can observe commonalities as well as differences. Both maps show tasks and social relationships as central to a sense of community. Members and staff perceived having meaningful



**Table IV.** Staff's Concepts and Items

Affirmation and support of members; Mean importance = 4.48, <i>SD</i> = .22	Tasks and roles; Mean importance = 4.66, <i>SD</i> = .23
1. Positive warm greeting at the beginning of the day.	3. Working together
2. Peers that are sharing their experience	4. Everyone's input is valued
6. Members run support groups	8. TE - job belongs to the club and is held in trust by members and staff
10. Thanking and acknowledging for a job well done or an attempt at the job.	9. Members feeling needed and important to the club
11. Attempts at outreach when members have not been in awhile	15. Staff and members work side-by-side in the daily operation of the program
12. Being missed	18. All decisions are equal between staff and members—everyone has a vote
14. Knowing everyone names	19. Staff not being leaders but co-workers—anyone can take the lead
20. Self improvement	22. Encouraging member accountability for clubhouse tasks
21. Sharing each other's sorrows	26. Having enough purposeful activities for members
34. Daily care calls for members who are absent when they should be there	29. Voluntary nature of the clubhouse
44. Daily wrap-up session within staff and members receive feedback	30. Shared problem solving
52. Members helping members outside the club	39. Mutual respect
53. A sense of hope because of other members' successes	41. Asking members to teach staff and members new skills
62. Asking about goals and dreams	42. Members helping members
Shared experiences; Mean importance = 4.28, <i>SD</i> = .33	46. Place to utilize your talents
17. The sharing and involvement of all our families (staff and members) in our program	51. Working for the common good
23. Having lunch together	55. Tolly member-run and driven—having keys to club and van
27. Educating general community and other mental health staff about clubhouse	56. Celebrating memberships
28. Choosing and leading social activities together	57. Being able to say the I work at club
31. Having fun together	58. Members are trusted
33. Having members with similar ages other demographics	59. Equal responsibility in the development of policies and procedures, rules and regulations
37. Volunteering to represent the club in public meetings and conferences	60. Flexibility in which units to work
38. After hours natural relationships among members and staff—after hours	61. Making commitments
45. Sharing current events at morning meeting	Clubhouse organization; Mean importance = 4.34, <i>SD</i> = .33
48. Spending time with member/s families	7. Shared space—community property but with personal space for each person
50. Membership representing a wide range of experiences and abilities	16. Being familiar with the program and the building
54. Volunteering and participating in community projects	24. Making the physical space their own—member's artwork, decisions about how it looks
63. Creating memories with pictures of things the club has done	25. Making sure club is a healthy clean environment.
	40. Accommodating environment (physical handicaps)
	47. Information available about what's going on in the club
	13. Staff recognizing themselves as leaders rather than boss
	35. Being able to leave when you want to
	36. Members interviewing for new staff
	43. Members knowing that staff can assume leadership in crunch times

tasks and roles as a key part of the community. Further, acceptance and affirmation by members were rated as highly important by both groups.

Recovery emerged as a unique concept from the member's map, that is absent from the staff's map. Staff presented ideas that appear to be more akin to the dimensions of communities as described in the literature. They describe communities as being defined by space, environment, and clubhouse processes, such as working side by side with members; no reference to this was present in the member clusters.

### Ratings

The mean ratings of importance (Tables III and IV) for each concept provide yet another indication of the relative value placed on each of the concepts. Members rated Recovery as somewhat more important than other concepts. However, there were no statistically significant differences in the mean ratings of the members' concepts. These findings suggest that although the concept of Recovery is an essential element of the clubhouse community, it is not substantially more important in creating a sense of belonging than Membership, Social Connections, and Tasks and Roles.

Staff-rated Tasks and Roles as significantly more important than the other three concepts (Affirmation and Support of Members,  $t = 3.78$ ,  $df = 17$ ,  $p < .001$ ; Environmental and Organizational Structure,  $t = 4.26$ ,  $df = 17$ ,  $p < .001$ ; Shared Experiences,  $t = 5.86$ ,  $df = 17$ ,  $p < .001$ ). These findings suggest that the tasks and roles aspect of clubhouse programs is most important to staff in terms of creating a sense of belonging and community. Staff also rated Affirmation and Member Support as more important than the Shared Experiences ( $t = 3.18$ ,  $df = 17$ ,  $p < .005$ ).

## DISCUSSION

### A Tool for Participatory Research

The concept mapping tool was a useful method to bring the voice of members and staff into the research process to understand clubhouse members' and staffs' views of SOC in clubhouses. It allowed both members and staff to share and articulate their ideas in a group setting. Many studies examining sense of community often extrapolate definitions of community from individual respondents' answers to

survey questions as opposed to gathering data in a group format.

This type of study confirms general assumptions about what makes the clubhouse a communal environment. Staff and members identified clubhouse relationships as reciprocal, an aspect often missing from traditional mental health programs but an important aspect of community (Hughey et al., 1999; McNeely, 1999). The clubhouse community has several features that set it apart as its own subculture, but also has an overarching similarity to the general composition and function of communities. The results of the concept mapping solidified the notion that the clubhouse community is an organization that can foster or preserve self-determination, choice, personal responsibility, and economic independence through work (Beard et al., 1982). Members also identified the community as fostering 'recovery' from mental illness, which is consistent with the principles of psychosocial rehabilitation (Anthony, 1993; Jacobson & Greenley, 2001).

The concept mapping approach is a viable method to engage people in a participatory fashion. Often subjects in studies do not have a voice in the data. This method provided a systematic procedure in which members and staff could hear about each person's perception of factors that create a community and see the final map about the group's idea about community. At the beginning of the project, there was some concern about how many members could fully participate in a concept mapping procedure. From this experience, we learned that everyone was able to fully participate in the brainstorming and rating parts of the process. The difficult part was in the sorting, which was accommodated by allowing members to work in pairs or triplets to sort items. Concept mapping provides an avenue to support a diverse group of people with disabilities to participate in having a voice in research. In the era of emphasizing participatory types of research with clubhouses, the concept mapping tool is one that deserves to be considered.

### Clubhouse as Community

Separation of members from staff in the concept mapping session allowed for each group to articulate its perspective without the influence of the other. Interestingly, perceptions of members and staff about components that make for a sense of community differ. A discussion follows summarizing the results

within the framework of McMillian and Chavis' SOC concepts.

### *Shared Emotional Connections*

Shared emotional connections should provide community members with positive interactions that honor members and cause members to invest in the community through shared history and current events (McMillian & Chavis, 1986). For clubhouse members, this element of community was expressed through the Recovery concept, specifically the sub-concept of hope. The degree of emotional investment, quality of the social contact, and shared events contribute to a sense of shared emotional connections that are similar to items found in the Recovery concept. Within the recovery literature, having hope requires the person to focus on their strengths, look forward, and celebrate small steps forward (Jacobson & Greenley, 2001; Ridgway, 2001; Turner-Crowson & Wallcraft, 2002). The shared emotion connections formed within the clubhouse community support the development of hope. Narratives about mental illness and negative experiences acquired in the greater community also are common bonds among clubhouse members.

The staff's concepts of Affirmation and Support for Members and Shared Experiences expressed several of the key features of the shared emotional connection element of sense of community. The quality of the contacts, shared experiences, and mutual support (McMillian, 1996; McMillian & Chavis, 1986) are represented in the staff statements, which focus on the interaction of members and staff within the community. These are the characteristics of creating a positive culture of healing (Jacobson & Greenley, 2001) which is inclusive, caring, empowering, and hopeful.

### *Influence*

McMillian and Chavis (1986) characterize influence as making a difference to the group. Individuals are attracted to a community where they feel influential and where through collective action of the community, the environment is changed to support community members. The idea of influence can be adequately applied to the clubhouse philosophy (Aquila, Santos, Malamud, & McCrory, 1999; Beard et al., 1982). The clubhouse is posited on the understanding that members have a direct influence on the clubhouse environment. In return, the

clubhouse provides the member increased empowerment through ownership of the club responsibilities (e.g., daily work tasks, preparation of meals, clerical work). Although members are respected for their individuality and unique contributions to life in the club, the bonds that tie members together are also expressed in house rules and conformity to certain expectations of behavior, much of which is reflected by the members' healing sub-concept of Recovery.

Staff also identified the influence element as part of clubhouse sense of community. The components of influence appear in two of the staff concepts. This suggests that while influence is important to staff, they do not see influence as a unique element in their definition of sense of community. Staff incorporated influence in how clubhouses are organized in the sub-concept of leadership. Here, staff talked about member and staff leadership suggesting and staff influence in the clubhouse setting though the leadership they provide. Staff also incorporated the idea of influence in the statements in the sub-concept of shared responsibility within the Task and Roles concept.

### *Membership*

Membership is the sense of belonging and ownership. McMillian and Chavis (1986) suggest that boundaries are used to define membership in the community. Although the functions of staff and members are sometimes blurred, there is still a distinctive difference based on the roles staff and members play in the clubhouse. The clubhouse, as a program, is one that focuses on the collective. A sense of community is a goal, not articulated in this fashion by clubhouse leaders, but one that is expressed with words such as, a place to belong, to be accepted, to contribute, to find meaningful tasks and so forth. Thus, examination of how community is interpreted by these two groups makes good sense. There is some common vision about the components of a community (tasks and social relations), two dimensions of group dynamics; and a sense of reciprocity and mutual support that flows out of membership (Hughey et al., 1999; McNeely, 1999).

The collective nature of clubhouses is reflected in the structural elements, e.g., the work units, the physical space of the club. For example, most clubs prohibit private rooms and separate offices for staff in order to equalize power among staff and members. This effort then helps determine how functional elements of the clubhouse, such as relationships and power hierarchies are created. The structural

elements of the clubhouse are believed to enhance or facilitate the functional aspects of the 'sense of community' among staff and members. The results of the concept mapping revealed that staff identified the structural elements of the clubhouse as important indicators of sense of community in their sub-concept of space within the concept of Clubhouse Organization. Organizational and environmental layout of the clubhouse model (e.g., lack of hierarchies, no private offices, and open meetings) appear to set up the structure for the relational aspects of the clubhouse to emerge as sense of belonging and identification. Many of the items reflect the ideology of the International Center for Clubhouse Development, the standard setting body for certified Clubhouses (Propst, 1992).

McMillian and Chavis (1986) also note that a sense of belonging and identification are essential to the element of membership in the sense of community definition. In this study, clubhouse members conceived the Membership element of the clubhouse community strongly in terms of belonging and identification. Within their cluster map is a distinct set of items on membership.

#### *Integration and Fulfillment of Needs*

The concept of integration of needs grew out of the idea that there are behavioral motivators that maintain cohesion and associations with a group. McMillian and Chavis (1986) cite several works in social psychology that identify member status, competence, and shared values as reinforcers. That is, in early experimental studies, people tended to gravitate toward those who complement them in terms of exchanging skills, or resources. In this study, both staff and members identified Tasks and Roles as a way to meet each other's needs through the shared value of work. Staff identified clubhouse process (a sub-concept within Task and Roles) as ways of meeting members' needs. The members' concept of Social Connections reflects many of the functional elements through which the created environment helps develop and facilitate social skills and socializing. All of these concepts may act to reinforce members' commitment to the group and to sustain their membership.

#### **Commonalities and Differences of View**

Although they come to clubhouses for many different reasons, staff and members were able

to identify elements that define a sense of community within this intentional setting. The concepts that emerged from this study parallel much of the literature on psychological sense of community. Members appear to view sense of community as being closely tied to recovery, while staff's perceptions reflected clubhouse values and organization.

A number of factors may have influenced how the staff and members responded to the nominal group question asked in the brainstorming session. One of the factors was the diversity of the clubhouses represented. The type of training staff received about clubhouses may also play a role. The list of items reflecting staff and member roles, the work-ordered day, and social activities reveal that some of these items may have stemmed from their training about clubhouse ideology and values. Members, on the other hand, appeared to speak from their personal experiences and their values. They seemed less steeped in clubhouse ideology than staff. Noteworthy is how the items were stated. Members used the term "me" in many of their statements. Staff described the components in a more distal fashion as more descriptive of situations, activities, and phenomena seen from an observer and less of a participant.

#### **Limitations**

Caution is necessary when generalizing the results of this study. The sample is small and drawn from a small number of clubhouse programs. Additional sessions with more members from a greater variety of clubhouse programs are needed before these findings can be generalized to clubhouse programs. However, the study does point to the centrality of concepts congruent with the literature on SOC. These findings can serve as the basis for further exploration of what community means within psychosocial clubhouse programs. Another limitation to the study may be that of selection bias because members were nominated by clubhouse members and staff. It is unknown whether people with higher affiliation with the club were selected, thus providing perceptions from members who were more active than others. Finally, the researchers labeled the clusters, not members or staff, due to time restrictions. This is a deviation from the original approach but is not uncommon (Wiener, 1994, as cited in Johnsen et al., 2000).

### Implications and Future Directions

Our sample of participants from a variety of clubhouse programs identified the clubhouse as a positive and caring community in which members felt welcomed and accepted. This type of study underscores the importance of working in a respectful way with populations often marginalized by the greater society. Other researchers in the mental health field advised against conducting a participatory concept mapping session with members with severe and persistent mental illness because of limited cognitive capacities or an inability to participate. We did not experience any challenges in getting members to participate or understand the processes associated with concept mapping. Thus, this experience with concept mapping demonstrated that inclusion of individuals with psychiatric disabilities in research processes can become a collaborative endeavor, with subjects acting with researchers, rather than being acted upon.

The differences in viewpoints between members and staff on what constituted SOC within the clubhouse have implications for program implementation and practice. Clubhouse training for staff focuses on the structural and procedural components of an operating clubhouse. These ideas are clearly represented in the staff responses. However, for members, the culture of healing that promotes recovery is central to their SOC within the clubhouse. Recovery principles and activities that increase support for recovery need to become an explicit component of the psychosocial training that staff receive.

Establishing an intentionally created community like the clubhouse fosters a sense of community among program participants. This suggests that it is accomplishing a very important psychosocial goal: Reducing isolation and creating a place of belonging. Future work can now be focused on examining the relationships between sense of community in these settings and health and recovery in similar mental health programs (Ralph & Muskie, 2000).

### ACKNOWLEDGMENTS

This research was supported in part by a grant from the Ethel & James Flinn Family Foundation of Detroit Michigan to the Michigan Department of Community Health. This paper is part of a larger collaborative project between the Michigan

Department of Community Health and Michigan State University. The views and opinions expressed by the authors are their own and do not reflect the policy or positions of the Michigan Department of Community Health.

### REFERENCES

- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990's. *Psychosocial Rehabilitation Journal*, 16(4), 11–23.
- Aquila, R., Santos, G., Malamud, T. J., & McCrory, D. (1999). The rehabilitation alliance in practice: The clubhouse connection. *Psychiatric Rehabilitation Journal*, 23(1), 19–23.
- Beard, J. H., Propst, R. N., & Malamud, T. J. (1982). The fountain house model of psychiatric rehabilitation. *Psychosocial Rehabilitation Journal*, 5(1), 47–53.
- Corrigan, P. W. (2003). Towards an integrated, structural model of psychiatric rehabilitation. *Psychiatric Rehabilitation Journal*, 26(4), 346–358.
- Corrigan, P. W., River, L. P., Lundin, R. K., Wasowski, K. U., Campion, J., Mathisen, J., et al. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, 28(1), 91–102.
- Fairweather, G. W., Sanders, D. H., & Maynard, H. (1969). *Community life for the mentally ill: An alternative to institutional care*. Oxford, England: Aldine.
- García, I., Giuliani, G., & Wiesenfeld, E. (1999). Community and sense of community: The case of an urban barrio in Caracas. *Journal of Community Psychology*, 27(6), 727–740.
- Gottlieb, B. H. (1985). Social support in community mental health. In S. Cohen, & L. S. Syme (Eds.), *Social support and health*. San Diego, CA: Academic Press.
- Herman, S., Onaga, E., Pernice-Duca, F., Ferguson, C., Randall-Weaver, K., & Oh, S. (April 2003). *Michigan psychosocial rehabilitation clubhouse programs: Final evaluation report*. Detroit, MI: Flinn Foundation.
- Hughey, J., Speer, P. W., & Peterson, N. A. (1999). Sense of community in community organizations: Structure and evidence of validity. *Journal of Community Psychology*, 27(1), 97–113.
- Jacobson, N. (2001). Experiencing recovery: A dimensional analysis of recovery narratives. *Psychiatric Rehabilitation Journal*, 24(3), 248–255.
- Jacobson, N., & Curtis, L. (2002). Recovery as policy in mental health services: Strategies emerging from the states. *Psychiatric Rehabilitation Journal*, 23(4), 333–341.
- Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explication. *Psychiatric Services*, 52(4), 482–485.
- Johnsen, J. A., Biegel, D. E., & Shafran, R. (2000). Concept mapping in mental health: Uses and adaptations. *Evaluation and Program Planning*, 23, 67–75.
- Maton, K. I. (1989). Community settings a buffers of life stress? Highly supportive churches, mutual help groups, and senior centers. *American Journal of Community Psychology*, 17(2), 203–232.
- McMillian, D. W. (1996). Sense of community. *Journal of Community Psychology*, 24(4), 315–325.
- McMillian, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, 14, 6–23.
- McNeely, J. (1999). Community building. *Journal of Community Psychology*, 27(6), 741–750.

- Obst, P., Smith, S. G., & Zinkiewicz, L. (2002). An exploration of sense of community, part 3: Dimensions and predictors of psychological sense of community in geographical communities. *Journal of Community Psychology, 30*(1), 119–133.
- Propst, R. N. (1992). Standards for clubhouse programs—Why and how they were developed. *Psychosocial Rehabilitation Journal, 16*(2), 25–30.
- Ralph, R. O., & Muskie, E. (2000). *Review of recovery literature: A synthesis of a sample of recovery literature 2000*. Report prepared for National Technical Assistance Center for State Mental Health Planning (NTAC) and National Association for State Mental Health Program Directors (NASMHPD).
- Raush, H. L. (1968). *The halfway house movement: A search for sanity*. New York: Appleton-Century-Crofts.
- Ridgway, P. (2001). Restorying psychiatric disability: Learning from first person recovery narratives. *Psychiatric Rehabilitation Journal, 24*(4), 335–343.
- Sarason, S. B. (1974). *The psychological sense of community*. San Francisco: Jossey-Bass Publishers.
- SPSS (1999). *SPSS 10.0 Syntax reference guide*. Chicago: Author.
- Trochim, W. (1989a). Concept mapping: Soft science or hard art? *Evaluation and Program Planning, 12*, 87–110.
- Trochim, W. (1989b). An introduction to concept mapping for planning and evaluation. *Evaluation and Program Planning, 12*, 1–16.
- Trochim, W. (1993). *The reliability of concept mapping*. Paper presented at the 1993 annual conference of the American Evaluation Association, Dallas, TX. Retrieved September 30, 2002, from <http://trochim.human.cornell.edu/research/reliable/reliable.htm>
- Turner-Crowson, J., & Wallcraft, J. (2002). The recovery vision for mental health services and research: A British perspective. *Psychiatric Rehabilitation Journal, 25*(3), 245–254.