Conflicts and tensions in dual roles: Conducting research in a non-clinical mental health recovery organisation

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Abstract

Those living with mental illness have benefitted from non-clinical recovery organisations, such as the Clubhouse Model of Psychosocial Rehabilitation. Research conducted for a Clubhouse brings many benefits to it. However, this model is governed by specific cultural practices that exist to protect its members who live with serious mental illness. These practices create beliefs that influence the way academic research into the model is conducted, that may negate the potential benefits research insights can bring. This autoethnographic account is about my involvement as a member and researcher within a Clubhouse. How cultural practices and beliefs influenced the research is detailed from observation notes and memory work. The conflicts and tensions I experienced were shaped by Clubhouse's cultural factors. This account concludes with reflections on how I felt about the failure of the research project. It advises researchers to understand cultural beliefs and practices in the mental illness field before researching it.

Key words

Autoethnography; Clubhouse Model; conflicts and tensions; cultural practices and beliefs; mental health and illness; research role

Introduction

In this article, I provide an autoethnography of my dual role as member and researcher, focusing on the conflicts and tensions within The Clubhouse Model of Psychosocial Rehabilitation. It arises from a research project I became involved with while working there. I became both member and researcher, to provide skills to uncover evidence-based findings for future funding and academic knowledge. My autoethnography uses memory work, fieldnotes and reflective journal entries. I use these to highlight the conflicted dual roles and tensions experienced during my time in Clubhouse when I volunteered to research ways of improving members' lives.

Two autoethnographic practices guide this account. The first practice is my account intentionally highlights the relationship of my experiences and stories to culture and cultural practices (Jones, Adams and Ellis, 2013). Cultural practices are defined as the beliefs and behaviours that influence people's ways of operating in a culture (Kroeber and Kluckhohn, 1952). The second practice is from mental illness autoethnographer Grant (2010). He states while sickness is potentially filled with metaphors of vulnerability, from an autoethnographical perspective, it is replete with opportunities for expanding consciousness. The autoethnography presented here has elements of vulnerability in that it discloses what occurred within a mental health support organisation. Yet in discussing the dual roles and the research failure, opportunities arise for others to learn from what I experienced.

This account tells of my story to manage a dual role as both a researcher and as a member in a Clubhouse, having to abide by the cultural practices and beliefs a member must observe. Clubhouse research is necessary for financial funding, academic knowledge and in demonstrating how its practices benefit members living with a mental illness. In this autoethnography, I am mindful of the way my account may impact those I observed, by explaining the ethical considerations I employed in this method. However, I balance this with the need to address how cultural practices and beliefs impact on a researcher working in a field such as mental health, that can hinder a researcher's progress and end a research project. Such an account benefits other researchers, especially those who work in mental health, by honestly, but carefully, analysing and describing the experiences that may cause a project in the field to prematurely cease.

Background of mental health recovery research

Societies have evolved in understanding the complex journey of those living with a serious mental illness. Community-based non-clinical support services play a significant role in this, helping those living with such illnesses. The Clubhouse Model of Psychosocial Rehabilitation is a well-known non-clinical approach that offers housing, education, employment, social and other types of personal support. Abundant research into the model provides evidence for its success as an effective rehabilitative service for those living with serious and persistent mental illness (Beard, Propst and Malamud, 1982; Herman et al., 2005; McKay et al., 2016; Mastboom, 1992). Research assists in further improving services for its members, whilst also offering academic insights into the success or failures of non-clinical services that have become vital in assisting those living with a mental illness.

My caution in presenting research findings about mental illness recovery is practiced because individuals being labelled mentally ill has stigma attached to it. Sociologist Erving Goffman (1963) defined stigma as a person possessing an attitude towards another person that is deeply discrediting and makes a person tainted and discounted in their culture. Myths and misconceptions about stigma are continually reinforced by stereotypical and destructive media and entertainment images (Hocking, 2003). Despite progress in encouraging compassion and understanding, mental illness identification still results in discriminatory and marginalisation beliefs and practices.

Being a member and a researcher in a Clubhouse is shaped by cultural practices within it and also by the governing body Clubhouse International. It involves following the directives of this governing body whilst simultaneously following rigorous and ethical research conduct. Researching mental health recovery processes can assist with lessening stigma, improving peoples' life outcomes and adds to the academic body of research on it. However, there is difficulty in simultaneously undertaking both member and researcher roles.

Clubhouse cultural background

The first Clubhouse, Fountain House, began operations in 1948 in New York City. Central to its therapeutic recovery approach to mental illness is the Work-ordered Day (WOD). Members work side-by-side with staff in a daily teamwork work environment, contributing to the Clubhouse's running (Doyle, Lanoil and Dudek, 2013; McKay et al., 2016). This work-based focused cultural practice is Clubhouse's main recovery strategy. Waters (1992) observed that members need meaningful work to develop self-respect. This work though is not compulsory, with staff encouraging participation, but not enforcing work duties on members. Staff and members also socialise outside of the Work-ordered Day in approved activities such as recreational activities, and organise yearly events such as Christmas Day.

Unique to the Clubhouse Model, is calling those attending Clubhouse members, not patients (Beard, Propst and Malamud, 1982). This symbolic gesture connotes equality and having a valued place in society. Clubhouses grew worldwide after Fountain House's establishment. Yet people living with mental illness were still separated from society, stigmatised and placed in institutional care. This was exemplified in Goffman's (1961) study called Asylums. Goffman described asylums as places where a feeling of disempowerment was encouraged as he describes in an observation (1961, p. 320):

> The likelihood of an unschooled patient following the psychiatric line is not great. He may never in his life have had so many reasons obvious to him for seeing that he is not a voluntary client and for being disgruntled at his condition. He sees the psychiatrist as the person in power.

By contrast, the Clubhouse Model reduces this separation as members reconnect with a broader society and shifts the person's power away from just using clinical psychiatric services alone.

Work is performed in units that have specific functions such as: hospitality, clerical and employment support. Members appreciate that they can forget about their problems in a structured work environment by focusing on tasks (Tanaka and Davidson, 2015). This is a cultural practice and belief that is valued by staff and members. What supports this belief is a Bill of Rights called standards, administered by Clubhouse International. Standard 20 makes clear that all members must be given the same work opportunities no matter what their skills are, worded as (Clubhouse International, 2020):

> Members have the opportunity to participate in all the work of the Clubhouse, including administration, research, enrolment and orientation, reach out, hiring, training and evaluation of staff, public relations, advocacy and evaluation of Clubhouse effectiveness.

This standard insists on what can be done and includes the term research as a work duty. Members must not be pressured into performing work duties and members are free to leave work unfinished. Although this slows task completion, the person's recovery comes first.

Clubhouse research has historically been part of the WOD. Research is complex, needing levels of expertise and understanding from research design to data collection and analysis. Members come to Clubhouse with varying skill levels from little education to post graduate. Therefore, it is not that they cannot participate in conducting research. The problem lies in the boundaries of the member's participation. As my account will illustrate, cultural practices cannot be separated from work as they shape the level of participation and cause unclear boundaries that can hinder research progress.

Protecting the vulnerable: Ethical considerations

Grant (2010) suggests that researchers writing about their and others' mental illnesses do a great service to themselves and others in lessening stigma. The abundance of reporting of lived-experiences, especially on video platforms, books and websites, attests to the willingness for people to speak about it. In writing this account though, I am conscious of, and agree with Kelly-Ware (2019, p 7), who in discussing research experiences in a kindergarten community, stated:

> I recognise that I (re)present the participants' words to suit my particular aims. I make many decisions in crafting my writing using my position of authority and privilege to tell participants' stories from my perspectives.

Not obtaining formal consent is a key problem in writing autoethnographic stories. Yet autoethnography has for decades managed this issue well, despite risks in not obtaining consent from others.

Stigma is still an issue in undertaking mental illness autoethnography work. Goffman (1961) was able to describe the plight of mentally ill patients in asylums protecting all who were observed from public scrutiny. Wall (2008) and Lee (2018) stress there is a lack of guidance advising on ethical issues in autoethnography. Many writing these texts do not ask for the consent of those they discuss in their narratives. Lee's (2018) autoethnography of her being bullied as a new teacher in a United Kingdom rural town when conducting her research, involved crucial and well-thought out decisions about disclosing peoples' names. She decided to give the person who harassed her and her partner a false name. Mental illness autoethnographies do need care in writing to protect vulnerable people experiencing varying mental illness.

For this account, with the exception of mentioning Fountain House in New York, my former clubhouse is only identified as being in Australia. However, its name and all involved are heavily masked. This reflects Goffman's (1961) views that to describe mental illness culture requires much sensitivity. As Doloriert and Sambrook (2009) argue about autoethnographies, it is not a separate researcher and researched situation but where the researcher is the researched. Their view reflects that I am the subject of this research as well as those others I describe. The next sections discuss the tensions in performing my two roles at Clubhouse that heavily conflicted with each other.

Tensions in performing two roles at Clubhouse

In examining the literature of other ethnographers' experiences in mental illness fieldwork, I was struck by another researcher's experience. I closely identified with their fieldwork dilemmas. Ethnographers across disciplines and field sites encounter dilemmas to negotiate. It is the cultural practices and beliefs that can restrict what can be told. It can become a juggling act to work within multiple cultural beliefs. Siddique (2011, p. 310) writes:

> Auto-ethnographers are expected to be both aware of their role as researchers and to report that reflexively. In writing and reflecting on the account of my anthropological fieldwork, I became aware of being between the participants whom I was observing and with whom I was interacting on the one hand, and the staffs' values and practices which I was expected to meet, on the other.

Siddique's statement reflects the direction in which my attempt to contribute to Clubhouse as a researcher proceeded. I was bound by ethical conduct in the research project. Concurrently, I was bound as a member to share my research work duties. Expectations of both roles became incompatible for me. Research involves confidentiality, but I had to be transparent to the Clubhouse. I also had to, under Standard 20, be willing to share research duties. These caused tensions that began to be noticed outside of the research team.

My Involvement with Clubhouse

My involvement with Clubhouse began when by chance one evening I heard an interview with a staff member on my local radio station. Having anxiety and depression, I was interested in finding out more. Making an appointment, I visited and, according to their protocol, was sent on a guided tour of the Clubhouse. The potential opportunities were presented to me by the enthusiastic Clubhouse member. What was noticeable was the bustling WOD in action. People across two floors were working in a café, a kitchen, hunched over computers and sitting at tables talking. After the tour, I walked away thinking this Clubhouse was right for me to join. Two weeks later I decided to join as a member.

Research involvement

I labelled myself an ethnographer, having previously undertaken 4 ethnographic projects. Clubhouse Research across academic disciplines for decades had shown mostly positive results for members. Empirical evidenced findings suggested many benefits of the model. I was especially impressed with New York's Fountain House research unit. They conducted much research resulting in many publications in academic journals. Their research helped the Clubhouse with evidence-based studies to benefit their operations. They also conducted university partnerships to add knowledge to the field of non-clinical mental illness recovery.

I had a good professional relationship with my Executive Director who was from the United States. His beliefs were strictly in line with Clubhouse Standards, but he also took it upon himself to be open to innovation and change. At that time, a major problem facing Clubhouse was a decrease in state monetary funding. Clubhouse needed new income streams and industry partnerships. These though could not go outside Clubhouse International's standards. A strategy decided upon was to conduct evidence-based research to demonstrate member benefits the Clubhouse brought. These included: reduced hospitalisation, easing of pressure on the medical system, reduced loneliness, lower suicide rates and support in employment and education.

It was decided to partner with a private research firm that had links with academia. I told the Executive Director about my research experience. A team leader chosen from the firm agreed to my involvement. We would need to set up ethical research conduct. At the first meeting, the research team called for members and staff to be involved. I stated that whoever was in the research team needed to know the research protocols. The Executive Director was insistent every Clubhouse member must be given the opportunity to participate in conducting research. It was this cultural practice that alerted me to the first signs this research may not work. I did comply as members have many types of skills, so it was presumptuous of me to assume members could not perform research duties. Member interest in participation was there, but once we explained the level of commitment and skills needed to do research, only 4 people agreed to participate with me and the Research Team Leader.

Conflicts and tensions, practices and beliefs

At this point in the account, I want to provide an overview of why I became increasingly disheartened as the research proceeded. This came from the staff and members having shifting priorities during the Work-ordered Day. While members had the right to refuse to do work duties, staff can place pressure on members to 'encourage' participation. I experienced this especially when I agreed to tutor another member in their tertiary education course. My reputation, as one staff member said to me, was my reliability and willingness to listen to others, meaning I "was the go-to person at Clubhouse". This cut into my time doing the research, but I was also expected to motivate the other research members and check their work. But as the Clubhouse cultural practice demands, if they did not want to do the work, I was not allowed to tell them they had to.

Underlying this was my need to monitor my own mental health. In consulting my fieldnotes I wrote about developing a dual role within a restrictive set of Clubhouse Standards, I began seeing how the beliefs impacted the individual members. Each member defaulted to the beliefs they held that the Clubhouse Standards guided member practices. I did however place the research above other duties, including my education support. That was a belief that was not compatible to the Clubhouse, as I had to, under the Clubhouse Standards, share highly specialised and precise research duties and responsibilities members were not trained for.

One member insisted on joining but was aggressive towards other project team members. Another member also insisted on joining but refused to do any project work. Neither knew about, nor wanted to learn about, ethnographic research methods. The following extract constructed from fieldnote data describes the issue, illustrating the conflict of involving members as the belief required against keeping an ethnographic project in progress:

My Reflection One

Clubhouse Standard 20 states that all members must be given the opportunity to undertake all Clubhouse tasks including research. The Project Leader agreed to allow one member to join the team after that member placed pressure on the Clubhouse Director to join the group. This member, openly abusive towards many and uncontrolled by staff, had research skills but argued they wanted to choose the specific duties they wanted to do. While they were excellent at literature review writing, the Project Leader would constantly give in and ask me to type out that member's handwritten notes of the literature review. Another member also wanted to join in but was struggling with a physical health issue. Yet they insisted on being kept up to date with the project, but refused to do any work involved.

There was a lack of understanding by the Research Team Leader and the Executive Director that the research team needed to be specialists concentrating on specific tasks. The conflict between needing a specialised team for research work yet following the Clubhouse standard of letting anyone join the team, slowed down the research. The team had to consistently explain to interested members the type of research tasks required to be undertaken and the high level of analytical skills needed to do so. Then there was also the problem that I had to make sure new members would be aware not to disclose other members' private information; that was a risk not fully thought out how to manage.

It was difficult to find members willing to commit to such rigorous work because the team could not expect members to adhere to deadlines when they had other personal and mental health issues they had to manage. Explaining to members what ethnographic work entailed was also met with confusion. The research team was seen as being secretive, a frowned upon cultural belief in Clubhouse. It also led to the next problem of deeper hostility that continued to grow, despite the Executive Director's insistence the research continue for the good of the Clubhouse's future. Clubhouse staff and members became hostile towards the research team, thinking the team existed to 'change Clubhouse's way of life.'

Clubhouse research requires a high level of discretion and care to protect potentially vulnerable members. Confidentiality is both a requirement of being a member and a researcher, with the constant saying 'what goes on at Clubhouse says at Clubhouse' being said at twice daily work meetings. One member though was openly concerned about confidentiality issues despite being told the research team was taking care in conducting the research. Reflection two demonstrates how that member's cultural beliefs and ideas clashed with the research teams and contributed to hostility towards the research team:

My Reflection Two

One long-term member, who wielded much political power in the Clubhouse, began talking to others that I and the team were up to no good and wanted to change Clubhouse's culture. The member's hostility and name calling of team members became more frequent. Although I was told the member was going through emotional issues with ill friends, I experienced bullying from them. For example, I agreed to answer phone calls for the unit I was stationed in. When a call came through that member would transfer the call and slam the phone loudly in my ear. The Executive Director ignored my concerns about the member's behaviours and stated that the member did not run the clubhouse and to just ignore them. The staff were also told about the project and wanted to be kept informed of it, but commented at meetings they saw little point in it. The Project Leader was informed of this and brushed it aside as unlike myself and the team they were not often present at the Clubhouse. At a meeting, the Executive Director insisted the research be supported by the staff, dismissing their concerns that it was, in the words of one staff member I heard as I was present at a staff meeting, a waste of time when members in the research team could be undertaking more useful duties.

Although the Clubhouse staff were allowed to join the research team, they chose not to and expressed concerns the project was taking members away from useful jobs, such as cooking the important midday meal and cleaning the kitchen. Conversations expressing concern about the alleged secrecy of the research increased and I had to consistently explain what the research would achieve for Clubhouse. This was a constantly exhaustive task. My observation was that the staff disliked the idea of being watched, despite the constant reassurance this was not about reporting their workplace performance.

After months of my role in the Clubhouse being conflicted between being a member upholding Clubhouse Standards and as a researcher, there was a final moment that made me leave Clubhouse. A team member told me that the research was abandoned. I tried to discuss this development with a new Executive Director, who was dismissive of my concerns. I emailed the Team Leader who confirmed that the Clubhouse was going in a new direction. Upon trying to find out more reasons for what happened, I was met with comments like "This is just the way it is." The conflict was resolved by the new management team. I was now merely a member. Seeing no further future at the Clubhouse, I resigned from my membership.

However, there was a positive aspect taken away from project failure. I learned that research projects can actually fail. Although I had amassed publications and had success in academic and industry research, I had to accept the research world has failures. Research failure is not widely discussed in academic literature. Researchers guard their reputations as research jobs are scarce and insecure. My skills developed in how to recognise the signs of coming research failure and issues.

I had though become used to the success of my other ethnographic and research projects. Was this arrogance on my part to expect all research to be a success? While that is the decision of the reader, I do self-reflect that I did not recognise the constraints of the cultural practices and beliefs of Clubhouse. These practices and beliefs are strong for a key reason; to protect members. It was, though, disappointing to see other Clubhouses do research to benefit members, but undertaking it does require having to step out of member mode.

Answering the dual conflict and tension question

I argue that doing non-clinical ethnography in the mental illness field is a unique privilege that can assist with mental illness recovery. Clubhouse cultural practices, especially the need to maintain confidentiality, hinder the ethnographer's ability to accurately describe the culture that exists within its walls. The field's informants' hostility, internal politics, the imperative to comply with Clubhouse quality standards and a misunderstanding of what was involved in undertaking a researcher role by members all played a role in my fieldwork not being as successful as envisaged. Yet this conflicts with the acceptance that Clubhouse research should be conducted as a Clubhouse external project where academics are not members. This though does not happen in some overseas Clubhouses like Fountain House.

I do take responsibility for being too passionate about research, but despite the research failure, I gained knowledge on how to manage complex, regulated research fields such as mental health. It may seem obvious before researching to know the potential pitfalls in choosing a field to be immersed in. By contrast though, only by doing can a researcher find out that ethnography involves managing complex ethical dilemmas when they get deeper into the daily life of the field.

Concluding thoughts

It is important to clarify some important issues discussed in this autoethnography. Blame is not attributed to anyone mentioned in this account for the research project's failure. Cultural practices are powerful in organisations, and, I would strongly argue, especially in a mental health recovery organisation. Clubhouse reinforces the standards and is not always flexible in changing its policies. Members, who are vulnerable as they manage serious, long-term, mental illness, tend to obey and respect these. They adopt common beliefs because the Clubhouse offers them avenues and alternatives to aid their mental health recovery. A doctor, psychologist or hospital only offers clinical interventions.

The Clubhouse is an important part of a person's life when they have mental health and accompanying issues, such as homelessness, loneliness or financial hardship, as examples, and need to feel safe there. Members will protect their practices and reinforce cultural beliefs, expressed in the implicit and explicit rules and standards of Clubhouse. That is understandable, however, because of the stigma and other issues they have encountered in their lives being someone living with a mental illness.

What is also important to understand is that research is always a risky undertaking. It involves specialised skills to collect and analyse data. The tensions I experienced in trying to consistently convey that the research was to investigate what evidence, and cost savings to society, the model offered became untenable. If I was to recommend anything to other researchers, it would be to spend time in the mental illness field to see the important cultural beliefs existing to manage the outside world's stigma and misunderstandings. Research in the non-clinical mental illness recovery field is worth doing. That's the main reflexive message I offer in this account.

I felt like anthropologist and autoethnographer Siddique (2011), who experienced the tension of being in a dual role as participant and researcher, and the toll it takes on being a professional researcher. Experiencing my research failure showed me how much attachment I had to wanting a successful outcome that was not going to happen. I did feel at the time it was traumatic. To further illustrate this view, autoethnographer Ritchie (2019, p. 80) describing her Post Traumatic Stress journey states another set of ideas that resonate with my experience:

I am a different self now because trauma has changed me fundamentally. However, I am also resilient and recognize we all embody multiple selves. We are selves in motion-continually changing. While this change ideally happens slowly or through a series of personal decisions and seemingly banal experiences, it can also happen suddenly through direct external violence devolving into internalized violence. I recognize I am now a "new" person occupying a "new" body, and yet I still stand on all my previous selves (e.g., previous bodies, ontologies, identities, and geographies) that I have lived through.

Ritchie's quote states a feeling I reflected on a long time after leaving the Clubhouse; in experiencing a hostile field site culture, and the clashes of trying to maintain two roles, I had learned a large lesson of being mindful of an organisation's cultural beliefs and practices.

My personal decision, after so much reflection on this experience, is to not look upon this as a failure. Instead, I look upon writing this account as a way to continue to work towards a better understanding of mental illness and improved ways of doing research in this field. What is advisable, however, is to be aware of the strong cultural practices and beliefs which can shape a researcher's involvement in, and understanding of, the field of mental illness and its cultural beliefs and practices.

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