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“Finally, I belong somewhere I can be proud of” – Experiences of being a Clubhouse member in Norway

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ABSTRACT

Purpose: The number of psychosocial Clubhouses is growing rapidly in Norway. However, more knowledge is needed about the subjective experience of Clubhouse members in terms of their recuperation processes and experiences in the Clubhouse context. Therefore, this qualitative study explored what it is like to be a Clubhouse member in Norway, and further discuss it in light of the theory of Salutogenesis on successful pathways to coping and well-being.

Methods: Using a hermeneutic–phenomenological approach, the present study included in-depth, semi-structured individual interviews with 18 Clubhouse members from three accredited Norwegian Clubhouses. Analysis was conducted using systematic text condensation.

Results: Three main themes emerged from the analysis: “Finally, I belong somewhere I can be proud of,” “I feel more like an ordinary citizen, just different,” and “I feel somewhat equal to others.” Overall, the participants experienced improved mental and social well-being owing to their membership of a Clubhouse.

Conclusions: Our findings correspond with previous international research. Owing to the positive effect participation in the Clubhouse seem to have on members’ motivation, Salutogenesis might help explain helpful processes within the model. Moreover, the model might be a relevant example for policy and service development in mental health care and the labour market.

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Psychosocial rehabilitation; Clubhouse model; mental illness; recovery; Salutogenesis

Current international and national mental health care policies call for health promoting recovery- and user-oriented interventions as well as community-based programmes (Ministry of Labour & Ministry of Health and Care Services, 2013; Norwegian Directorate of Health, 2014; World Health Organization, 2013). Offering psychosocial rehabilitation for people with mental illness in a therapeutic community, the Clubhouse model represents such a programme (McKay, Nugent, Johnsen, Eaton, & Lidz, 2016; Raeburn, Halcomb, Walter, & Cleary, 2013).

The origins of the model can be traced back to the late 1940s, when a self-help group of former mental patients established the first Clubhouse, Fountain House New York (Anderson, 1998). True to its roots in the user movement, the model was built on the principles of empowerment, self-determination, equality, and democracy (Battin, Bouvet, & Hatala, 2016; McKay et al., 2016; Raeburn et al., 2013). Today, the *International Standards for Clubhouse Programmes* regulate the model and describe minimum services to be offered by Clubhouses. In addition, the standards serve as a bill of rights for

members and staff and provide a basis for quality control through accreditation (Clubhouse International, 2018). Currently, some 300 Clubhouses operate worldwide (Clubhouse International, 2019), of which 14 are in Norway (Fontenehus Norge, 2019).

The program offers community experience and meaningful activity (Norman, 2006) for people with mental illness (McKay et al., 2016; Raeburn et al., 2013). The nonclinical approach of the Clubhouse model is reflected in its principles and terminology. Thus, people who participate in the community are referred to as members, not users or patients (McKay et al., 2016). Central to the model is its focus on participation in work (Raeburn et al., 2013). Within the framework of the so-called “work-ordered day,” members and a skeleton staff run the Clubhouse side by side (Raeburn et al., 2013). In addition, Clubhouse members are offered support services, such as vocational rehabilitation, education support, help with housing and entitlements, and support with healthy lifestyles and social programs (Clubhouse International, 2018; McKay et al., 2016).

Since the 1960s, numerous quantitative and qualitative studies have investigated the Clubhouse model.

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The initial inquiries had a quantitative focus—measuring the model's effectiveness in terms of rehospitalization (Beard, Malamud, & Rossman, 1978; Beard, Pitt, Fisher, & Goertzel, 1963; Delaney, 1998). Later studies have examined outcomes, such as the impact of Clubhouse membership on quality of life (Boyd & Bentley, 2006; Jung & Kim, 2012), education (Unger, Pardee, Anthony, & Rutman, 2002), and employment outcomes (Dorio, Guitar, Solheim, Dvorkin, & Marine, 2002; Schonebaum & Boyd, 2012; Schonebaum, Boyd, & Dudek, 2006). However, according to two recent systematic reviews (Battin et al., 2016; McKay et al., 2016), evidence regarding the effectiveness of the Clubhouse model is limited.

Since the late 1990s, the number of qualitative studies investigating the model has increased, including research focusing on members' experiences of participation in the Clubhouse community. For example, Clubhouse membership has been found to expand individuals' networks, enhance their personal lives (Roth, 2017; Tanaka & Davidson, 2015a), and improve their social skills and sense of belonging. Moreover, some informants called the Clubhouse community their family in several studies (Biegel, Pernice-Duca, Chang, & D'Angelo, 2013; Carolan, Onaga, Pernice-Duca, & Jimenez, 2011; Roth, 2017). In addition, Clubhouse affiliation has been found to increase members' sense of "personhood" and inclusion, and to provide an experience of control over their lives (Tanaka & Davidson, 2015b).

Moreover, qualitative studies have revealed that members find participation in the Clubhouse community to be a stepping-stone to vocational recovery (Roth, 2017; Tanaka & Davidson, 2015a). For example, participation in the work-ordered day has been found to increase members' self-confidence (Norman, 2006; Tanaka & Davidson, 2015a), apparently resulting in increased faith in their ability to (re)enter the labour market (Chen & Oh, 2019). Consistent with these findings, a recent metasynthesis (Kinn, Tanaka, Bellamy, & Davidson, 2018) explored the Clubhouse participation experiences of Clubhouse staff and members and their families. Their results showed that Clubhouses provide a valuable community for the recovery of individuals—a place to "anchor" themselves securely to rebuild their self-confidence, relationships, and perspectives (Kinn et al., 2018, p. 1205).

In addition, several studies have examined aspects of the Clubhouse community such as reciprocity, which was found to create bonds and facilitate a sense of equality (Coniglio, Hancock, & Ellis, 2012; Pernice-Duca & Onaga, 2009; Tanaka & Davidson, 2015b). Conversely, inequality was considered to disrupt the community (Roth, 2017; Tanaka, Craig, & Davidson, 2015; Waegemakers Schiff, Coleman, & Miner, 2008), so the relationship between staff and members was found to be crucial in terms of the perceived quality of the Clubhouse environment.

Previous research has also criticized the model. For example, Raeburn et al. (2013) expressed concern about Clubhouse members developing service dependency. Similarly, it was suggested that the comfort of the community may hinder members' efforts to conduct their lives outside the Clubhouse (Kinn et al., 2018).

The principles of the Clubhouse model seem to correspond with those of Salutogenesis (Antonovsky, 1979, 1987; Griffiths, 2009; Langeland & Vinje, 2017; Vinje, Langeland, & Bull, 2016), which is a theory on "how people manage stress and stay well" (Antonovsky, 1987). Because the theory focuses on the abilities (or health) instead of the weaknesses (or illness) of a person, it seems that Salutogenesis may be a suitable theoretical framework and "comparative context" (Sandelowski, 1993, p. 216) for the present study.

Salutogenesis is a broad, resource-oriented theory concerning the origins of health and well-being (Antonovsky, 1979, 1987; Mittelmark & Bauer, 2017; Vinje et al., 2016). It posits that health is a continuum from health breakdown, which Antonovsky (1979) referred to as "dis-ease", to health which he referred to as "ease". However, dis-ease is not the same as disease, meaning that in real life, people fall somewhere between these two endpoints, and, thus, can be somewhat healthy even alongside serious illness. Nonetheless, to stay and feel healthy, people must manage the challenges of life (Antonovsky, 1979, 1987). Their ability to do so depends on their Sense of Coherence (SOC), which is determined by three factors: comprehensibility, manageability, and meaningfulness (Antonovsky, 1979, 1987).

Resistance resources (RRs) are additional assets that facilitate response to challenges (Idan, O., Eriksson, M., & Al-Yagon, M., 2017). RRs are defined as "any characteristic of the person, the group, or the environment that can facilitate effective tension management" (Vinje et al., 2016, p. 29). However, their counterparts, resistant deficits (RDs), hinder effective coping. There is a dynamic and dependent relationship between SOC and RRs (and conversely, RDs). The availability of RRs facilitates coping, thus strengthening SOC. A strong SOC improves the individual's health on the ease-dis-ease continuum, and better health makes a person more capable of gaining and utilizing RRs (Antonovsky, 1987, p. 28).

While introducing Salutogenesis as a potential theoretical framework for the Clubhouse model addresses a need highlighted in previous literature (Mowbray, Lewandowski, Holter, & Bybee, 2006; Raeburn, Schmied, Hungerford, & Cleary, 2015), other knowledge gaps exist. For example, there seems to be a lack of understanding of how model outcomes are achieved from a transnational and transcultural perspective (Tanaka & Davidson, 2015a, p. 271). Moreover, a better understanding of member experience is also important in terms of the increasingly

principal status of user-involvement and codetermination in mental healthcare (Farkas, Jansen, & Penk, 2007; World Health Organization, 2013). Thus, Clubhouse members might provide key information on how they experience processes that improve their health and well-being in the context of a psychosocial rehabilitation program.

Consequently, this study seeks a better understanding of the subjective experiences of being a Clubhouse member in recovery in Norway by answering the research question, "What is it like to be a Clubhouse member?"

Methods

Study design

This qualitative study was designed according to a hermeneutic–phenomenological approach (Dowling, 2007; Giorgi, 1997; Laverly, 2003). Accordingly, the study had an inductive approach and was based on individual descriptions of the phenomenon in question, in this case the experience of being a Clubhouse member.

Participants and sampling

Participants ($n = 18$) were recruited from accredited Norwegian Clubhouses. Originally, an invitation letter was sent to the directors of two accredited Norwegian Clubhouses (of five at the start of the study), both of which agreed to participate. They were in Central Norway, one in a major city and the other in a town. Eventually, to reach other possible interview participants, a third Clubhouse located on the west coast of Norway was invited to participate. The researcher (the first author) had no personal affiliation with either of the participating Clubhouses.

The interviews were conducted at the participants' Clubhouses, in a separate room with only the researcher and the participant present. The final sample consisted of 18 Clubhouse members: five women and 13 men between the ages of 27 and 75.

Data collection

Data were collected via individual, semi-structured, in-depth interviews (Kvale, Brinkmann, Anderssen, & Rygge, 2015; Malterud, 2017). The interview guide included open-ended questions such as: "Can you tell me how you became a Clubhouse member?", "What is it like to participate in various activities with others at the Clubhouse?", "What kind of goals do you have in terms of your recovery?", "How does the Clubhouse help in achieving these goals?", "How has your life changed since you joined the Clubhouse?", "Is there anything you do not particularly like about the Clubhouse?" The resulting interviews varied in length between 30 and 80 minutes. All

interviews were audio recorded, and the researcher took notes to assist the subsequent analysis.

Data analysis

Audio records were transcribed verbatim, partly by the first author and partly by a contractor. Systematic text condensation was used as the method of analysis (Malterud, 2012). In step 1, all authors individually obtained an overall impression of the material and identified preliminary themes that spontaneously emerged from the material. In step 2, meaning units (parts of the original texts) were identified, classified, and sorted by codes related to the preliminary themes identified in step 1. The content and description of the codes were regularly rechecked to avoid overlap and to make necessary adjustments. In step 3, meaning units were connected and rewritten in the first person as a coherent text (condensate) by the researcher, avoiding abstractions. In step 4, the condensates were re-contextualized by renarrating them from the researchers' point of view and an analytic text was prepared, presenting the most salient content related to the phenomenon of interest to the study, grounded in the empirical data, including illustrative quotations (Malterud, 2012). During the analytical process, steps 2 to 4 were revisited several times as required by the hermeneutic circle of understanding (Laverly, 2003). The final findings were validated against the original transcripts, and all authors reviewed and agreed on the final findings (Malterud, 2012).

Ethics

Data management measures in the study were approved by the Norwegian Centre for Research Data and the project was exempted from review by the Medical Research Ethics Committee. All information acquired was anonymous, as informants were registered under pseudonyms.

As reflexivity has a pivotal role in qualitative research to ensure that the researcher has the least possible effect on results (Dowling, 2006), the first author conducted rigorous and continuous self-reflection throughout the study. This was assisted by the observations of the other authors regarding the researchers' attitudes and conduct. The research group aimed to create a transparent and accountable research environment with regular meetings as well as continuous, critical, and recorded communication.

Results

Three main themes emerged from the analysis of the interview data in terms of participants' experience of self in the Clubhouse setting. These were: 1) "Finally, I belong somewhere I can be proud of", 2) "I am more

like an ordinary citizen, but different”, and 3) “I feel somewhat equal to others”.

Finally, I belong somewhere I can be proud of

The participants, all established Clubhouse members, described the Clubhouse as a community where they felt accepted and met people with whom they could identify. According to most participants, their common ground was sharing the experience of having a mental illness, often described by the metaphor of “being in the same boat as the others,” which made them “feel as if they were not alone in being imperfect.” Having similar future goals of recovery emerged as another community-building factor shared by several participants. In addition, every participant mentioned that their Clubhouse membership helped them to fight loneliness by becoming members of a community and developing personal bonds. As one participant expressed:

If you are interested in more friends, then the Fountain House* is one of the best ... Absolutely, it is. Eh, it's been many years since I made new friends. I do get to know new people from time to time on festivals and such things, but, but here it becomes a bit more like intensive (...) And not just like in connection with partying ... It is kind of a bit more real and not so superficial as maybe many other of the acquaintances in the last few years. (Thomas)

The experience of belonging to the community seemed to be emotionally charged and positively valued. For instance, some participants, such as Anna, used powerful statements to describe what the Clubhouse meant for them:

I was very depressed when I first came here. But it has become better, of course. So, I'm doing very well nowadays. I just have a good life. Well, I have a life. I can have the rest of my life the way I have it today. So I have to say that the Clubhouse saved me, that is, saved my life ...

Similarly, some participants described the Clubhouse community as a family. A participant went as far as to state that in an event such as a divorce he would be able to cope fine because he had the Clubhouse. Personal relationships between Clubhouse members seemed to vary in intensity from casual friendships to close personal bonds—even marriages in some cases. According to all participants, relationships were developed both inside and outside the Clubhouse. During the work-ordered day, working together or individually for the community seemed to create a social space where members had the opportunity to connect:

(...) we are social while we do stuff. (...) Well, we do stuff and if somebody needs ... or is wondering about

something, we just ask the nearest person for help. And so, we joke ... I think many of us try to be a little playful, and joke a lot, you see. Of course, we must respect boundaries, but uhm, it makes it feel less tense. We have a very good atmosphere, indeed. (Lucas)

Furthermore, bonding between members seemed to occur outside the Clubhouse, for example by helping each other personally and practically, like moving or helping to clean a fellow member's apartment. In addition, several participants talked about attending social activities together, and they seemed to use the Clubhouse as a convenient base to arrange these. Notably, the customary ways of developing relationships in a corporate domain seemed to have been adapted to Clubhouse environments. Interestingly, all participants reported that their Clubhouse community practiced the Norwegian custom of having a drink with colleagues around payday and organizing Christmas parties as is customary in corporate life, involving both salaried staff and unpaid Clubhouse members.

Besides opportunities for socialization, many participants valued the Clubhouse as a safe and secure community. For instance, some participants mentioned the importance of protection from what they perceived as “outsiders”, by not allowing unfamiliar people into the community. Interestingly, this appeared to contradict the experience of most participants, who talked about entering the community freely and being welcome for the first time, when they were strangers to the community. Other participants emphasized that the social environment made them feel safe; they felt accepted and welcomed, even when they did not feel well. Moreover, several participants seemed to appreciate that they could come to the Clubhouse any time or would always have a place to fall back on because they had lifelong membership for which they did not have to worry paying a fee.

I am more like an ordinary citizen, but different

Several participants talked about that their Clubhouse membership helping them to escape inactivity and isolation, which Emma described by the following metaphor:

(...) Say five years ago ... then I was just at home lying on the sofa watching TV and ... that is no life. Then it is better to get out of the door and stay here, and ... work towards a goal, and making friends, and ...

Owing to the regular workday schedule offered by the Clubhouse, several participants underlined that they were able to keep similar hours to those who have regular jobs, which made them feel like they fit better

*Clubhouses in Norway are referred to as fountain house (fontenehus).

into society. In fact, most participants regarded participating in Clubhouse activities as their job. Moreover, several participants described feeling an increase in their social status, from feeling like an outsider to becoming a productive member, such as Anna:

I don't pretend anymore; I don't have to lie to (people who ask) "What were you doing?" What are you going to answer if you didn't do anything? It's really shameful and embarrassing. But now I say, "I work at the Clubhouse," which I am really proud of, and people can just think what they want about it ...

In addition, all participants emphasized that it was not just being active but having a valued activity that was very important to them. Moreover, doing something valued seemed to strengthen their sense of belonging and self-esteem. Several participants talked about factors that influenced the meaningfulness of their work at the Clubhouse, such as making a difference in their own community and even internationally, owing to the Clubhouse network:

What I seek is to be useful. I feel that what I do has a ripple effect over ... And I wouldn't be able to experience it in a NAV (Norwegian social and employment services) program where one does not see the end of what one is doing. In a way, it is good with the Clubhouse that one actually sees a ripple effect of one's activity, both internally and externally. You see, the Clubhouse is international. You can just point to (anywhere on) a world map and there would be a Clubhouse. (Matthias)

In contrast to their efforts to fit in, some participants seemed to appreciate that pretense—a widely accepted and sometimes required behaviour in society—was not present in the Clubhouse community. Many participants mentioned former negative experiences in society of "putting on a mask" or denying having a problem just to be pleasant in a social situation, which they could forgo in the Clubhouse setting. Similarly, some participants talked about feeling pressure in society to fit in almost to the extent of becoming indistinguishable, which they did not feel in the Clubhouse community:

And I also got to be in ... well, the Clubhouse was very good in helping me to dare to think outside the box. So, I don't have to be so square; I must not follow what society thinks ... Well, you should not steal and such things, but you don't need to follow the flow that everyone goes along with. You must follow the one that is right for you. (Olivia)

In addition, many participants appreciated that unlike the situation in the outside society, they had the opportunity to tailor each workday to their needs and abilities at the Clubhouse. The notion of "daily form", in other words how a person felt on any given day, recurred in many of the interviews:

I'm not always able to do something when I'm here, but for example, standing and washing dishes for a couple

of hours or something like that actually feels pretty good, even though it might sound awful. Then it feels somehow like I managed to achieve something. (...) Sometimes so ... I'm not able to do anything (...) so sometimes I try to avoid work meetings just because it sucks to sit at such a work meeting and then not sign up for anything. (Axel)

All participants seemed to appreciate that their presence at the Clubhouse was not dependent on their "daily form," or rather, on how much they could contribute according to their health status. In fact, most of the participants suggested that it was preferable to come to the Clubhouse even when one was not in a suitable state to work rather than staying at home. However, several participants were critical of the regular labour market, where they perceived that employees were unnecessarily overtaxed, such as Maya:

(In Norwegian society) Everyone should work so efficiently all the time. And then one relaxes between five and twelve in the evening. But, like in the daytime and Monday to Friday, you are on, then you go to work. (...) But I think other countries may be a bit more like that; yes, in the time between twelve and two we relax, and we go and eat lunch. (...) in contrast to us Norwegians who just chop-chop-chop all the time. Then, when it is the weekend, yes, then suddenly it is allowed to put your feet on the table. But then you are often so tired that you can't put your feet on the table anymore. You just lay like carnage. No, I, I ... Maybe our society needs a little push like that; yes, (...) it's okay to take a siesta on a Tuesday, for example.

In contrast, many participants talked about how their work at the Clubhouse was different from the regular labour market. For instance, they emphasized the importance of community effort, meaning that despite members' individualized schedules and workloads, results were still accomplished at the Clubhouse, because everybody contributed according to their abilities. Most participants said that they preferred coming to the Clubhouse every day to have as regular a work schedule as possible yet keeping flexible hours and taking regular breaks during the day to maintain their health. Noticeably, several participants identified work stress, and society's inability to prevent or improve it, as the major hindrance to regular employment.

I feel somewhat equal to others

Participants expressed a preference for Clubhouse practices and staff attitudes that offered dignity and personal value. Several participants seemed to feel that society's image of their role as passive was mirrored in the mental healthcare system. Many participants reported that Clubhouse staff acknowledged the abilities of members by asking for and accepting their help. However, they felt that employees of other

mental health care programs did not include patients/service users in requests for meaningful contribution, because they did not trust their competency. Moreover, one participant described being directly excluded from participation in another program. In fact, most participants generally seemed to find that doing meaningful jobs with others at the Clubhouse was a positive distinction from other programs:

(It is important) to participate and do things with others—something that makes sense, that is, it is not like ... We do not move anything from A to B and then move it back to A, but we, we wash ... I clean the toilet for example. I help to make lunch. Everybody does something. (Emil)

Regarding their peers, participants seemed to view their community unanimously as a fellowship of equals, because all of them worked for a common goal. However, participants seemed to have ambiguous attitudes towards cooperation, which Mathias summarized in his interview:

I'm kind of like that, like an overachiever, I like to get things done on my own. However, it is always nice to do things with others. One writes job applications together or helps (others) with things. (...) But it's not something you want all the time, either. I prefer most to work independently, or to get things done, but in cases like the World Day (i.e., preparations to celebrate World Mental Health Day) and such, there's a lot of collaboration as well. Yet, it's not all that needs to be done side by side either. Sometimes I feel like (a certain task) is a little like overkill for two to do.

The argument for working together seemed to concern sharing workload, increasing efficiency, and receiving and giving help, especially to new members. Furthermore, some participants mentioned that cooperation had helped them with self-regulation and learning to function with others, by letting others' opinions prevail or letting others take on tasks that one might have monopolized or previously felt to be one's own. However, several participants preferred to work alone, doing their own jobs for the common goal. Their reasons for this preference were their difficulty in maintaining focus in company, exhaustion in adapting to another person or vice versa, or finding the other's inability to adapt irritating.

While most participants agreed that their relationship with staff should be equal, and reported no major differences, they mentioned some issues. For instance, some members were more likely to rely on help from staff than from their peers, even if those peers were qualified to help. In addition, many participants seemed to appreciate that staff took responsibility for matters that Clubhouse members would not. For example, a participant reported that members preferred staff to do the tasks that were unpopular or occurred towards the end of the workday.

Furthermore, several participants disapproved of fellow members trying to be the "boss" or taking charge in a problematic situation. Consequently, they considered taking control or assuming the role of peacekeeper to be a staff member's role, because they were paid and, thus, obligated to work and take responsibility. Admittedly, this was also considered to affect equality between staff and members:

I see a challenge in the relationship between staff and members of having as flat a hierarchy as possible. However, we will never, uh, avoid the fact that there is a natural distinction because they are employed. It is very much up to, uh, the staff themselves to, to give the respect that the members need. And to give the space needed for members to use the Clubhouse as they are supposed to be able to. (Lucas)

Most participants agreed that maintaining social balance in the community mainly depended on staff attitudes. For instance, some mentioned that the role of staff members was to involve members in doing tasks and enable them to do so, instead of taking over and completing them themselves. Another possible staff mistake, as Mathias observed, was overprotectiveness:

I feel that I have more responsibility than staff often think I do (...) I have found many times that when I take responsibility (...) it's often that they (the staff) become a little uneasy (...). I am very committed to (the idea) that the Clubhouse should be equal. (...) Anyway, I am little like that; I feel a responsibility for making sure that the ... that the staff don't misuse it. I'm at least a bit like that; feel that I have some responsibility to make sure that ... employees do not abuse it. Or if they aren't considerate ... Yes, then I become like a watchdog.

Clubhouse members appeared to prefer staff to let them choose whether they accepted responsibility for a certain task. However, when staff intervened without being asked, it was perceived as an action that disturbed the balance of the community. Overall, participants seemed to have different expectations of staff that may put them in the precarious position of balancing several, often conflicting requirements.

Discussion

The aim of this qualitative study was to explore the experiences of Clubhouse members in Norway. According to our findings, Clubhouses offer a community that members can belong to and receive support from to re-establish their dignity, gain recognition, develop their sense of self-worth, and achieve a positive change in their perceptions of their status in society.

Overall, our results indicate that Clubhouse membership helps members to cope with the challenges caused by mental illness in everyday life by providing

access to resources such as social support and meaningful activities. An overall theme is that participants experienced a positive change in their identities that was strengthened by participation in the Clubhouse community. The most prominent aspect of their development appears to be the interplay between social support from the community and the level of motivation of the individual.

In our study, the statement “I was lying on the sofa, watching TV, doing nothing” was repeatedly mentioned by several informants as a precursor or alternative to their participation at the Clubhouse. A strong sense of demotivation seemed to dominate participants’ lives, which admittedly changed for the better after they joined the Clubhouse. In line with previous research (Kinn et al., 2018; Norman, 2006; Pardi & Willis, 2018; Roth, 2017), we found that individuals gained several positive life experiences after becoming a member at a Clubhouse, so their range of available RRs have increased.

Furthermore, we suggest that the process of participating in the community increases members’ motivation. This may be of great importance for continuing their recovery and avoiding isolation based on the role of meaningfulness in a person’s SOC. Antonovsky (1987, p. 22) considered meaningfulness to be the most important element in shaping the outcome of coping as a sense of coherence, because, as a motivational factor, it decides whether a problem is even worth addressing. To maintain or increase the level of meaningfulness, Antonovsky (1987, p. 23) suggested investing in four basic life domains that inevitably have an impact on people’s lives, such as major activity, existential issues, immediate interpersonal relations, and inner feelings. Correspondingly, we argue that Clubhouse participation provides members with positive life experiences in these four crucial areas of their lives.

First, the quality of a person’s main activity is important, because having something meaningful to do on a regular basis that makes a difference improves self-perception, which in turn has an impact on staying motivated. In other words, positive experiences have a dynamic and mutually reinforcing relationship leading to further positive change. Similar to previous research (see for example, Hancock, Bundy, Honey, Helich, & Tamsett, 2013; Kennedy-Jones, Cooper, & Fossey, 2005; Norman, 2006; Tanaka & Davidson, 2015a), this study revealed that participating in the Clubhouse community provided individuals with regular and meaningful activities. In fact, consistent with our results, Clubhouse members generally report that their work at the Clubhouse made them feel “useful” and promoted their inclusion by allowing them—in the words of our participants—to contribute to “something bigger than themselves,” which

constitutes an important experience improving self-perception (Antonovsky, 1987; Norman, 2006; Pardi & Willis, 2018; Tanaka & Davidson, 2015a).

Second, the existential aspect of meaningfulness is the ability to cope with one’s failures and shortcomings, death, conflicts, and isolation (Antonovsky, 1987, p. 23). Perceiving the Clubhouse setting as a safe and inclusive environment (Kang & Kim, 2014; Kennedy-Jones et al., 2005; Kinn et al., 2018; Tanaka et al., 2015) seems to play a crucial role in coping with these existential challenges by improving the availability of RRs and enabling their use. Consistent with previous findings (Biegel et al., 2013; Carolan et al., 2011; Hancock et al., 2013; Jung & Kim, 2012; Norman, 2006; Roth, 2017; Waegemakers Schiff et al., 2008), our participants experienced acceptance and inclusion in the community and felt reassured that they would receive ongoing and unconditional support from the Clubhouse. However, our results also show that staff members play a decisive role in whether members feel comfortable in the community. Similarly, previous studies indicated that poor relationships with staff, especially related to disruption of egalitarian status within the Clubhouse, is a major reason for members having a negative perception of the community (Roth, 2017; Tanaka et al., 2015), thus their existential stability.

Third, social connectedness is another key element, not just in terms of meaningfulness (Vinje et al., 2016) but in promoting recovery as well (Shanks et al., 2013). Participants in our and other studies (Biegel et al., 2013; Carolan et al., 2011) reported that the sense of belonging to the Clubhouse community was of major importance to them. Interestingly, the shared struggles with mental illness and the common experiences of a defective mental health system emerged as important community building factors between members, which corresponds to the findings of a previous study (Carolan et al., 2011). Apparently, the recurring experience of our participants of not being alone in imperfection or not fitting into a community may lead to the realization that one has a place in society.

Fourth and finally, the most prominent findings regarding the area of inner feelings, or positive and stable emotions (Vinje et al., 2016) include positive feelings towards the community and experiences of increased self-confidence. Previous studies corroborate our findings that the Clubhouse community is of great importance to its members and offers a family-like emotional experience (see for example, Biegel et al., 2013). In addition, it promotes an increased sense of self-worth, optimism, and hope (Biegel et al., 2013; Hancock et al., 2013; Tanaka & Davidson, 2015a).

Overall, Clubhouses arguably promote meaningfulness in salutogenic terms. Moreover, our findings demonstrate that these crucial areas also have

a strong mutual impact. Thus, we suggest that the experience of being a Clubhouse member can be described by a positive transformation of self. This development is due to increased motivation through having meaningful activity and a stable community to belong to. However, more research is needed to test whether Salutogenesis can really explain recovery processes in the Clubhouse model.

Moreover, probably with their increased self-confidence, our participants seemed to develop a critical view of their roles inside and outside the Clubhouse, the mental health care system, and the society, similar to the findings of Kang and Kim (2014). For instance, regarding other programs, our Norwegian participants expressed criticisms that they had been patronized and not involved in their own care. Mental health care providers play a major role in supporting individual recovery (Anthony & Mizock, 2014; Le Boutillier et al., 2011; MacDonald-Wilson, Deegan, Hutchison, Parrotta, & Schuster, 2013; Shanks et al., 2013). Thus, aspects such as promoting autonomy, partnership, codetermination, and inclusion are staples of a recovery-oriented service. While few explicit findings are available on Clubhouse members' perceptions of attending other programs from previous studies (see for example, Pardi & Willis, 2018), our results indicate that the mental health care field in Norway has room to improve its practices according to recovery-oriented policies (Norwegian Directorate of Health, 2014; World Health Organization, 2013) and principles (Anthony & Mizock, 2014; Davidson, Rakfeldt, & Strauss, 2010; Le Boutillier et al., 2011; Shanks et al., 2013). However, more research is needed to elaborate on these findings.

Additionally, all participants in our study reported a wish to find work or a meaningful occupation outside the Clubhouse. These findings are in line with previous research regarding the desire of people with mental illness for work (Bonsaksen et al., 2016; Crowther, Marshall, Bond, & Huxley, 2001; Organisation for Economic Co-operation and Development, 2012). However, several participants noted that their participation in the labour market and, thus, their chances of becoming included in society, were limited. They attributed this to the lack of solutions offered to them to overcome the disadvantages caused by mental illness, such as dealing with stress and society accepting their illness and embracing them for whom they really are as individuals. Concurrently, unemployment and underemployment of people with mental illness constitutes a major source of societal and economic loss (Organisation for Economic Co-operation and Development, 2012). Therefore, we suggest that the Clubhouse model may be a relevant example of the development of policies and solutions to improve the situation of people with mental illness in the labour market, mostly in terms of flexibility.

Finally, the results of this study correspond with those of previous international research in the field (Biegel et al., 2013; Jung & Kim, 2012; Norman, 2006; Pardi & Willis, 2018; Roth, 2017; Tanaka et al., 2015; Tanaka & Davidson, 2015a, 2015b), suggesting that being a Clubhouse member is a similar experience across countries, social systems, and cultures.

Limitations

In line with its qualitative, phenomenological design, the present study did not seek absolute truths, but attempted to reveal the essence of a phenomenon (Laverty, 2003). Owing to the intersubjectivity of this endeavour, other researchers may interpret the available material differently (Dowling, 2007). However, measures were taken to increase rigour throughout the process (Cope, 2014).

Notably, our participants showed an overwhelmingly positive attitude towards the Clubhouse community and attributed great importance to it in their lives. Previous findings reflect similarly positive opinions (Ritter, Nordli, Fekete, & Bonsaksen, 2018; Roth, 2017). However, one must bear in mind that all these studies, including ours, were only able to reach a limited number of members who were active in the Clubhouse community. Consequently, considering the voluntary nature of the model, it is reasonable to think that our participants had a positive bias towards and satisfaction with the model. It is likely that involving the group of former members who quit the Clubhouse would have yielded more diverse and, perhaps, more realistic results.

Disclosure statement

No potential conflict of interest was reported by the authors.

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