

**The island-within-a-lake model of self-help groups:
The paradox of personal fellowship and organizational membership**

Key words: self-help groups, parent groups, patient groups, organizational socialization, membership apathy.

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Abstract

My purpose in writing this paper has been to explore the possibility of solving problems of apathy among members of self-help groups for parents of ill children. These groups can be likened to an island within a lake, in that they consist of a large following of passive members, at the center of which is a small subgroup of active leaders. From analyzing data from qualitative interviews with group leaders, and by applying the concepts of organizational socialization to the groups, it has become clear that the paradox of personal fellowship and organizational membership is at the heart of the problem, and therefore a thorough application of organizational socialization processes to self-help group members, especially newcomers, is recommended.

Membership apathy has long been identified as a serious organizational problem for self-help groups (Maton, 1988; Medvene & Teal, 1997; Medvene, Volk & Meissen, 1997; Meissen, Gleason & Embree, 1991; Meissen & Volk, 1994; Oka, 1999, 2000; Revenson & Cassel, 1991). Matzat (1993), for example, has pointed out this tendency among “large patients’ associations,” which he considered to be self-help organizations:

Only a small minority of the members of . . . self-help organisations are really active and deserve to be called “self-helpers.” They very often carry a tremendous workload, and they sacrifice limitless time, money and energy. If we had the right to label their behaviour, we might call them over-involved, . . . [Consequently,] the “over-involved” members in self-help groupings contribute to some degree to the widespread passivity found among the majority of their co-members. (pp. 34-35)

Iwata (1993) also has identified the same phenomenon among Japanese “mental health self-help groups,” which he depicted as follows:

The board members [of the self-help groups] are dedicated people who often devote all of their energy to [the] management of the groups. The remaining members take advantage of their contributions and leave the management to these few people. Thus, groups become divided into two factions, those who contribute and those who depend on others’ contributions. (p. 85)

My question is: Why does this occur? Usually at the very first meeting of a self-help group, “in their introductions, participants in the group will have established their ‘fellowship’ in recognizing that they all share a problem” (Silverman, 1980, p. 65). Why, then, does this fellowship not motivate members to contribute more readily to their group? This is an interesting paradox. As indicated above, several researchers on self-help groups have pointed out the problem of apathy among members in these groups, but so far there has been very little discussion on the reasons why so few members become active leaders.

Before discussing the question further, we should note that membership apathy

has been documented as an issue for other voluntary organizations and mutual-benefit associations from as early as half of a century ago (Barber, 1950; Blau & Scott, 1962; Hudson, 1978; Pearce, 1980). However, the problem is more serious for self-help groups because, not only are the majority of their members apathetic and passive, but also they appear to be quite happy to avail themselves of the services provided by a small group of more active members. Hence, finding a solution to this problem is vital to the development of self-help groups. My purpose in presenting this paper is to explore the possibility of finding this solution by applying concepts used in organizational studies, and through my experiences in undertaking qualitative interviews with leaders of self-help groups for parents of ill children in Japan.

Method

Since 1993, I have been involved with an association of self-help groups for parents of ill children, which operates in the Tokyo area. The association is very loosely organized and has no membership system, which means it has no formal lists of members. It holds meetings quarterly, at which between ten and twenty groups are represented. The association's main purpose is to exchange information. It is not active politically, because the diseases the groups have to deal with vary greatly, as do the patients' social conditions. Many diseases are rare and serious; some are also progressive and fatal (see Appendix). During my ten or so years of fieldwork with the association, I have regularly attended its quarterly meetings, and have participated in its annual overnight workshops, at which I am usually asked to report on my research findings. Thus, I have established a trusting relationship with the leaders of the groups involved.

Collecting data

Between 1994 to 1999, I conducted three sorts of qualitative interviews with the members of these parent groups; and in all of the interviews I was the interviewer or the moderator. First, in 1994, as part of some exploratory research, I conducted "informal conversational interviews" (Patton, 2002, pp. 342-343) with contact persons of 13 of the parent groups in the association, in order to find out about the development and activities of their groups. These interviewees were seven mothers, five fathers and a social worker employed by a parent group. I did not ask the participants their ages at this stage, because I was afraid that such a question might jeopardize the informal and relaxed atmosphere at the interviews. Each interview was tape-recorded. The average length of the recorded interviews was 81 minutes, however the talks often continued long after the tape recorder was switched off. The interviews were only partially transcribed because the stories that emerged tended to be discursive owing to the informality of the interviews. Instead, all of the tape-recordings were changed into sound files by computer, and indexed by time. Because I was quite new to the field, "a gatekeeper" (Bailey, 1996, p. 50), who was a social worker supporting the association, helped me select the groups, and also accompanied me when I conducted the interviews. Although he claimed to have chosen the groups so that I could meet various parent groups, in reality it seems that the selections were made because he already had good relationships with certain interviewees, or because he needed to see some of the participants to discuss other issues

with them before or after the interviews. In fieldwork “in many instances, . . . access is clearly impossible without some escort” (Fetterman, 1998, p. 34), hence the gatekeeper. Moreover, as Gidron, Chesler, and Chesney (1991) have pointed out, “research with self-help groups often poses serious problems of access and credibility” (p. 671). This means that the contribution made by the accompanying gatekeeper to my research has offset the fact that the sampling strategy was out of the control of the researcher.

Second, after gaining a rough idea of their group activities, in 1997 I conducted four focus group interviews (Krueger, 1994) with 24 group leaders who came from 15 parent groups. These included nine men and fifteen women, whose average age was 47.1 for men and 43.8 for women. Each interview lasted for two hours, and each was transcribed verbatim. This part of the research was conducted as participatory action research, which advocates such as Chesler (1990, 1991), and Borkman and Schubert (1994) have put forward as an appropriate method for researching self-help groups. I had asked all of the accessible self-help groups in the association (21 groups in all) to send one or two interview participants to my focus groups. Four groups declined to participate, the offer of one group was declined because of a deviation in its membership, and the remaining 15 groups joined my project. In these interviews, I questioned the participants about their groups’ organizational problems and asked them to suggest any actual or possible solutions to them. The analysis of the data led me to conclude that the groups’ most serious organizational problem revolved around their leadership.

Lastly, I conducted a series of “guided interviews” (Rogers & Bouey, 1996, p. 56), which have also been called “guided conversations” (Lofland & Lofland, 1995, p. 85; Rubin & Rubin, 1995, pp. 122-144) or “the general interview guide approach” (Patton, 2002, p. 342). These interviews involved 16 group leaders (six men and ten women) who came from 15 parent groups. Their average age was 48.4 for men and 40.8 for women. All the interviews were tape-recorded and transcribed verbatim. Their average length was 73 minutes. In these interviews, I focused on leadership problems. My strategy was to use “intensity sampling,” with which I selected “information-rich cases that manifest the phenomenon intensively” (Patton, 2002, p. 243). I chose leaders whose groups currently had serious leadership problems, or had had them in the past and had managed to solve them. Additionally, I interviewed leaders whose groups were so new to the association that I had not yet had the opportunity to interview them. Finally, I assumed that the self-help groups’ leadership problems might involve very sensitive topics (Oka, 1998), so I carefully chose leaders with whom I thought I had established a trusting relationship, and who I expected might speak openly about these topics.

In all, three series of qualitative interviews were conducted with 42 persons (37 leaders or ex-leaders, two members serving in their group office, two social workers employed by parent groups, and a supporting medical doctor) who came from 21 parent groups. Some of the participants were involved in each sort of interview, which means they were interviewed three times; others were interviewed only once or twice.

Although the leadership problem on which I have focused was closely related to the groups’ rank-and-file members, especially the “apathetic” ones, my interviews were conducted almost exclusively with the groups’ leaders or ex-leaders. This was due to practical problems: first, if rank-and-file members were so involved in the parent groups that they were willing to be interviewed, they should have been leaders, because the groups were chronically short of active leaders. Second, if the rank-and-file members

were not so involved in the parent group, it would be very difficult – if not impossible – for an outside researcher to get access to them. After all, it is commonly supposed that the apathy of such members is caused by their being too occupied with their ill children to worry about the organizational problems of their support group. Since these apathetic members are apparently quite unresponsive to any encouragement from their group leaders, it is highly unlikely that the group leaders would have been able to introduce them to an outside researcher as potential interviewees.

Other methods of collecting data, including observation and documentary analysis, were not used as major methods in this research. I did not use observation because the parent groups' organizational activities are mostly invisible in nature. They hold meetings very infrequently, and most of the communication that takes place among the leaders occurs outside their formal meetings or by telephone. In addition, all but three of the parent groups I researched have no group offices. Thus most of their office work is done at home, so that it is invisible to outsiders. Researchers on parent groups should assume that "all important events happen at some other time, other place" (Czarniawska, 1998, p. 29). Likewise, although I collected some "public documents" (Burgess, 1984/1991, p. 124) through the research process, including many of the groups' newsletters and leaflets, I did not conduct a "document analysis" (Schwandt, 1997, pp. 32-33), because the group leaders seem to regard their organizational problems as something that should be hidden from outsiders, and even from their rank-and-file members, and so their public documents rarely touch on such topics.

Analyzing the data

As a social work researcher, I have consistently had an interest in helping parent groups solve their problems. I began by defining their problems by using what Eden, Jones and Sims (1983) have called a "negotiative" approach. According to their terminology:

[the negotiative approach] will start from empathetic listening by the helper to what the client has to say about a problem. They then proceed to negotiate a problem which both can become interested in and committed to, the solution of which will fulfil needs for both of them, even though it is unlikely to be either strictly the felt problem of the client, or a problem which the helper comes in thinking would be a good one to look at. (p. 19)

Next, as mentioned before, I conducted the second and third series of interviews (focus group interviews and guided interviews) as participatory action research. Participatory action research is defined as research in which:

Some of the people in the organization or community under study participate actively with the professional researcher throughout the research process from the initial design to the final presentation of results and discussion of their action implications. (Whyte, Greenwood & Lazes, 1991, p. 20)

The association of parent groups authorized me to organize a research team that was composed of several group leaders and a social worker, who was employed by one of the

parent groups. Over a long period, during which some members of the team were replaced, there was a lot of discussion on how to interpret the data and represent it in reports; in other words what Kushner and Norris (1980-81, p. 31) would consider as “negotiation as reconstruction of accounts”. As a result, the shortage of members who were willing to become leaders appeared as the main organizational problem confronting the parent groups.

After this long process of analysis, I finally found my “intellectual puzzle,” around which Mason (1996) has argued that “all qualitative research should be formulated” (p. 6; See also, Silverman, 2000, pp. 68-69). My “intellectual puzzle” is the paradox mentioned above: many people who should have a strong sense of fellowship seem to be apathetic towards their self-help groups. I then proceeded to search through the transcripts of the earlier interviews for parts that were relevant to this paradox. Simultaneously, I examined theories of organizational studies that could be linked with this paradox, while editing quotes from the interviews that related to these theories, according to Kvale’s “guidelines for reporting interview quotes” (1996, pp. 266-267).

Findings

The analysis of the data has led me to conclude that the leaders of the parent groups have strong feelings of fellowship with their members: they feel they can easily empathize with one another because they are “all in the same boat”. However, some of their members do not necessarily want to take on any responsibility within their groups. In addition, it seems that the leaders have made little effort to promote any formal organizational socialization processes for newcomers or passive members.

Strong fellowship or a one-sided relationship?

In line with many outsiders’ assumptions, the leaders emphasized that when the parents of sick children meet other parents whose children have the same diseases, they feel a strong sense of fellowship. This is clearly demonstrated in the following quotes from parents who participated in one of the focus groups:

[Extract 1.]

Stephanie¹: After I talk [about my ill child] with my intimate friend, I often realize that I have been soliloquizing, you know. But having children with the same disease makes us feel closer to each other. When I talk with people for the first time on the phone, I feel as if they are my old friends. It’s miraculous!

Yvonne: Yes. I had never met any other parents of children with the same disease as my child. So when I found this parent group I felt a great release, and said, “Oh, I am not alone after all.”

(Focus group #1, Section 6, Lines 167-173, 180-182)

Another section of the discussion shows that the leaders of the parent groups shared strong feelings of fellowship even with first-time callers:

[Extract 2.]

Elaine: No neighbors will understand us.

Anna: Yes, you are right.

Elaine: But if we² come and talk here [in the parent group], everybody understands us without any explanation. I have felt as if they are all my family, even when I meet them for the first time, or when they make the first call. So I can't hang up. I feel as if we are related by birth.

Daniel: [I don't mind] being on the phone over an hour.

Francesca: We feel as if we are actually meeting people [while we are on the phone].

Daniel: I am thinking that I have to make my kids go to bed, and still [I am on the phone].

Elaine: Me, too. We are thinking that, but we can't hang up.

Anna: I am always hesitant about hanging up.

*Elaine: We feel this would be like "cutting off our arms and legs," don't we?
(Focus group #2, Section 6, Lines 46-67)*

We should note, however, that this does not mean that the leaders thought their callers were also feeling the same degree of fellowship as they were feeling. Some leaders complained that their members were gaining a very one-sided advantage, and taking all that was on offer, especially information on the children's diseases and their treatment.

[Extract 3.]

Peter: People join only to get information. They ask about cures and know-how, and once they've got enough, they say, "OK, good-bye." They take advantage of all the benefits, and then they leave.

Nicholas: Members regard our group office as something through which they can get information whenever they want it. They cling to us. They think they can trade their membership fees for information. If we say to them, "Why don't you join us?" they quickly leave us, saying, "No. No." As long as they behave like this, the workload in our office will become heavier and heavier.

(Focus group #4, Section 3, Lines 13-19, 46-67)

This criticism of "greedy" members was expressed more in the focus group interviews than in other individual interviews. Different interpretations can be made of this phenomenon: a positive version is that the leaders could be more frank among other leaders who shared the same experiences. When they faced me as an outside interviewer, they might have felt, as group leaders, that all the members of their group should be protected from the outsider's "armchair" criticism. In the focus groups, they did not need to protect their members, because they were talking more with the other leaders than with the outside interviewer. On the other hand, a negative version of the interpretation is that the criticism might be nothing but an outcome of group dynamics. We should note that "the information elicited [in a focus group] is very much a function of each group interaction" (Carey, 1995, p. 492), and that "what individuals say in a group is influenced by the dynamic of that group" (Morgan, 1995, p. 522). As Bion (1961/1989) has pointed out, a group often has a "preoccupation with absent members as a danger to the coherence of the group, and with present members as virtuous for being present" (p. 63).

In the focus groups, the participants knew that they were all leaders of parent groups, and by finding faults with their followers, even when they talked about their groups' failures, they could avoid injuring one another's pride as leaders. Considering these two interpretations, I would like to mention that the fellowship that the leaders claimed to feel was not necessarily shared by many of the ordinary members who were making the calls.

Membership: is it different from fellowship?

I have found it more interesting that group members, who might feel strong fellowship for the other members of their group, are not necessarily ready to contribute to the development of the group by becoming more active or by taking on a leadership role. One of the leaders related a significant story during an informal conversational interview, which epitomizes the separation between personal fellowship and organizational membership. After a long and arduous search for parents who had children with the same disease, she finally succeeded in getting them together. She and the other parents were very excited and joyful at finally meeting one another, and they promised to keep in touch. However, when she proposed that they should organize a parent group, the other parents showed little interest in her proposal:

[Extract 4.]

They [parents] asked, "For what?" Any mothers with older children would ask the same question. They are really in terrible difficulty. Yet despite this, they have continued to survive and to support their families. You know, this is a very difficult disease, and once we begin to talk about our difficulties, we completely understood one another and were on the verge of tears. We [They] all thought that our meetings were very precious. But, they still asked the question: "Why should we organize ourselves into a group?"

(Elaine, Informal conversational interview #3, Minutes 23-24)

Some leaders seemed to agree with the apathetic members to a certain extent. One leader did not think that her group's existence was actually vital:

[Extract 5.]

We already have relationships with one another. A human network has been established, so we don't care if our group becomes defunct. People can come together freely and voluntarily form new groups or various kinds [of organisations].

(Catherine, Guided interview #13, Lines 792-796)

These quotes imply that, whereas the parents might consider their relationships with other parents to be very precious, they do not necessarily feel that they need a formal organization. Hence while many members may feel a close affinity with other members, they may be unwilling to take on the responsibility required of active members of a parent group.

Low incidence of formal organizational socialization for newcomers

Van Maanen (1978, p. 19) has described organizational socialization³ as “the manner in which the experiences of people learning the ropes of a new organizational position, status, or role are structured for them by others within the organization”. Schein (1968) goes on to say: “The process of ‘learning the ropes,’ the process of being indoctrinated and trained, [and] the process of being taught what is important in an organization or some subunit thereof” (p. 2) is very important because without this process, any organizations will be unlikely to survive. Nevertheless, my interviewees spoke very little about the formal process of organizational socialization. As one of the leaders pointed out, all their group meeting time might be occupied with discussing their children and their diseases; they might have very little time to spend talking about their organizations:

[Extract 6.]

If we could discuss the problems of group management in meetings, the members would realize that they should become leaders in the future. But all we talk about in our meetings is the disease and our children, and so the members are unaware that everybody should contribute to the group.
(Yvonne, Guided interview #3, Lines 214-218)

Since they have insufficient time to discuss their organizational problems at their meetings, can they not discuss them in their newsletters? One leader thought not:

[Extract 7.]

Our members have no opportunity to see how worried our leaders are and why. We can't print all our [the leaders'] moans in the newsletter, can we? We can't just come out and ask, “Why are you [the members] so dependent on us?”
(Julie, Guided interview #12, Lines 811-814)

Clearly, the ordinary members of these groups have very few formal opportunities to learn about their organizations. This might be because of the leaders' confusion between organizational membership and personal fellowship.

Adventitious organizational socialization: a plot of “passivity”

In the interviews it was pointed out that instead of formal organizational socialization processes, some adventitious processes of organizational socialization have worked for socializing members. For example, several leaders explained how, quite by chance, some of their members had become aware of the groups' most important organizational problem: the heavy burden of leadership:

[Extract 8.]

Helen: I am awfully shocked at how much my brain has atrophied. I've become terribly forgetful. I sometimes can't express what I am thinking very well, and so I am anxious, and I am afraid I might be going gaga. Well, one of our members noticed this, and began to feel sorry for me. She then offered to take over the presidency [from me].

Linda: When we participated in a summer camp, [by chance] we all witnessed

how dependent we had been, and realized that our president was on the point of having a breakdown because of overwork. He did everything, from putting together the newsletters to preparing the summer camps. We said, "That's no good. We shouldn't keep saying we can't do anything. We shouldn't think that our group is there to serve us.

(Focus group #3, Section 5, Lines 227-237, 293-306)

These members' stories delivered the same "plot" (Czarniawska, 1997a, p. 18): the passive members noticed that their leader was overworked and decided to contribute more⁴. This emphasis on passivity was found in another focus group.

[Extract 9.]

Robert: Supporting new members kindly is our most important key to success.

Alan: I completely agree with you. I once talked with other leaders about why they decided to become leaders. They said, "When my child got ill, I was at a loss. I telephoned the then leaders and was given useful advice. I feel I have to repay this kindness by doing the same for other new members so that other people who feel grateful to our group will accept leadership roles".

...

Peter: The most important thing is, as somebody said before [in this focus group], the words the leaders give to [new members] when [new members ask for help] for the first time. In reality, who can forget what the leader's first response was like? [The new members] are so desperate that they will "clutch at straws."

Michael: Yes, like you, I remember clearly the reception I got from the leaders when I went to see them the first time. I was so desperate, I was "clutching at straws." I can remember it well, and so I feel I have to contribute something back to the group.

(Focus group #4, Section 5, Lines 301-315; Section 6, Lines 151-155, 185-188)

The plot of these stories also involved member passivity: the leaders did their best for the new members, and then they waited for the new members to feel obliged to repay their kindness by contributing to the group. This passivity can be interpreted as a consequence of the leaders' confusion between personal fellowship and organizational membership. The leaders assumed that the new members' strong feelings of fellowship and empathy would motive them to contribute to the group by becoming active within the organization.

Investiture and divestiture socialization processes

I have already discussed using organizational socialization for newcomers and for passive members in parent groups. However, when we consider extending the use of organizational socialization to the leaders of these groups, it is useful to acknowledge the differences between investiture socialization processes and divestiture socialization processes. These have been delineated by Van Maanen and Schein (1979) as follows:

Investiture socialization processes ratify and document for recruits the viability and usefulness of those personal characteristics they bring with them to the organization. An investiture process says to the newcomer, “We like you just as you are.” . . . Divestiture socialization processes, in contrast, seek to deny and strip away certain personal characteristics of a recruit. (p. 250)

Typically, parent groups accept the parents of ill children “just as they are”, because the most important factor or requirement for obtaining membership to the group is “being in the same boat”. As Borkman (1999) has pointed out: “Primary or first-hand experience with a predicament is the basis of . . . the individual’s involvement as a person in self-help/mutual aid” (p. 15). Therefore we can assume that if any organizational socialization is used with parents who join these groups, it is investiture organizational socialization, because the parents’ feelings and experiences give them right of entry, and therefore the parents are accepted into the groups “just as they are”.

On the other hand, divestiture organizational socialization seems to be used for the leaders of the parent groups, because the leaders are required to devote themselves to the parent groups in a self-sacrificing way, consequently they often have to decrease their commitment to the care of their own children. Matzat (1993) drew attention to the existence of these self-sacrificing leaders almost a decade ago, and I was interested to find evidence of them in my interviews. For example, an active leader and founder of her group emphasized that she had placed a very high priority on the development of her group:

[Extract 10.]

Since I established my group, awake or asleep, it’s been on my mind every day. I am always doing something for my group: planning activities or going to social events. It has been my life. Sometimes I feel as if it were more important to me than raising my child.

(Margaret, Guided interview #10, Lines 158-161)

This sort of devotion is not always appreciated by the other members. One leader narrated a story of a group president who showed such great devotion to his parent group that the other members were scandalized by it.

[Extract 11.]

Karen: Although his [the president’s] child’s health is deteriorating, [he continues to devote himself to the group]. Even when his child was so sick that she had to be taken to hospital in an ambulance, he attended a meeting of the parent group as usual. Of course, the mothers [in the meeting] were disgusted and asked, “Why on earth have you come here when your child is [seriously ill]?” He replied, “I am thinking of everybody [in the group]. I have left my daughter in my wife’s hands.”

(Focus group #3, Section 5, Lines 541-549)

Such self-sacrificing leaders are supposed to encourage their successors to do as they have done. For example, one leader mentioned his irritation when the previous leaders

asked him to be more dedicated to their group:

[Extract 12.]

Alan: Previous leaders gave us [present leaders] a lot of advice. "We did this and that. But what are you doing? You should do this or that." This [attitude] has put us into a difficult position, because we can't do what they did. We have to think of our own children first, and then the group. But the previous leaders put a higher priority on everybody [in the group] than on their own children. We have a great difference in values.

(Focus group #4, Section 5, Lines 246-255)

These quotes are consistent with various researchers' observations that leaders of some self-help groups are self-sacrificing (i.e., Revenson & Cassel, 1995), which supports the proposition that these leaders are being socialized through divestiture processes. This, in turn, makes them more devoted to the groups, and consequently less committed to their own family life: a situation that is probably unacceptable to most parents, and therefore it could be one of the reasons why so few members of self-help groups become active leaders.

Discussion

I have shown that the leaders of the parent groups may be confusing personal fellowship and organizational membership, and that this may have led to their indifference towards the organizational socialization of newcomers to their groups. I have also pointed out that there are two different organizational socialization processes: investiture and divestiture. I have suggested that investiture organizational socialization processes are being used for newcomers, while divestiture organizational socialization processes are being used for prospective leaders. My question now is: What can we infer from these findings? And what suggestions can be given to group leaders who are struggling with the problem of apathetic members?

First of all, I would like to pay attention to the supposition that both investiture socialization processes and divestiture socialization processes occur in the parent groups. During members' organizational entry into the group, investiture socialization processes occur, and the newcomers are told that they have gained full membership simply by having children with a particular disease. On the other hand, when they are required to take on a leadership role, some parents experience divestiture socialization processes, and are told that their duty as leaders should take priority over their duty as parents. I assume that this combination of investiture and divestiture socialization processes fosters the tendency among the majority of members of the parent groups to become apathetic and inactive, so that only a small number of them are prepared to jump into a leadership role. Moreover, there seems to be a great void between the active leaders and the passive members (followers) as there is no medial group of active followers. Thus we have a small group of active leaders who are isolated within their group like "an island within a lake", as shown in Figure 1.

The island-within-a-lake model

Schein (1971) has presented a three-dimensional model of an organization that uses three types of boundaries to characterize its internal structure. These include hierarchical boundaries, inclusion boundaries, and functional or departmental boundaries. Partially because the parent groups I researched have a strong ideology of egalitarianism and limited role differentiation, they have not developed any hierarchical or functional boundaries. Hence, they are characterized by inclusion boundaries, which separate individuals or groups who differ in their degree of centrality (Schein, 1971, p. 405). If the inclusion boundary model is applied to these self-help groups, the groups can be described as “a lake that has an island in the centre.” This island-within-a-lake model means that the groups consist of a large following of passive members, at the center of which is a small subgroup of active leaders. Movement between the active leaders and the passive members is strictly limited, hence the group of the leaders is like an island within a lake in a traditional Japanese garden. Many people enjoy seeing the island, but few dare cross over to it.

This island-within-a-lake model is partly maintained by the paradoxical relationship between personal fellowship and organizational membership. Personal fellowship refers to the resonance of people who have the same experiences, which has been considered the basis of every self-help group (e.g., Katz & Bender, 1976). The leaders of the parent groups regard any parents who have children with the same diseases as their personal fellows. This personal fellowship might lead to the illusion that the newcomers need no elaborate or formal processes of organizational socialization. On the contrary, in order to prevent the majority of members from becoming passive and apathetic, organizational membership should be given to all newcomers through an elaborate process of organizational socialization, which would include imparting sufficient knowledge to them of the true nature of their particular self-help group. Hence, any confusion between personal fellowship and organizational membership must first be resolved in order to reduce member inactivity and to strengthen the organization of the group.

In other words, changing the way the investiture and divestiture socialization processes are combined might help fill the void between the active leaders and the passive followers in the self-help groups. In the island-within-a-lake model, potential members are socialized into becoming passive members through the groups' current investiture processes: they are fully accepted as members by the parent groups as long as they have children with the same diseases, and they are automatically eligible to use the service that the parent groups offer. Hence parents are motivated to be socialized, and consequently there are a growing number of passive members within the groups. On the other hand, through the groups' divestiture processes the passive members are socialized into becoming active followers and active leaders, but as mentioned above, this puts the onus on parents to devote themselves to the development of the parent groups when they feel they should give priority to their parental roles or leadership roles. Because their resistance to the divestiture processes is considerable, it is only natural that the numbers of active followers and leaders within the groups continue to dwindle, which leads us to ask whether the groups' problems are due to the abrupt transition from investiture processes to divestiture processes in their organizational socialization processes. If so,

they clearly ought to use a more gradual transition between the two processes, one that encourages rather than obligates the passive members to gradually increase their commitment to developing their group, as happens in the beginning of their organizational socialization processes. The passive members would then be more likely to be more accepting and supportive of their groups' leaders and active followers, especially if they decide to serve as active followers or leaders themselves. (see Figure 2).

Limitations of the model

Can this island-within-a-lake model be applied to other sorts of self-help groups? To answer this question, I would like to point out three peculiarities of the parent groups I researched, especially as they compare with addicts' self-help groups.

First, there are some practical, physical, or geographical obstacles that prevent members of the parent groups from attending meetings: having to take care of ill children prevents them from leaving home for any length of time, and the rarity of their children's diseases creates a great geographical distance between the members and their meeting place. These are supposed to be the reason for the high number of passive members within the group. In the case of addicts' self-help groups, however, the members do not need to stay at home, and they often have meetings in their local neighborhoods.

Second, most of the help that the parent groups provide is given to people even if they make no contributions to the groups. Through my fieldwork with the parent groups, I found that their main activities are the same as those identified by Chesler and Chesney in their study of parent groups involving childhood cancer (1995, pp. 77-78): "emotional support programs", "information and education programs", and "social and recreational events". We should also note that in the case of my parent groups, emotional support services and information-providing services are mainly conducted over the telephone. Additionally, some members participate in social and recreational events just as "guests", and do not contribute to the preparation of these events. As Oka (2000) pointed out, parent groups are vulnerable to the "free-rider" problem. On the contrary, the processes operating in addicts' self-help groups bring out behavioral and cognitive changes (e.g., Levy, 1979). To gain benefits from these self-help groups, the members need to be deeply involved.

Third, while the helper-therapy principle coined by Riessman (1965) emphasizes the benefits of playing a helper role in a self-help group (See also, Riessman & Carroll, 1995, pp. 157-170), we should remember that parents already have a huge helper role within their families, especially concerning their sick children. Therefore the parents will face a dilemma if they are required to contribute to their group to the detriment of their own family life, whereas in the case of addicts' self-help groups, such a dilemma hardly seems to emerge.

Conclusion

Although having a vast majority of inactive members is common among voluntary groups, amongst self-help groups the problem is particularly serious because often the inactive majority consumes the products, services and efforts of a limited number of active members. However, by using a theoretical framework of organizational

socialization, we may be able to clarify the true nature of the problem: first, a combination of investiture and divestiture socialization might be the primary cause behind the absence of a medial subgroup between the active leaders and the passive members; second, the resonance of people with the same experiences might mislead group leaders into thinking that newcomers to their group have no great need of organizational socialization. Consequently, an elaborate organizational socialization process is recommended for all newcomers to self-help groups.

Further research that might follow from these findings could include an additional series of qualitative interviews to collect from the leaders their organizational stories (e.g., Gabriel, 2000), or any metaphors of organizations that they are using (e.g., Grant & Oswick, 1996). Although it might be possible to ask direct questions on how their organizational socialization processes are working, I have some doubt about the effectiveness of taking this approach, based on the presupposition that these leaders may confuse organizational membership and personal fellowship. As part of my participatory action research, I have already relayed the results of my research to the leaders through lectures in their workshops, but I have not yet analyzed their comments or reactions to my hypothesis. Integrating the comments that they have offered as research participants into these findings may be a valuable way to make up for the shortcomings of my research.

References

- Barber, B. (1950). Participation and Mass Apathy in Associations. In A. W. Gouldner (Ed.), *Studies in Leadership: Leadership and Democratic Action* (pp. 477-504). New York: Harper and Brothers.
- Bailey, C. A. (1996). *A Guide to Field Research*. Thousand Oaks, CA: Sage.
- Bion, W. R. (1989). *Experiences in Groups and Other Papers*. London: Routledge. (First published in 1961 by Tavistock Publications)
- Blau, P. M., & Scott, W. R. (1962). *Formal Organizations: A Comparative Approach*. San Francisco: Chandler.
- Borkman, T. J. (1999). *Understanding Self-Help/Mutual Aid: Experiential Learning in the Commons*. New Brunswick, NJ: Rutgers University Press.
- Borkman, T. & Schubert, M. (1994). Participatory Action Research as a Strategy for Studying Self-Help Groups Internationally. In F. Lavoie, T. Borkman, & B. Gidron (Eds.), *Self-Help and Mutual Aid Groups: International and Multicultural Perspectives* (pp. 45-68). New York: The Haworth Press.
- Burgess, R. G. (1991). *In the Field: An introduction to Field Research*. London: Routledge. (First published in 1984 by Unwin Hyman).
- Carey, M. A. (1995). Comment: Concerns in the Analysis of Focus Group Data. *Qualitative Health Research*, 5(4), 487-495.
- Chesler, M. A. (1990). Action Research in the Voluntary Sector: A Case Study of Scholar-Activist Roles in Self-Help Groups. In S. A. Wheelan (Ed.), *Advances in Field Theory* (pp. 265-280). Newbury Park, CA: Sage.
- Chesler, M. A. (1991). Participatory action research with self-help groups: An alternative paradigm for inquiry and action. *American Journal of Community Psychology*, 19, 757-768.

- Chesler, M. A., & Chesney, B. K. (1995). *Cancer and Self-Help: Bridging the Troubled Waters of Childhood Illness*. Madison, WI: The University of Wisconsin Press.
- Czarniawska, B. (1997a). *Narrating the Organization: Dramas of Institutional Identity*. Chicago: The University of Chicago Press.
- Czarniawska, B. (1997b). A Four Times Told Tale: Combining Narrative and Scientific Knowledge in Organization Studies. *Organization*, 4 (1), 7-30.
- Czarniawska, B. (1998). *A Narrative Approach to Organization Studies*. Thousand Oaks, CA: Sage.
- Eden, C., Jones, S., & Sims, D. (1983). *Messing about in Problems: An Informal Structured Approach to their Identification and Management*. Oxford: Pergamon.
- Fetterman, D. M. (1998). *Ethnography: Step by Step* (2nd ed.). Thousand Oaks, CA: Sage.
- Fisher, J. L. (1964). Words for Self and Others in Some Japanese Families. *American Anthropologist*, 66 (6), 115-126.
- Gabriel, Y. (2000). *Storytelling in Organizations: Facts, Fictions, and Fantasies*. Oxford: Oxford University Press.
- Gidron, B., & Chesler, M. A., & Chesney, B. K. (1991). Cross-Cultural Perspectives on Self-Help Groups: Comparison between Participants and Nonparticipants in Israel and the United States. *American Journal of Community Psychology*, 19(5), 667-681.
- Grant, D., & Osrick, C. (Eds.). (1996). *Metaphor and Organizations*. London: Sage.
- Hudson, J. R. (1978). Maintaining Goals in a Mutual-Benefit Association. *Journal of Sociology and Social Welfare*, 5(3), 327-341.
- Iwata, Y. (1993). The Mental Health Consumers' Self-Help Movement in Japan. *New Directions for Mental Health Services*, 60, 77-87.
- Katz, A. H. (1993). *Self-Help in America: A Social Movement Perspective*. New York: Twayne Publishers.
- Katz, A. H., & Bender, E. I. (Eds.). (1976). *The Strength in Us: Self-Help Groups in the Modern World*. New York: New Viewpoints.
- Krueger, R. A. (1994). *Focus Groups: A Practical Guide for Applied Research* (2nd ed.). Thousand Oaks, CA: Sage.
- Kushner, S. & Norris, N. (1980-81). Interpretation, Negotiation, and Validity in Naturalistic Research. *Interchange*, 11 (4), 26-36.
- Kvale, S. (1996). *Interviews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage.
- Levy, L. H. (1979). Processes and Activities in Groups. In M. A. Lieberman, L. D. Borman and Associates. *Self-Help Groups for Coping with Crisis: Origins, Members, Processes, and Impact* (pp. 234-271). San Francisco: Jossey-Bass.
- Lofland, J., & Lofland, L. H. (1995). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis* (3rd ed.). Belmont, CA: Wadsworth.
- Mason, J. (1996). *Qualitative Researching*. London: Sage.
- Maton, K. I. (1988). Social Support, Organizational Characteristics, Psychological Well-Being, and Group Appraisal in Three Self-Help Group Populations. *American Journal of Community Psychology*, 16 (1), 53-77.
- Matzat, J. (1993). Away with the Experts? Self-Help Groupwork in Germany. *Groupwork*, 6 (1), 30-42.

- Medvene, L. J., & Teal, C. R. (1997). Leaders' Ambivalence about Reciprocity Obligations in Self-Help Groups. *Small Group Research*, 28(2), 302-322.
- Medvene, L. J., Volk, F. A., & Meissen, G. J. (1997). Communal Orientation and Burnout among Self-Help Group Leaders. *Journal of Applied Social Psychology*, 27 (3), 262-278.
- Meissen, G. J., Gleason, D. F., & Embree, M. G. (1991). An Assessment of the Needs of Mutual-Help Groups. *American Journal of Community Psychology*, 19(3), 427-442.
- Meissen, G. J., & Volk, F. (1994). Predictor of Burnout Among Self-Help Group Leadership. In F. Lavoie, T. Borkman, & B. Gidron (Eds.), *Self-Help and Mutual Aid Groups: International and Multicultural Perspectives* (pp. 241-262). New York: The Haworth Press.
- Morgan, D. L. (1995). Why Things (Sometimes) Go Wrong in Focus Groups. *Qualitative Health Research*, 5(4), 516-523.
- Oka, T. (1998). *Parents' Groups for Children with Rare and Serious Diseases: A Combined Use of Focus Group Interviews and Participatory Action Research*. Presented at the Qualitative Health Research Conference in Vancouver, Canada, on February 19-21, 1998. Available from <http://pweb.sophia.ac.jp/~t-oka/paper.htm>
- Oka, T. (1999). *Using Focus Groups to Identify the Management Problems of Self-Help Groups and Their Solutions*. Presented at Advances in Qualitative Methods, in Edmonton, Alberta, Canada, on February 18-20, 1999. Available from <http://pweb.sophia.ac.jp/~t-oka/paper.htm>
- Oka, T. (2000). *The Free-Rider Problem and Organizational Messes in Self-Help Groups: Justification, Accusation and Exposure Stories*. Presented at Association for Research on Non-profit Organizations and Voluntary Action 29th Annual Conference, in New Orleans, USA, on November 16-18, 2000. Available from <http://pweb.sophia.ac.jp/~t-oka/paper.htm>
- Patton, M. Q. (2002). *Qualitative Evaluation and Research Methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pearce, J. L. (1980). Apathy or Self Interest? The Volunteer's Avoidance of Leadership Roles. *Journal of Voluntary Action Research*, 9, 85-94.
- Revenson, T. A., & Cassel, J. B. (1991). An Exploration of Leadership in a Medical Mutual Help Organization. *American Journal of Community Psychology*, 19(5), 683-698.
- Riessman, F. (1965). The Helper Therapy Principle. *Social Work*, 10(2), 27-32.
- Riessman, F., Carroll, D. (1995). *Redefining Self-Help: Policy and Practice*. San Francisco: Jossey-Bass.
- Rogers, G., & Bouey, E. (1996). Collecting Your Data. In L. M. Tutty, M. A. Rothery, & R. M. Grinnel, Jr. (1996). *Qualitative Research for Social Workers* (pp. 50-87). Boston: Allyn and Bacon.
- Rubin, H. J., & Rubin, I. S. (1995). *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks, CA: Sage.
- Schein, E. H. (1968). Organizational Socialization and the Profession of Management. *International Management Review*, 9 (2), 1-16.
- Schein, E. H. (1971). The Individual, the Organization, and the Career: A Conceptual

- Scheme. *Journal of Applied Behavioral Science*, 7 (4), 401-426.
- Schwandt, T. A. (1997). *Qualitative Inquiry: A Dictionary of Terms*. Thousand Oaks, CA: Sage.
- Silverman, D. (2000). *Doing Qualitative Research: A Practical Handbook*. London: Sage.
- Silverman, P. R. (1980). *Mutual Help Groups: Organization and Development*. Beverly Hills, CA: Sage.
- Smith, R. J. (1983). *Japanese Society: Tradition, Self and the Social Order*. Cambridge: Cambridge University Press.
- Suzuki, T. (1978). *Words in Context: A Japanese Perspective on Language and Culture* (Trans by A. Miura). Tokyo: Kodansha. (Original work published 1973)
- Van Maanen, J. (1978). People Processing: Strategies of Organizational Socialization. *Organizational Dynamics*, 7 (1), 18-36.
- Van Maanen, J., & Schein, E. H. (1979). Toward a Theory of Organizational Socialization. In B. M. Staw (Ed.), *Research in Organizational Behavior* (Vol. 1, pp. 209-264). Greenwich, CT: JAI Press.
- Whyte, W. F., Greenwood, D. J., & Lazes, P. (1991). Participatory Action Research: Through Practice to Science in Social Research. In W. F. Whyte (Ed.), *Participatory Action Research* (pp. 19-55). Newbury Park, CA: Sage.

**Appendix: a list of diseases, syndromes, and conditions
that the researched groups dealt with**

1. Aplastic anaemia
2. Biliary atresia
3. Childhood cancer
4. Chondrodysplasia
5. Cat cry syndrome
6. Genetic variations
7. Heart disease
8. Hereditary sensory and autonomic neuropathy
9. Insulin dependent diabetes mellitus
10. Mucopolysaccharidosis
11. Moya-moya disease
12. Nephritis and nephrosis
13. Osteogenesis imperfecta tarda
14. Pituitary dwarfism
15. Primary immunodeficiency syndrome
16. Rett syndrome
17. Spina bifida
18. Subacute sclerosing panencephalitis
19. Tuberous sclerosis
20. Use of artificial ventilator
21. Xeroderma pigmentosum

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Footnotes

1. I have used English pseudonyms for my research participants although they are all Japanese. This is so English speakers will be able to tell whether the participants are male or female.
2. As Smith (1983) has pointed out, “in Japanese, there is an absence of anything remotely resembling the personal pronoun” (p. 74; see also Fisher, 1964; and Suzuki, 1978, p. 114). As a result, in the original Japanese the quotes in Extract 2 included no “we” or “I”, which means that all the pronouns, “we” and “I”, are exchangeable in these quotes.
3. We should be careful to differentiate between “organizational socialization” and “socialization within a group”, which has often been referred to in terms of individual adaptation to society (e.g., Katz, 1993, p. 28).
4. We should remember that in this paper we are dealing with narratives, because Helen’s successor gave me a quite different version of the story. In her version, Helen was much more proactive in her search for a successor.

Figure

Figure 1. The island-within-a-lake model of self-help groups

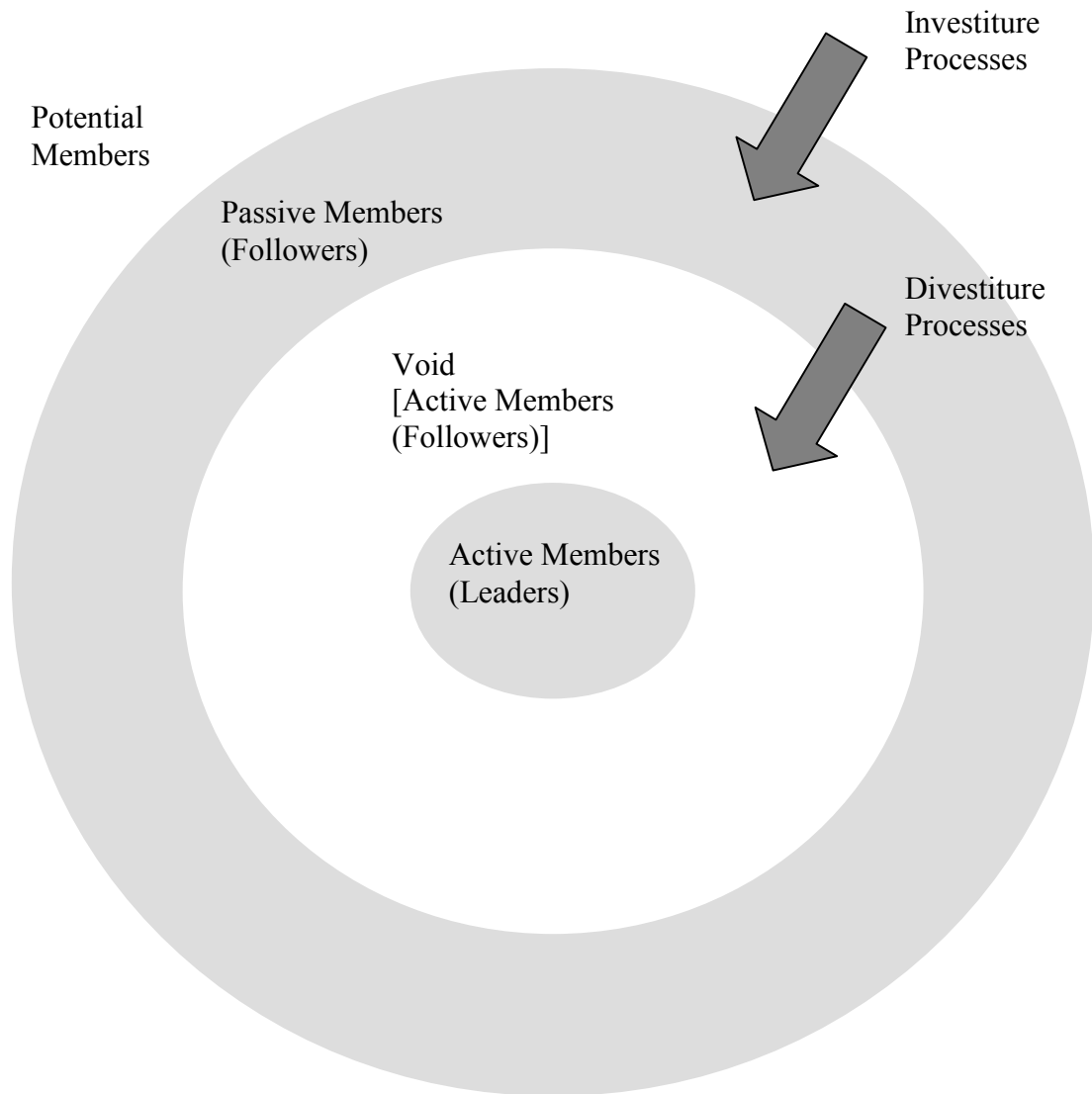


Figure 2. The investiture and divestiture socialization processes in self-help groups

