The Meaning of the Working Cooperative for Persons With Long-Term Mental Illness: A Phenomenological Study

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• lived experience
• occupational therapy
• psychosocial rehabilitation

OBJECTIVE. The objective of this phenomenological study was to understand the meanings of the lived experiences of persons with long-term mental illness at a social working cooperative.

METHOD. Eighteen participants were interviewed either two or three times while participating in a working cooperative in a community psychosocial rehabilitation program. Data were analyzed and interpreted using the Empirical, Phenomenological, Psychological (EPP) method (Karlsson, 1993).

RESULTS. The findings revealed a meaning-structure consisting of one main constituent that characterized the cooperative as a normalizing life-world. Three phases contributed to the normalization process. In the first phase the participants experienced a shift from an unsatisfying occupational context to an enriching occupational life-world. In the second phase participants had the possibility to satisfy some of their occupational and social needs. During this phase, experiences of being productive and needed, commitment to others, development of their skills, and competence in work tasks and social activities were expressed, all of which contributed to personal growth and a more positive view of self. In the third phase, the meaning of the cooperative changed for some participants, who expressed this through their readiness to leave and take a further step into the life-world outside the cooperative.

CONCLUSION. The study emphasizes that the cooperative is an important alternative to employment for participants with severe mental illness who do not have the capacity to be employed in the community or who do not want to leave the life-world of the cooperative that gives them pride, joy, and satisfaction.

Since the worldwide trend of deinstitutionalization, community-based rehabilitation (Chui, 1998) has been under development through the establishment of adequate community facilities for persons with long-term mental illnesses and physical disabilities. According to Helander (1992), community-based rehabilitation is founded on the humanistic principles of integration, equality, solidarity, social justice, and dignity for the consumers. For people to be able to live as normal lives and satisfying lives as possible in society, these humanistic principles have to be fulfilled. Furthermore, people also need access to meaningful occupations as well as rehabilitation. According to a Swedish report (Socialstyrelsen, 1998), however, less than 50 percent of persons with long-term mental illness have had the opportunity to partake in meaningful occupations. Studies have shown that individuals with psychiatric diagnoses are in need of meaningful occupations (Davidson & Strauss, 1992) and social activities (Kopelowicz & Liberman, 1996) and that these occupations contribute to the recovery process.

In Sweden, occupational therapists are health care professionals who have contributed to an awareness of the need for work and occupational programs for people with long-term mental illness. Therapists realized in the late 1980s that suitable settings for the provision of occupation and work for people who were...
mentally ill were almost nonexistent (Gahnström-Strandqvist, Andersson, & Josephsson, 1995). However, new arenas for occupation and work have been developed; these new occupational settings are client-centered, and, to varying degrees, are managed by the participants. The settings range from consumer-run businesses (Krupa, 1998) to other forms of production and supported work, including programs in psychosocial rehabilitation (Strong, 1998).

The objective of this study was to examine one type of community setting for people with mental illness—the social working cooperative. The social working cooperative is a method and setting for rehabilitation that offers work tasks and social activities for the cooperative participants in a context providing social communality. In the present study, the terms “working cooperative” and “cooperative” are used to refer to the social working cooperative method and setting. The cooperative has its roots in a branch of Italian community-based psychiatry from the late 1960s and 1970s (Basaglia, 1971). Savio and Rigetti (1993), who studied the Italian cooperative (as a form of social enterprises), found that the cooperatives often met the needs of persons with mental disorders; their findings also revealed that participants needed to be paid for their work at the cooperative in order to have a positive effect on their rehabilitation. There was, however, a common phenomenon of participants dropping out of work because of the inadequacy of the support and the difficulties inherent in adapting to the timetables and job requirements. Despite similar problems associated with work attendance in a Swedish study, Hydén (1995) found that participants in the cooperative had developed social relationships that helped to provide them with a social identity.

The design of the working cooperatives included in the study reported here was based on the humanistic principles of democracy, responsibility, permissiveness, and communality, which can be referred to as the “therapeutic community principles” of Maxwell Jones (1968). These principles were primarily designed to promote deinstitutionalization of patients with mental illness, and to provide a new structure for rehabilitation by giving patients power over their lives in what were called “living learning-situations.”

With the aim of understanding the experience of participants in a working cooperative, a phenomenological approach was chosen for this study. The point of departure was Husserl’s philosophy (1977). One of the most important features of phenomenology is that consciousness is seen as active, intentional, and meaning-bestowing. The subject and object in phenomenology are interlaced through the intentionality of human action, meaning that they are two separate entities within the same whole. These human actions are performed in what Husserl (1970) regarded as our life-world (i.e., the social and cultural world in which we live). Through critical examination of peoples’ experiences of their life-worlds (i.e., the lived experience), phenomenology seeks to describe the essence, structure, and character of the experience (Karlsson, 1993).

In occupational therapy literature, there is a notable lack of studies that examine how individuals experience their participation in different types of occupational settings and, in particular, little has been written about occupational programs in the area of psychosocial rehabilitation. In the present study, a specific occupational setting, the working cooperative for persons with long-term mental illness, was examined from an occupational therapy perspective. This perspective reflects the basic assumption that humans, as biological and sociocultural beings, have an occupational nature and occupational needs (Clark 1993; Kielhofner, 1992). In this study, human social needs were included in the occupational nature of humans (Maslow, 1962; Myers, 1999). According to Wilcock (1998b), humans’ occupational capacities must be used and developed to be able to respond as needed to the sociocultural world. Further, this responsiveness is related to health and well-being (Wilcock, 1993). The aim of occupational therapy intervention based on this perspective is to find ways to enable participation and performance in meaningful occupations within the sociocultural context of the client (Kielhofner, 1992; Nelson, 1996).

It is of great interest to listen to the voices of persons with long-term mental illness to better understand their lived experiences and to acquire knowledge in an effort to develop future occupational programs in the community. Such knowledge could contribute to an increased quality of life among persons with long-term mental illness. Therefore, the purpose of the present study was to investigate the phenomenon of participation in a working cooperative to gain a deeper understanding of the cooperative as a life-world. The basic research question was: What is the meaning of the working cooperative experienced from the participants’ point of view?

Method

This study was based on field observations and interviews with persons with long-term mental illness and the research method used was the Empirical, Phenomenological, Psychological (EPP) method developed by the Swedish researcher and psychologist Gunnar Karlsson (1993). The EPP method adopts approaches that are both phenomenological and hermeneutical. The Ethical Committee at the Karolinska Institutet of Research approved the study.
Participants

The participants were selected from three different working cooperatives, out of a total of seven cooperatives located in a major city in Sweden. The main criterion for participation in this study was that the participants had experience of severe mental illness. Another criterion was that they were between 24 and 60 years old. Participants were selected to give an approximate balance between the sexes. The length of experience required of the participants in the cooperative was at least 1 year. The supervisors working at the cooperatives were requested to inform any eligible workers about the study and inquire about their willingness to participate. All persons, except one, invited into the study agreed (verbally) to participate in the interviews.

The sample was made up of 18 participants, 14 had been diagnosed as having schizophrenia and four had been diagnosed as having borderline or anxiety-phobic disorders or depression disorders. Ten of these 18 participants were female. Fifteen of the participants were between the ages of 30 and 45 years, two were younger and one was older (range = 24–60 years). Regarding life situations, all the males were single, seven of the women were single, and three of the women lived with partners. Ten of the participants had either worked a long time ago or had only had temporary jobs, three had had jobs for many years, and five of the participants had never had a job. Fifteen lived in their own flats and three were in group housing.

The Cooperative Setting

The three working cooperatives in the study were located in one community. Two were located in a building within an industrial area made up of small factories, and one was located in a small villa in a suburban area. All cooperatives were close to where their participants lived. Each cooperative had 20–30 participants, all of whom were supported by sickness benefits or pensions.

The cooperatives could be considered to be supported workplaces that also served as settings in which to train the participants for work. According to the principles of non-profit making organizations, a variety of work tasks were performed at the cooperatives such as contracted jobs consisting of packing and subcontract work tasks. Enterprises such as catering or making and selling craft products were also encouraged. The income from each participant's work was combined into a joint fund and only the members (i.e., cooperative participants) of the “participants association” could decide how to use it. Commonly the fund was used to support social events or to buy equipment that could make the working situation more pleasant. In the association, the members also elected a chairman, secretary, and treasurer.

Most of the supervisors at the cooperatives were occupational therapists, although some had other professional backgrounds. The role of the supervisors was to collaborate with and support the participants in their individual rehabilitation and development.

Data Collection

The first author interviewed each of the 18 participants either two or three times over a period of one and a half years. For all participants, the time between the first and second interviews was about 1 month. For those participants, interviewed three times, the period between the second and third interview ranged from 6 to 9 months. During this period the first author also visited the cooperatives and made field observations for over 2 months to better understand the participants’ experiences.

The interviews were conducted at the cooperatives in separate rooms with only the participant and interviewer present. Each interview lasted between 30 and 40 minutes and was tape-recorded and transcribed verbatim. The questions were informal and open-ended and focused on the experienced meaning of the cooperative. The participants were first invited to talk about their decision to participate in the cooperative. They were then asked to describe how they felt about their jobs, about social relations at the cooperative, and how they regarded the environment and the cooperative as a whole. Questions were asked and explained in everyday terms so the participant would easily understand the researcher’s meaning. After each interview the researcher wrote field notes, transcribed the interview tape verbatim, and read the interview transcription to prepare follow-up questions for the next interview session.

Data Analysis

The data were analyzed using the EPP method (Karlsson, 1993) and the aim was to describe the meaning-structure of the phenomenon, that is, what meaning the cooperative had from each participant’s view, in order to capture its essence, structure, and character. We wanted to understand the participants’ experiences of the cooperative as a life-world (Husserl, 1977).

First, the first and the second authors, independent of each other, read and reread all the interview texts with the specific intention of getting a good grasp of and an empathetic understanding of each participant’s basic experience. To be able to understand the life-world experiences, the researchers attempted to be as open and free of presuppositions as possible and to bracket their preexisting theoretical understanding during the analysis. The interview texts were, for example, not examined from the point of view of the participants’ diseases or symptoms, but through a focus
on their work and social experiences at the cooperative. During analysis it could be clearly seen that the rehabilitation context was built on doing a work task and being at the working cooperative. Additionally, gaining competence by being “someone” was of essential importance to participants. Therefore, the concept of “doing, being, and becoming” expressed by Wilcock (1998a) was incorporated to make the participants’ meaning of the cooperative explicit.

The data analysis continued by synthesizing the emerging meanings into what is referred to as a “situated structure” presented in the form of a synopsis for each participant (Karlsson, 1993). Finally, all the situated structures were compared in order to identify a “general” meaning-structure for all the participants and all the constituents (essential parts) that characterize the structure (Karlsson, 1993). The general meaning-structure in this study consisted of one main constituent, A Normalizing Life-World. This main constituent was the integration of three constituents that together comprise three phases of the participants’ experiences of the cooperative; further, three constituents represent different characteristics of the second phase of the main constituent (see Table 1). (Readers who are unfamiliar with the technique and the associated vocabulary are referred to Karlsson [1993].) The quotations presented in the findings have been translated from Swedish to English, with an emphasis on conveying the original meaning of the participant.

To investigate the trustworthiness of the analysis, the “horizontal consistency of the interpretations” (Karlsson, 1993) was examined (i.e., a determination was made about whether or not the interpretations of each of the interviews were consistent with the meanings discovered across all interviews). While the analysis was taking place, the authors discussed several possible interpretations before any specific interpretation was accepted as being the most meaningful. In order to establish trustworthiness, analysis was subject to peer examination several times in regularly held research seminars attended by experienced researchers and doctoral students.

Findings
A Normalizing Life-World

The all-embracing main constituent, contributing to the visualization of the phenomenon (i.e., the meaning of the cooperative), was that the cooperative shaped a life-world that normalized the participants’ lives, where normality is interpreted as being the perception of normality adopted by most people in the relevant culture (World Health Organization [WHO], 1999). All the participants appreciated this normalization process, in accordance with their cultural views. The organization and structure of the working cooperative appeared to introduce an appropriate rhythm to participants’ lives accompanied by a sense of harmony of time and space.

The occupational context of the cooperative seemed to be a condition that enabled normalization to be experienced. The context, which the participants found very supportive, was adapted and developed by the supervisors to facilitate the participants’ occupational and social performance. The valuing of this context as experienced by the participants of this study was expressed in all interviews. Participation in the working cooperative can be seen as a process that is experienced in three phases. The different characteristics of the three phases, identified within the normalizing life-world, are integrated and presented below.

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Phase 1. From an Unsatisfying Context to an Occupational Context

The first phase of participation in the cooperative consists of understanding the participants’ intentional actions and experiences during their initial introduction to the cooperative. Understanding arose in answer to the questions: What led to the participants going to the cooperative and how did they experience their initial period of time there?

To understand the meaning of the initial cooperative experiences, we have to go back to the start of the cooperative history of the individual participant. From the interviews, it became apparent that, for many participants, life before the cooperative was difficult, even unbearable. The consequences of long-term mental illness meant the loss of health, work, social relations, and the experience of a normal life. In many cases the transition from the withdrawn and passive life at home to the more active and more sociable life in the cooperative was experienced as a great relief. One participant, who had been at home on the sick list for 2 years before he started in the cooperative, described his experiences like this:

I really needed to start here. I did not have to stay at home. It was so hard at home. I was given so much medicine, too, so I was not very creative, you know. It was such a relief to come to the cooperative. Here I found someone to talk to and could work a little and putter about.
In this quotation the participant draws attention to how participation in the cooperative led to the experience of a new and more active life. Isolation and passivity at home were changed for participation in work and social life.

The participants stated that before joining the cooperative, they had been where they did not want to be and that now they had hopes for something different and better. They described the working cooperative as having fulfilled this wish. Feelings of liberation were strongly expressed in the interviews and one participant was convinced that she would “fall back” (risk a psychotic relapse) without the cooperative. All the participants said that the collective occupational context was stimulating and provided a sharp contrast to the home environment.

All 18 participants described work as the main motive for deciding to attend the cooperative. One participant expressed it like this: “I wanted a job. I couldn’t do anything at home. I lay on my bed all the day.” Work was described as providing a temporal order to the day, as did participation in other activities that were structured around the work tasks. One participant stated: “Activities in the assembly room [a club room or meeting place], for example having a cup of coffee, playing games, and reading newspapers, were boring; these activities did not seem to fulfill the participant’s need for meaningfulness. Most participants shared this view and stated that a job was more what they needed. This view can be illustrated by a quotation: “Here you can both work and have coffee with the others.”

The value of work was also judged in terms of the enhanced social status it gave; one participant said: “Now I can also tell [the neighbors] that I go to work.” Work also had a moral value: “Now I am proud of working and not staying home doing nothing, all day long.” All the participants derived meaning from many different aspects of the cooperative as being “normal.” To leave home and go to a workplace constituted the framework for a normal life.

In the interviews, the participants described how they appreciated the fact that membership in the cooperative meant they qualified as “coworkers” and could thus take part in all-important issues that influenced the cooperative. Their participation in decision making seemed to be highly valued. One participant expressed this value by stating: “I can participate in the decisions and I have the same right to consider and to hold an opinion as everybody else.” From the interviews, it seemed that active involvement in the cooperative supported each participant’s individual progress in the rehabilitation process. The new life offered by the cooperative relied upon the democratic ideology and rehabilitative basis that constituted the very idea of the cooperative program. One participant said, “the supervisors have more understanding for persons like us.” The supervisors’ understanding of the participants’ mental illnesses seemed to contribute to the sense of a democratic (tolerant) atmosphere.

Another dimension that promoted individualization within the context was the fact that the working hours were tailor-made for each participant. Working hours per week varied from 2 hours to about 15–20 hours. Many participants only worked for a few hours a week, which they perceived to be “not much but just enough for me.” Having the opportunity to expand the working hours to half-time was also appreciated and resulted in more of a balance between activities performed in the home and the cooperative. Some participants also said that they sometimes felt dissatisfied because the cooperative could not fulfill their wishes to expand their working hours because of a shortage of supervisors.

Phase 2. Meeting Human Occupational and Social Needs

The second phase, when participants in the study had already spent some time in the cooperative (from 1–7 years), is represented by answers to the following question: What motivated the participants to continue going to the cooperative? One participant, who had spent several years at the cooperative, illustrates what characterized Phase 2 and the value of the working cooperative that was experienced:

Having a place to go to, a workplace. The working cooperative is everything for me. Nothing is more important. All hangs together. Here there is work all the time. I can always drop in. I can talk to anybody about practically anything. I can listen to music. It is as good as it can be.

This participant expresses a sense of well-being that can be interpreted as the ability to find an “occupational balance” in the working cooperative. The example illustrates how all participants derived meaning from many different aspects of the cooperative that together made an integrated whole. The participant quoted above implicitly clarified what he shared with all the study participants: That they had the opportunity to satisfy occupational and social needs at the cooperative. Participants did not point out any particular part of the cooperative as being the most important one. The analyses revealed that, within their everyday lives and in relationship with others in the cooperative, participants relayed increased satisfaction with meeting their occupational and social needs. Through the support the supervisors and the other participants gave each other, everyone had the opportunity to be both a “receiver and a giver,” which seemed to deepen the normalization of the participants’ lives. Characteristics that describe the variety of experiential meanings of the occupational context in Phase 2 are described next.
Doing a Work Task—Being Productive

Managing to work at one’s own pace. The interpretative analysis reveals that in the working cooperative setting each individual’s contribution was felt to be needed for the collective as a whole. The contracted tasks undertaken by the collective participants, the handicraft products that the participants produced and sold, and the lunches that they prepared every day seemed to give each individual a sense of responsibility. The work done by the participants brought an income to the cooperative that all could share. The following statements made by the participants illustrate the value experienced from the efforts made:

It is a pleasure to be and to feel needed. We get no personal financial profit. We have social goals, like a Christmas buffet, a crayfish party, and then a trip once a year, and when it is someone’s birthday, we’ll always have a cake.

The personal meaning of work seemed to have several dimensions. It was, for example, of essential importance to be able to manage the work tasks in a satisfying way since the products made had to meet a quality standard in order to be sold. One participant said: “I could go home feeling that I had accomplished something when I had managed the work task.” According to all the interviews, being proud of having contributed through their work was related to a sense of well-being.

As previously mentioned, the participant’s occupational involvement was adjusted to each participant’s own pace. There was also understanding and tolerance for the individual differences among the fellow workers. One participant said, “Well, here is no pressure or stress. Some do less, others more. We work at our own pace.” All participants agreed that this understanding helped them to manage their tasks. In the interviews many of the participants also compared the low stress of the work in the working cooperative to the stressful job they had had when they were previously employed.

Developing competence and confidence. The participants discussed how they felt by performing the work task they had developed and by using their skills and competence. The sense of competence felt both “stimulating and pleasant.” In the interviews one participant said that the best things at the working cooperative “are the machines,” referring to the machines in the joiner’s carpentry workshop. This man had learned to master one part of his world and, with the help of the machines, he could now produce products in a way that was unique to him and to the cooperative. When he was first asked if he felt competent, he was confused by the question. Then he looked very pleased and said: “Yes, I do, I do.” All participants expressed a sense of satisfaction and well-being related to the experience of accomplishing a task. To develop and use one’s own skills and resources appeared to have both personal and collective values.

The participants stated that they enjoyed learning new tasks in the cooperative, but that they also needed support from their supervisors to develop personally. The staff gave support through encouragement, instructions, and positive feedback. The participants stressed their appreciation of the confidence the supervisors had in them and the commitment shown by the supervisors. A few participants, however, felt that they had at times experienced a nonsupportive disrespectful relationship with supervisors whose orders and rebukes were perceived by the participants to be insulting; they seemed to feel that these behaviors restrained their individual development. One of the participants also mentioned experiencing depression during her participation at the cooperative. At the time of these incidents, the supervisors had been under stress and they may not have been able to give the usual level of support; as a result, some people quit coming to the cooperative. The supportive environment and positive attitudes of the supervisors seemed to be paramount to successful participation, especially when related to the participants receiving individual support.

The nature of the task. The participants’ experiences also varied according to the nature of the working task. One participant commented on subcontract work, such as packing and assembling: “Packing is quite nice. It has been good to sit resting and packing and to think of other things and sometimes I listen to music.” Despite the highly structured and repetitive nature of this task, it seemed well suited to this person’s capacity and gave her a feeling of relaxation and restfulness. The experience of working with crafts was described as “a feeling of pleasure” and “almost a game.” Comments like “it feels good to be creative” and “it makes me feel well” were common and imply that the participants experienced this work as personally enriching and pleasurable. Another participant expressed surprise and pleasure when a rag-mat she had made turned out to be beautiful and received admiration from others. The participants alternated regularly between two or more kinds of work tasks to prevent the work from becoming monotonous.

Being With Others—Committed and Belonging

Both belonging to a working team and being with the others in the cooperative seemed to be highly valued by the participants. One participant pointed out the essential meaning of the working community to him: “We work together, we stay together, and we accomplish something together. We stimulate each other, that is more than just staying together.” Belonging to a team could also have an additional meaning as expressed by one participant: “When I know that I have a place to go to, the loneliness does not
feel that hard. When I am alone, I feel that I have the others with me all the time.”

Another dimension of the atmosphere of belonging was found in the participants' respect for deviant behavior. This sense of respect is illustrated below:

I do not know if I am different in the eyes of other people. I often feel that I am deviant in society, because there the attitudes are quite different. But here I don't find anybody different from me. We are on the same level. There is much more tolerance about the way to behave here. I can be myself. One is allowed to be a bit strange. Nobody thinks it is strange if you are like that one day. Yes, I behave a bit strangely, mutter to myself and things like that.

The participants seemed to feel accepted at the working cooperative in spite of their psychiatric symptoms. Those who considered themselves “normal” proudly stressed their empathy with the others, accepting that others were not able to change their deviant behavior. As role models, the supervisors constituted a norm for the participants' behaviors. The meaning of this could be seen as a shared culture of consideration for each other. One participant said: “You understand the disease better than in ordinary workplaces. You understand people better. Everyone has suffered greatly, so we are careful with each other in a way, afraid to hurt. Here there is another kind of atmosphere than there is out there.”

The participants stated that belonging to the working team also included being with the others during the coffee breaks, “Friday coffee with cheese and bread,” and at lunchtime. These rituals were appreciated and considered to be pleasant times of the day. In the traditional social structure of the workplace, the breaks served as natural meeting places where the participants could be together talking to each other or just being present. It seemed that these activities gave them the opportunity to gain security in social situations. One participant expressed such a situation like this:

I think it is a good thing that there are people to have a cup of coffee with. Well, you know, there is a need for people who care. It's good to have friends. Here we are not only expected to work but also to learn to [together] with others. You cannot always do that [in the open labor market]. Everyone is under pressure [there] and people are expected to work and work.

Social activities such as trips, excursions, and theater or restaurant visits were spontaneously associated with enjoyment. These activities were paid for with the money that the participants had collectively earned and saved. Many of the participants were single and only a few had friends outside the working cooperative. Being able to share their experiences with others seemed to be valued by the participants, “It is always nice to make a trip together or see a musical. I enjoy that.”

A Change in the View of Self

The participants seemed to experience a positive change in their view of self during their years of active participation in the cooperative. The possibilities of developing skills and competence at work tasks and in social activities, as described in the two previous subconstituents of this phase, seemed to bear fruit. These experiences have obviously led to the individual participant becoming a person who was able to see him- or herself as a contributor, expressed as something that made them proud, and increased the joy and satisfaction of most of the participants. A quotation from a bookkeeper can illustrate this: “I have seen that I am of importance to others, too, and that my work is needed for the other activities and for the cooperative to function well.” A second quotation is, “I have been more positive and satisfied with life, I am often content and I have learnt so much and I have grown. I feel that I am making an effort by doing my work.”

Another characteristic of development and change was that the participants said they had been an improvement in their social contacts and communication. One participant experienced this positive change and summarized it by saying: “I have learned to be with other people. I have had very great difficulty with that, but now I can talk to most of the other people here.” To dare to talk to others and make contact was something that many participants claimed that they were now able to do and this seemed to lead to them being able to say that they liked each other: One participant said “I like everyone here,” while another said, “We mean a lot to each other.” Other participants remarked that they had become interested in and cared about the others at the cooperative. Some quotations serve to illustrate this: “I am very happy that the shop in which to sell the crafts has been able to open. I hope they will manage.” And when he had been elected chairman, one participant said, “I will try to harmonize the meetings, I want everyone to feel well.”

Finally, one more characteristic of change was that the participants stated that their experiences in the cooperative had led them to being more active in their home-lives. They felt more motivated to engage in household tasks. It appeared that a better sense of occupational balance had been accomplished. Two participants summed up this balance through the following comments: “Now that I have got a rhythm again like those who work, I find it has become easier to tidy up at home and to wash my clothes, even though I have less leisure’s time” and “I have received more inspiration here to do the jobs at home.”

Phase 3. To Stay or To Leave

A third phase of involvement in the cooperative occurred at the time when participants reached the decision to leave the
cooperative. For some participants in the study, working at the cooperative had served as preparation to go on to get a job elsewhere or to return to a previous one. One participant stated:

I shall go back to my old job on trial for 3 months [this participant was the only one who had kept her prior job]. I am very worried about failing. Here I am so secure. Yes, I have been ill and returned [to the old job] many times, but I have never left the working cooperative. But I have been here in the working cooperative for a fairly long time [3 years] and now I feel much better.

To other participants, the meaning of the cooperative had changed over time. For example, some of the participants found that they had made as much progress as possible in the cooperative, and they wanted to progress further so they began to compare the cooperative to a real work setting with a "real" salary. The separation from the cooperative after a long time seemed to be experienced as both frightening and frustrating. One participant said that, without the cooperative, "I feel so helpless and left out of society." There were, however, also more optimistic views: "It makes a big difference to have a real job. When I feel that I have a real job, you know, then I feel that I am worth more. When I accomplish something and earn my own money, then it feels even better." This person indicated that he had much lost time to make up for, as he had become mentally ill when he was 17 years old. He had had brief temporary work, but had come back to the cooperative three times. He wanted to try again, but the financial reality and the complicated rules of employment outside the cooperative were daunting to him. For most participants, however, the working cooperative was still regarded as the only possible life-world, a feeling that can be illustrated by a statement from a participant: "No, now I am going to stay here. I can develop here."

Discussion

Meeting Human Occupational Needs

The phenomenon studied here, the meaning of the social working cooperative, was characterized by the normalizing of the life-world of the participants. The perceived normalization of the participants' lives, which they seemed to seek eagerly, appeared to be related to having a job, a phenomenon that has come to be regarded as a normative expectation for most adult people in the Western world. The normality of work was also experienced from a moral aspect. This moral aspect seemed related to the participants' earlier lives: staying at home, being ill, and being unable to do anything useful were experienced as deviant and also shameful. According to the perspective voiced by the participants, the sense of stigma (Goffman, 1963) associated with having had a psychiatric breakdown, with its accompanying loss of normal life and its experiences of being "outside" society, was described as being gradually lessened during their time in the cooperative. The relief of being in the well-structured, occupational context of the cooperative with its varied activities gave the participants more than a work task, it provided them with the opportunity to fulfill other human occupational and social needs.

Savio and Rigetti (1993) claim that rehabilitation through work is one of the most useful tools for the development of practical and social skills. Strong (1998) and Blankertz, McKay, and Robinson (1998), who have all studied the meaning of work for persons with mental illness, agree. The findings in the present study revealed that during their stay at the cooperative, participants developed both occupational and social skills through engagement in work.

A More Positive View of Self

The meaning of the working cooperative from an individual perspective was characterized by the participants' positive changes in how they viewed themselves and others during their participation at the cooperative. These changes are perhaps the main therapeutic outcome of the psychosocial rehabilitation program. The findings indicated that individuals in this cooperative setting had the opportunity to dispel their fears of not being of worth. The participants learned that they were able to acquire skills, knowledge, and competence through their own work, which encouraged them to establish and improve social relationships with others. Davidson and Strauss (1992) and Kielhofner (1995) maintain that positive results of actions are integrated in the self as tangible proof of the individual's ability.

Participants proudly discussed visible results, such as products they made and the joint income they earned from selling these products. The income probably contributed to a sense of belonging to society in terms of being productive and needed at the cooperative. These findings seem to support earlier studies that emphasized the value of paid work (i.e., individually received salaries) for rehabilitation (Savio & Rigetti, 1993; Scheid & Anderson, 1995). The findings offer instructive contrasts as well. The difference between these studies and the present one was that the income in the present study was a joint income shared by all members of the working cooperative; nevertheless, the shared income contributed to a positive outcome in the psychosocial rehabilitation of the participants.

In his theory about identity and self, Frankfurt (1988) suggests that an individual's identification with an action he or she wishes to do forms his or her identity. In accordance
with Frankfurt’s thoughts, it can be seen in this study that taking part in a “normal” life and having a job to go to helped develop not only the participants’ work identity but also their social identity. This finding suggests that what people do and become, when they regard themselves as capable and valuable, can promote their self-respect. Strong (1998) and Blankertz, McKay, and Robinson (1998) relate the improvement of self-esteem to the capacity to work. The present study adds to this body of knowledge by showing that the improvement of self-esteem was evident irrespective of the type of work task, and whether the work capacity was very small or large. The participants’ expressions of pride and joy in contributing also indicate a more satisfying view of self, and can be related to what Christiansen (1999) sees as an identity building process. This can also be interpreted as expressions of well-being according to Csikszentmihályi (1997).

**Experiences of a Supportive Context—Implications for Occupational Therapy**

Listening to what the participants found valuable and meaningful in this occupational context can give us a picture of how the cooperative was perceived, which has implications for occupational therapy practice. Most of the participants perceived the social context of the cooperative to be supportive and the supervisors’ understanding of their psychiatric problems. To facilitate occupational performance (Nelson, 1996), consideration was given to participants’ capacities. The supervisors also seemed to have considered what Wilcock (1998b) calls the occupational risk factors of each participant. One of these risk factors was stress. People with psychoses have increased stress vulnerability according to several studies (Kopelowicz & Liberman, 1996; Zubin & Spring, 1977). The support given by staff served as a collective stress prevention strategy; consideration was given to the time aspect (i.e., working time, length, and pace), which seemed to reduce the experience of tension among the clients. To work at his or her own pace and at the same time to be able to talk to each other was highly appreciated by the study participants. Furthermore, the strategy of shifting between different working tasks to prevent the work from becoming monotonous seemed to reduce the experience of strain. Other authors have discussed stress; for example, Scheid and Anderson (1995) and Scott (1996) in their studies on the role of work and employment for persons with mental illness, but these studies have not described stress prevention strategies concretely or in detail.

An interesting finding was that every person in the cooperative felt that he or she was expected to contribute to the therapeutic atmosphere. To regard one’s supervisors as models and to trust them are critical conditions of learning according to Schön (1983). The participants expressed their appreciation of their supervisors’ commitment and faith in everybody’s abilities and resources. They felt they were being treated as responsible and competent individuals with consideration being given to their limitations. The strategies of the supervisors drew on the principles of democracy, tolerance, communality, and responsibility (Jones, 1968). The findings indicated that the participants had internalized these attitudes and were able to contribute to the tolerant atmosphere. It can be argued that an important part of a secondary socialization had taken place in the cooperatives (Berger & Luckmann, 1979). Berger and Luckmann have identified a development process, secondary socialization, which means that, having left his or her childhood’s primary socialization behind, the individual continues to capture new dimensions of social life in adulthood.

Yet, although the findings of the occupational context support previous studies such as Strong (1998), Scheid and Anderson (1995), and Kirsh (2000), this study has documented new empirical descriptions of what characterizes concrete strategies for rehabilitation derived from the participants’ points of view. These strategies were well integrated in this occupational context and could serve as a base for occupational therapy programming. The rehabilitation process could be seen to fall into three phases. It is a construction of the participants’ lived experiences. In the first phase, the start, the past and the new and more satisfying present influenced the second phase that could be described as a developmental phase. This process can be seen as a journey from a situation of occupational deprivation and imbalance (Wilcock, 1998b) to a situation where the participants are being given the opportunity to achieve an occupational balance (Christiansen, 1996; Wilcock, 1998b). The implications for occupational therapists are that they need to be aware that the whole rehabilitative process takes a long time and that it requires patience to facilitate and wait for the developmental steps of their clients to occur. In the third phase it is important to give individual support to each participant to make his or her own decision about whether to leave or to stay. For those participants who want to leave, the cooperative is perceived as a “subworld,” which it is in a way with its rehabilitating setting, and what can be called the “real” normality is located outside in the society by these participants.

**Limitations**

The phenomenon in this study (i.e., the meaning of the working cooperative) is a broad and multidimensional phenomenon. Consequently, the findings are multifold and
broad, inevitably resulting in a lack of depth in specific areas, such as the meaning of occupational balance or the development of social skills. Further, the meaning of the cooperative might seem idealized in the findings, which can be related to the participants being protective about the cooperative values in the interview situations. For most participants, the cooperative meant so much and criticism was not forthcoming.

Further Research

During this study, new questions have been raised. For instance, it could be interesting to follow those study participants who left the cooperative for some kind of employment or education in society, and examine their experiences related to work, occupation, and social situations in their new contexts. It would also be valuable to gain the participants’ perspectives, in retrospect, on the meaning the participation in the cooperative had in relation to their current and unfolding life-stories.

Conclusion

In this study, the meaning of the working cooperative has been described from the participants’ perspectives using phenomenological research methods. The main constituent of meaning found in the social cooperative experience of the study participants was understood as normalization of their life-worlds. The design of the cooperative setting gave the participants opportunities to define and infuse their own work with a desired range of social meanings denied them in the wider society. Participants’ occupational and social activities could be seen as contributing to personal growth and the experience of normalization.

This study emphasizes that the cooperative is an important alternative to employment for participants with severe mental illness who do not have the capacity to be employed in the community or who do not want to leave the cooperative because it has become a workplace with which they are satisfied. On the other hand, there is a need for alternative forms of employment for those who wish to leave the cooperative for a job in the community. In addition, having community employers who are empathetic and able to listen and attend to the needs of persons with mental illness seems important. Embedded in this study is the understanding that psychosocial rehabilitation takes a very long time to enable persons with long-term mental illness to develop their personal well-being and individual capacities required to meet new challenges in their everyday worlds.

References


