Peer Support: A Systemic Approach

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Family Therapy has long had an interest in systems theory as a way of understanding the many complex factors contributing to the way that people make meaning through interactions with one another (Boscolo et al, 1987; Bateson, 1972; Anderson, 1997). Peer support in mental health has much to learn from this theoretical vantage point. As a somewhat family like environment, peer support utilizes dialogue to build and evolve alternative perspectives about people's experiences, roles, and relationships (Mead, 2001). This dialogue has the potential to foster strong, learning communities in which problems and help become everyone's responsibility. This paper will offer some thoughts about how the use of systems theory might protect the integrity of peer support as a tool for social change.

Systems theory (in terms of human systems) presupposes that there is no empirical truth; rather that meaning is contextual (e.g. that people are evolving products of their social world). Further, there is also no one observable truth. The observer's perception becomes inextricably linked with what is being observed, therefore not static but constantly open to new interpretation (Waldrop, 1992; Capra, 1986, 1992, Holland, 1995).

In mental health this notion challenges the more linear, dynamic view that there is a problem to be fixed. In other words, the assumption in traditional mental health is that with expert training in assessment one can identify a generalizable problem for which there is treatment (see the DSM IV, 1994). The goal then of this treatment is to increase individual functioning within the larger social environment. There is little focus on relational outcomes, mutuality, and larger social change. Peer support by definition assumes relationship and reciprocity. In the best of all worlds people are simply seen as people interacting and reacting in a variety of ways based on context. Problems are not considered generalizable or diagnosable, but rather transitory. Finally, the potential outcomes of peer support are diverse, evolving communities in which everyone has a variety of roles and relationships (Mead, 2001, Mead & MacNeil in review).

Peer Support in Mental Health

Peer support in mental health grew out of consumer/ex-patients' reaction to negative mental health treatment (e.g. coercion, over-medication, rights violations, as well as an over-medicalized version of their "story"). (Harp & Zinman, 1987; Chamberlin, 1979). By the 1970's an organized movement of people who had experienced rights violations within the mental health system, were building programs and networks where a different kind of support was offered. This support didn't focus on illness or diagnosis but rather mutual aid, housing support, advocacy and human rights (Harp & Zinman, 1987; Chamberlin, 1979). While many people who'd experienced negative treatment in the system became involved, these programs also began to attract people who were trying to stay out of the mental health system altogether. Others began

to challenge the psychiatric labels they'd been given. Conversation emerged about the personal and social effects of abuse, not just physical and sexual abuse, but institutional abuse as well. Published studies began to show that many people fully recovered from mental illness with and without the use of medications (Harding et al., 1992). After much struggle the traditional system finally began to talk about moving beyond simply maintaining people in the community and started to talk about recovery. Unfortunately recovery in the traditional system continues only to imply individual illness management as opposed to a more systemic view in which whole communities learn and grow together (Mueser et al., 2002). Peer support offers the logical starting point for this next epistemological shift.

What makes peer support unique?

Although there are many contexts for peer support (groups, programs, two people talking), we offer some fundamental principles that make it distinct from other kinds of help:

- Peer support does not necessarily assume a problem orientation. In spite of the fact that people might congregate around the shared experience of mental health issues, conversations do not have to focus on that experience. It may be that there is more trust and openness with others they assume "get it," which then allows them to try on other ways of constructing personal and relational narratives.

- Assessments and evaluation are not part of relationships. Instead, people strive for mutual responsibility and communication that allows them to express their needs to each other without threat or coercion. An example of this might include a negotiation of how to talk about difficult feelings without scaring each other ("Is there another way you could name your difficult feelings? It scares me when you talk about feeling suicidal").

- Peer support does not utilize a medical framework. Instead the focus is on building relationships that support learning and growth across whole lives. This might take the form of challenging one another's language or assumptions about what it is they experience. Following is an example from a peer program one of the authors was affiliated with:

> In a peer gathering one day, a woman said that she was having a "tough time." She said that she was thinking about putting herself in the hospital or at the very least, calling her case manager and asking her to assess the situation. I asked her what the hospital offered her that had alleviated her "tough times" in the past. I asked her how the hospitalizations had helped her in the rest of her life, and I noticed with her the many times before when she'd gone into the hospital as a response to her "tough time." Initially she was not too thrilled with this conversation, but she was able to listen and begin to think of alternatives. With an "outsiders" perception, one can begin to look at the patterns that have developed and look towards developing patterns with more positive outcomes, if not more flexibility (Littlejohn & Domenici, 2001). It was also interesting to share with her, some of the circumstances in which I had thought primarily of hospitalization as the answer to my discomfort. I shared with her what some of the results had been and also some of the alternatives I had since begun to

pursue. The telling of our stories helped both of us look at the patterns and the ways in which our "stories" impacted the other. With continuing conversations the confluence of stories turned into the development of an on-going story; a story in which we were both able to take new risks, both with each other, and with our shifting patterns. (Littlejohn & Domenici, 2001).

- Peer support assumes full reciprocity. There are no static roles of helper and helpee. Although this may not be surprising, reciprocity is the key to building natural community connections. This is an enormous shift for people who have learned to think about community as a series of services.

- Peer support assumes systemic evolution as opposed to individual recovery from a specified illness. It is assumed that conversation changes the ways in which people speak and know. As Gergen (1991) explains, "We come to be aware that each truth about ourselves [and others] is a construction of the moment, true only for a given time and within certain relationships" (pg 16.). With this realization people create possibilities that previously didn't exist. Many may find that through this willingness to remain open, it becomes possible to transform larger systemic conversations. As Littlejohn and Domenici (2001) explain, "Systems are like networks of interacting parts, webs of influence where ripples can fan out in a number of interesting directions" (pg. 19)

- Lastly, peer support requires people rethink definitions of safety. Beyond the traditional confines of program liability and harm reduction, the responsibilities of peer support require people to embrace relational meanings of safety. For example, relational safety has been described as: the emotional safety one feels though validation, being involved in compassionate relationships, having a place where you can be who you are, being provided the tools and education to be in mutually responsible peer relationships, feeling like you are not being judged, and not feeling like you have to have all the answers. (MacNeil and Mead, 2005).

In the grand scheme, peer support challenges assumptions about 'what is the problem' and hence, 'what is needed.'. Peer support raises questions about the status quo of system structures, roles and relationships, governance and decision-making, and the demands of funding streams. And peer support sheds light on the power of language and labeling practices and the effects of the dominant pathology paradigm. Such activities and ideas are intended to have larger political ramifications and represent the broad mission of peer support to influence systems' and societal change.

Barriers to change

Though this new way of thinking has potential, like other challenges to the dominant discourse, there is a natural tendency to move back towards the known, the things that are socially supported, and to the power dynamics that maintain certain roles. Many people are recipients of traditional services as well as members of peer support programs. This has sometimes led to the dilemma of conflicting paradigms. In other words some people have found that when they start challenging the medical version of their evolving story,

they are told that they're in denial, that they're in danger, or even told that their treatment may get cut off. This kind of conflict has also led many peer support programs to get pulled into very traditional practices in order to sustain their sense of legitimacy. On top of that peer agencies are most often funded (and will be evaluated) by traditional funding mechanisms (Medicaid, state mental health budgets, mental health agency funding etc.). The comfort of staying with the known has led them to pull away from alternative approaches and theories (Merry, 1995).

In growing organizations and alternative communities (e.g. intentional communities) there is also the inherent dynamic where, in heated situations, people tend to do the things that have been done to them. Everything may be going along fine until there is a power struggle, a turf war or even a disagreement about the process. The overall dynamics of the organization go underground into factions of groups, each blaming the others. Gossip becomes the most highly used pattern of communication. Even when there are conflict resolution techniques in place various forms of power are used to blame, control decision-making, and recreate expert/patient type relationships. The radical educator Friere (1995) has named this phenomenon "the oppressed becoming the oppressor." Although these dynamics are common to most young organizations there is more danger that the whole unique process of peer support could be extinguished.

One way of better understanding how these slips or devolutions in peer support relationships occur so easily is in recognizing how peer supporters have been acculturated into service ways-of-being. As we mentioned previously, many people involved in peer support have been engulfed in a history of service provision. Mc Knight (1995) has commented that, "When enough service programs surround people they come to live in a forest of services….and people who have to live in the service forest will act differently than those people whose lives are principally defined by neighborhood (or community) relationships" (p. 108). Peer supporters then, have to be diligent in finding ways to recognize and water their community forest.

We believe one of the largest challenges in sustaining and cultivating the community essence of peer support is in finding ways to exist outside of traditional funding streams. In accepting the same kinds of financial supports that other service providers accept, peer support is prone to be driven towards service-centered practices. In this mode of operating - budgets are structured to maintain investments in property, quality depends on bureaucratic safeguards, initiatives are worthy if they can be quickly implemented on a large scale basis, viability is contingent on service utilization outcomes and the billability of activity, and decision-making is driven by rules, regulations and deferring to 'who knows best' (Mount, 1997).

In contrast, communities are places where resources are distributed to serve the interest of the people. Quality in community depends on good information and creativity. Community initiatives are worthy even if they are small and develop slowly overtime. People in community struggle in working together to make decisions through shared responsibility and personal commitment. Strong communities understand how to capitalize upon the resources of its member. In short, the genesis of peer support was not about or reliant upon a funding mechanism. It goes to follow then, that the successful evolution of peer support should take into consideration how peer supporters can capitalize on the strengths of their internal and extended communities. Discovering and

creating alternative resources will be essential to maintaining 'what makes peer support unique'.

Conclusion

We realize that such important and complex theories and ideas need much more thorough investigation then this paper has provided. We are therefore leaving the reader with some questions that we hope will keep us all engaged in the dialogue, uncomfortable though it is.

How would you listen to a story told by someone whose grammar you don't understand? What are the ways in which you use your status and power to control your environment and help keep you feeling safe and comfortable? How do you use your psychiatric label to maintain the safety of your "story?" And finally: What will you do engage in the yet "unknown" multiple stories of your life?

Systems thinking will be critical in maintaining the complex adaptations that are part of real social change. Whether it's in an organized structure such as peer support or whether it becomes simply a way of building stronger, more diverse communities, learning and growing through relationship are the keys. When we are moved and changed by each other's truths, when we listen in a way that changes even the most closed kind of story, when we consider that we are infinitely changeable based on every interaction, the notion of mental illness as a thing that individuals have, becomes somewhat obsolete.

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