

**IMPEDING OR PROMOTING A GRASSROOTS
PHENOMENON?—ON SELF-HELP PROJECTS
AS PUBLIC SECTOR MEANS IN NORWAY**

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ABSTRACT

This article investigates the inner working of self-help projects funded by the Norwegian Directorate of Health. It seeks to identify and characterize factors that help these projects flourish or present them with challenges. As such it is not an article about self-help groups, but about their support structure. The analysis is framed by Borkman's notion of professional and experiential knowledge, Habermas' distinction between System and Lifeworld, and Amdam and Amdam's model for communicative planning. Six ventures are presented, selected through a four-step process. The most important factor enabling self-help projects to flourish seems to be having a

project manager with legitimacy and active networks that reach into all organizations involved. We further observe that projects attuning to a communicative/negotiative approach seem most prone to flourish. This by allowing various actors to project their own perspectives and intentions into the project, into activities, and into self-help.

Key Words: self-help, Norway, projects, Habermas, boundary objects, communicative planning

INTRODUCTION

In light of the challenges arising from the increasing share of the population suffering from chronic conditions, helping people to help themselves has found its place at the heart of contemporary Norwegian health policies. In 1999, The Directorate of Health issued a national plan to promote the understanding and use of self-help in Norway (SHdir, 2004). In this plan self-help was made a part of the “welfare state philosophy” that should help people to help themselves. Based upon the plan, national and regional resource centres have been established, research on self-help has been initiated, and project funding has been provided.

From 2006 to 2008, a total of 43 local and regional self-help projects received funding from the Norwegian Directorate of Health (NDH). Project funding frequently follows areas of commitment as a means to support grassroots initiatives that are in accordance with the new policy priority. When looking at self-help in particular, aligning bottom-up initiatives with top-down strategies often becomes rather more complex than in other contexts, since it often boils down to what has been a recurring theme in the self-help literature and research for decades: aligning professional interests and mutual aid. The vast majority of this body of knowledge is developed in Anglo-Saxon contexts, making knowledge of how one can promote self-help groups as a public sector means in a welfare state very limited.

Self-help groups are arenas for the sharing of experiential knowledge between peers. The aim of the paper is therefore to increase the knowledge of how self-help can be promoted in partnerships that span the boundary between public and voluntary sectors in the context of a highly developed welfare state. As such we do not attune to self-help groups as a practice, but to how self-help projects that aim to facilitate self-help groups shape and respond to their context. We investigate the inner working of projects to identify and characterize factors that help them flourish or present them with challenges.

The majority of the 43 projects that received funding from the Directorate were developed in cooperation between stakeholders in the public and voluntary sectors. Due to the recurring scepticism to public/professional involvement in the field of self-help, we pay special attention to the publically owned projects, and investigate how they shape and respond to self-help as a grassroots phenomenon.

PROJECTS

Høgsbro(1992) distinguishes between initiated and self-organized self-help groups: self-organized groups are instigated and grow from a mutual need among peers, while initiated groups are instigated on the basis of policies or professionals' interests. Both kinds of groups are to be found in the portfolio of the projects receiving funding from the Directorate.

From the perspective of the Directorate, both initiated and self-organized groups constitute bottom-up processes, since they both originate at the local level. At local level the picture is different. Initiated groups are top-down initiatives, since they are initiated by professionals and aimed as a response to individuals needs, while self-organized groups are bottom-up initiatives since they are derived from and governed by mutual needs. This holds true even if they are established in association with, e.g., volunteers bureaus or dedicated self-help organizations like Alcoholics Anonymous.

Thus, even if the projects granted funding from the Directorate are grassroots initiatives viewed from the perspective of the Directorate, the majority of the projects are more to be understood as top-down initiatives at local level. In this article we attune to the local level, and as such we pay special attention to how these projects manage to take on the demanding task of merging top-down demands with grassroots' enthusiasm.

The difference between self-organized groups and initiated groups is not only of great importance due to their origins. Comparing processes driven by professionals with ventures driven by mutuality has attracted widespread attention both in self-help research and methodology because this is thought to have important implications for how groups function (Medvene, Wituk, & Luke, 1999). When we are attuning to the projects, we keep this in mind, since groups are important contextual element of the projects.

The projects funded from the Directorate can be sorted into two distinct types: One involves projects aiming to initiate self-help clearinghouses. These we label *LINK-projects*, adopting the term used by the national self-help resource centre (Nasjonalt knutepunkt for selvhjelp/National Nodal Point for Self-Help). The other type contains projects aiming to initiate dedicated groups catering for specific challenges, conditions or diagnoses. We label these *Group-projects*.

The Group-projects predominantly aimed at establishing initiated groups, while the LINK-projects aimed to promote both initiated and self-organized groups in the portfolio of the clearing-houses they were designed to establish. On the other hand, the majority of the LINK-projects promoted self-help group initiation using a methodology whereby groups were established by means of *trained initiators*. This model contrasts, e.g., with that used by Self-Help Nottingham (Collis, 2009 pers. comm., 23. June), where mutual support is offered as "self-help groups for self-help group leaders." Thus, the majority of groups embraced by the projects studied here must be considered as initiated groups since

they are not entirely self-organized. This is not surprising, since the initiated groups are more dependent upon professionals, and thus more in need of funding and alignment to relevant policies than self-organized groups, which get their energy from mutual aid within the group and acquire legitimacy by being effective in the eyes of the participants.

SELF-HELP

When attending a self-help group, where certain challenges are a common and shared experience, one is placed in a situation in order to better cope with these challenges and to integrate into a society where these challenges are not common. In this situation, one learns from and together with peers, forms a sense of togetherness, and develops mutuality in the group (Avis et al., 2008). As such, self-help offers something that cannot be replicated in professional-user relations (Munn-Giddings & McVicar, 2007). In the self-help literature this is frequently ascribed to mutuality and the kind of knowledge that flourishes in the groups. This means that self-help as a concept is characterized by the absence of professional help from the outside (Matzat, 1987). Borkman's seminal distinction between experiential and professional knowledge (Borkman, 1976) frequently frames such discussions. In Norway, with her well-developed welfare society, public sector facilitation of mutual support is less to be considered as a contradiction in terms than in, e.g., the United States where the relation between self-help and the public sector in general has been framed as more conflict-oriented and polarized. Nevertheless, the difference between professional and experiential knowledge is relevant to our investigation.

Professional knowledge is characterized by being developed, applied, and transmitted through an established, specialized occupation that takes financial and/or career interest in the topic through discursive reasoning, observation or reflection on information provided. In contrast, experiential knowledge is context-bound and learned from personal experience, acquired by living through a problem first-hand (Borkman, 1976, 1999). These two knowledge types further relate to two different modes of thought: the logico-scientific and the narrative (Borkman, 1999). According to Bruner (Bruner, 1986, p. 12), the logico-scientific mode of thought attempts to fulfill the ideal of a formal, mathematical system of description and explanation, while the narrative mode of thought leads to good stories, gripping drama, believable (though not necessarily "true") historical accounts (Bruner, 1986, p. 13). As narratives are bound to the context, being believable depends upon their context where the narrator plays a central role. This makes professional knowledge relatively easy to transmit compared to experiential knowledge, which requires a narrator.

The majority of the projects investigated here are instigated and run as partnerships between the public and voluntary sectors. As such it is plausible that the interplay between these two types of knowledge influences how the projects

function when breaching the professional—experientialist dichotomy. To understand this in a framework able to take organizational predicaments into account, we turn to Habermas' approach and his division of society into *Lifeworld* and *System* (Habermas, 1984).

SYSTEM AND LIFEWORLD

Habermas (1984) divides our world into system and lifeworld. The Lifeworld cannot be “known”; it is the background and horizon that constitutes and produces our culture and personality. On the contrary the System is what we “know”; it is our notions of an economic and politico-legal system.

Where the Lifeworld strives for consensus and loyalty by means of commitment and influence through *communicative action*, the System strives for optimization of the quantitative-based media of money and power through *strategic actions*. The difference between these types of actions is important. Communicative action is about negotiation and meaning-making where agreements and alignments of perspectives are important. On the contrary, strategic action is about optimizing outcome and reducing effort in terms of money and power. While professional knowledge possesses the upper hand within the System, it is experiential knowledge that flourishes within the Lifeworld. In communicative action professional and experiential knowledge can be aligned much more easily than when strategic action has the upper hand.

Even though our Lifeworld cannot be “known” as a whole, elements of the lifeworld can be communicated and scrutinized. This process is an important component in a self-help group, but the prerequisite is that the participants share the Lifeworld that is to be communicated and scrutinized. Then mutual understandings between cooperating parties can be maintained (Hellesnes, 2002; Scambler, 2001). Since professionals do not share the lifeworld of the experientialists, they cannot take part in this process; but their presence can both inform and colonize the process.

Our modern world is dependent upon the interplay between Lifeworld and System (e.g., actions motivated from the Lifeworld may well be coordinated by the System). One example is our behaviour as consumers; constituted by our Lifeworld and coordinated through the market/System. In such cases System and Lifeworld complement each other. Thus, even though self-organized groups might need some sort of support from the System, it is still the Lifeworld that provides the basic conditions for the groups' existence. On the contrary, initiated groups originate in the System, so the System's values and logic play a more important role in these than in the self-organized groups, even though the aim may well be to support lifeworldly processes.

Both LINK-projects and group-projects must satisfy the System with regard to aims and means described and specified in the project-plans. Thus both kinds of projects are reliant upon the System, even though they in practice rely upon

elements from the Lifeworld to succeed. How this interplay between the System and the Lifeworld takes place in the projects will be our main focus in the next sections.

Our understanding of the “universe of self-help projects” is outlined in Figure 1. Here groups and needs are shown residing in the Lifeworld, the Directorate in the System, and the projects, volunteer bureaus and self-help organizations in the boundary area between System and Lifeworld. Being less tied into the System, self-help organizations are placed closer to the Lifeworld. We further show that initiated groups are top-down initiatives instigated on the basis of group-projects and LINK-projects aimed at responding to individuals needs. By comparison, self-organized groups are bottom-up ventures emerging on the basis of mutual needs that develop from individual needs. These might or might not connect to LINK-projects, volunteer bureaus or self-help organizations. We also see that, from the perspective of the Directorate, all the projects are bottom-up initiatives, while simultaneously being top-down initiatives from the perspective of the self-help groups.

APPROACH

Professional, lay, and dual status leaders have attracted significant attention both in self-help research and methodology. A focus on leaders’ status is advocated as it is seen to have important implications for how the group may function (Medvene et al., 1999). Scholars have identified the role of professionals in self-help groups as being consultants, resources for referral, initiators, trainers, speakers, support providers, linking agents, facilitators, researchers, and members of advisory boards (Ben-Ari, 2002). In this article we look behind the role of the professionals, focussing on the processes in which they participate. To investigate and analyse the projects and how they attune to System and Lifeworld, we turn to the work of Amdam and Amdam (J. Amdam & Amdam, 2000; R. Amdam, 2005, 2011).

Based upon the work of Friedman and Habermas, and their own research, Amdam and Amdam (J. Amdam & Amdam, 2000) argue that positive development processes depend upon achieving an appropriate balance between five interconnected variables: Context, Mobilization, Organization, Implementation, and Learning (see Figure 2).

Our rationale for employing the work of Amdam and Amdam is the model’s (Figure 2) ability to address activities at various levels. The LINK-projects focus on organizational awareness and change, while the Group-projects aim to start specific activities. Through the applied model we are still able to identify the same set of variables in their related processes, and thus to make comparisons.

Context covers the framework conditions necessary for a project to succeed, e.g., laws and regulations, professional standards, limitations in time and space, external policy objectives, and financial constraints. *Mobilization* concerns the

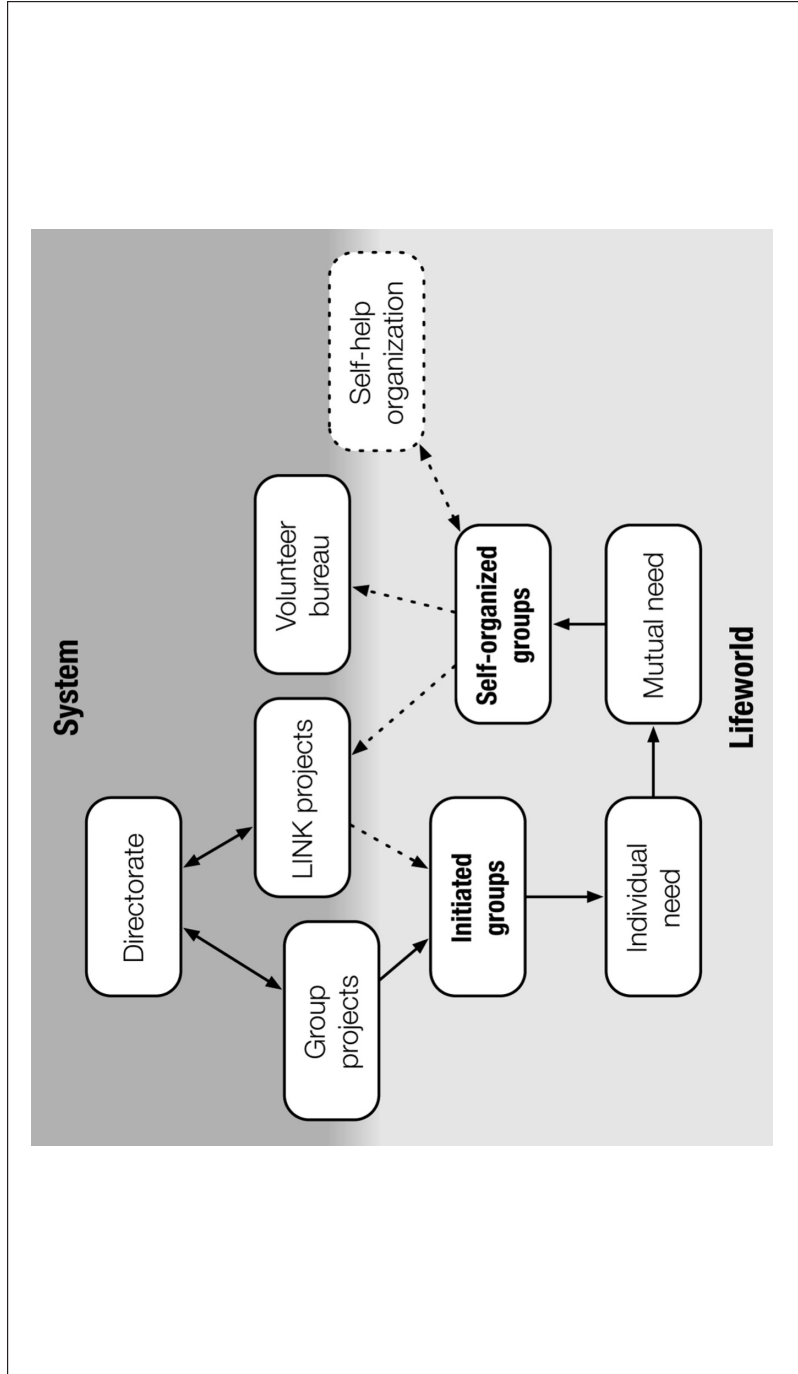


Figure 1. Outline of the self-help projects "universe."

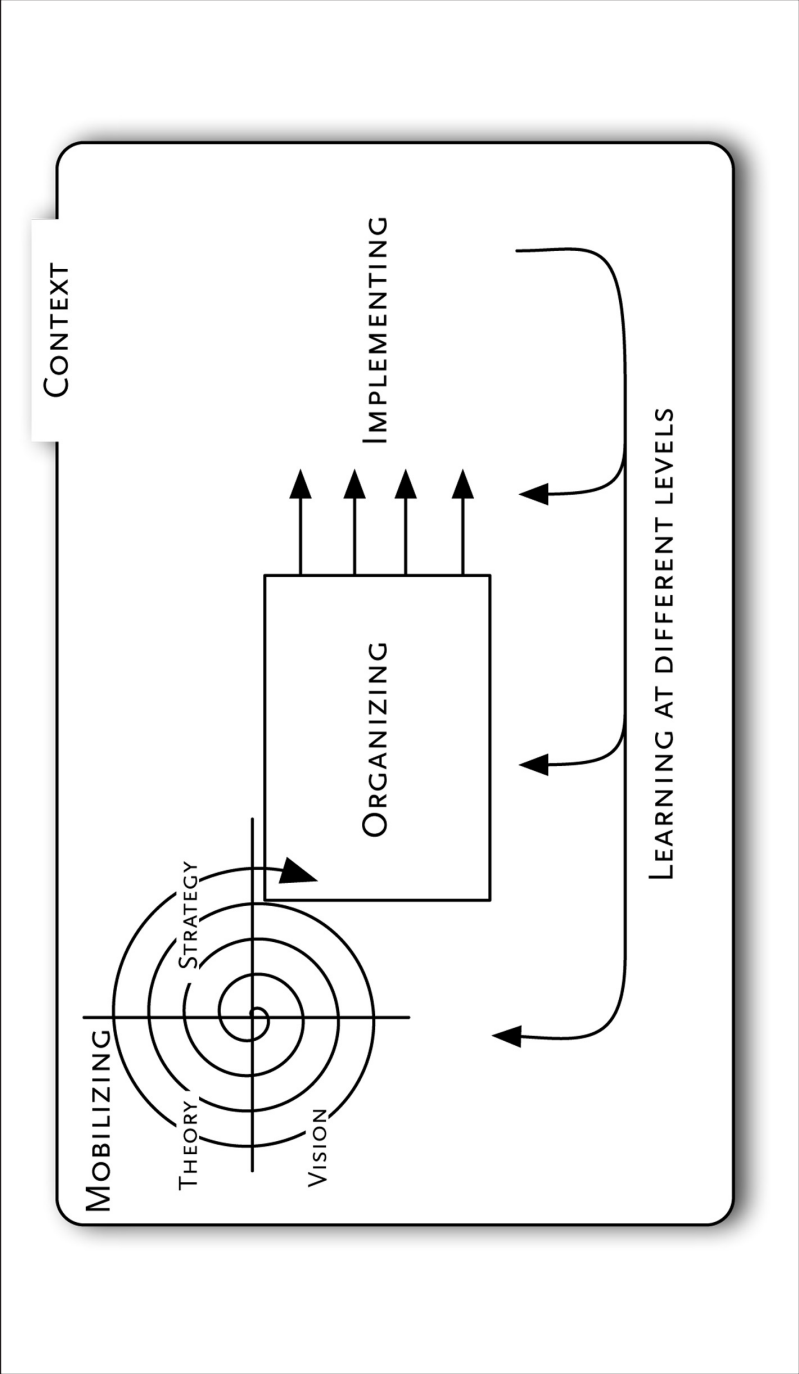


Figure 2. The Amdam and Amdam model.

activation of stakeholders, e.g. ways to strengthen public perceptions, finding ways to agree upon common goals and creating commitment in partaking organizations. Mobilization processes further contribute energy to *organizing*: dealing with the formation of temporary and the adaptation of existing organizational structures to promote the project/process at hand. These structures further lead on to *implementing*; how to initiate and monitor activities to ensure they remain in accordance with the original intentions of the activity. As single projects rarely have the strength to fulfill all planned actions alone, implementation also concerns the cooperation between partners and actors that together possess this capacity. *Learning* concerns feedback processes to ensure that experience, knowledge, and competence built through the project are systematically used as input in order to support the project's visions. Systematic evaluations, e.g., in terms of annual reports, further provide a valuable basis for external auditing of projects.

All five variables must be effective in order to achieve the desired outcomes, but not necessarily with the same strength and intensity. Experience has shown that one can work through one variable to stimulate another. For example, if promoting mobilization is of importance, focusing on getting quick and/or partial results by implementing specific activities can be useful, creating a positive focus on the project and enabling people to experience different kinds of benefits. In our investigations, we have explored how the projects attune to both System and Lifeworld.

METHOD

The article presents four specific projects that received funding from the Directorate of Health in the period 2006–2008. We also include two existing initiatives as comparators that neither applied for nor received any external funding; this is to unearth characteristics that are similar and/or different between those receiving project funding and those not receiving such funding. This gives a total of six presented ventures, selected through a four-step process:

1. mapping of self-help activities in four Norwegian counties. This mapping also included descriptions of the various projects and initiatives that were identified;
2. preliminary investigations to search out representative initiatives;
3. in-depth investigations of 12 selected ventures; and
4. selection of 4 + 2 ventures for presentation in this article.

Details in the process are explained below. The selection was done to ensure representativeness along the three dimensions of project/comparison, group/LINK and successful/struggling. Whether projects were successful or struggling was based upon assessment by the project leaders and information acquired in the mapping of activities. The investigated ventures are shown in Table 1.

Table 1. Ventures Included in the Study

	Projects funded by DOH	Comparator (Not Funded by DOH)
LINK ventures		
Successful	Relative LINK* Venture A**	Volunteer bureau* Venture B**
Struggling	Inter-LINK* Venture C**	
Group ventures		
Successful	The obesity project* Venture D**	The male group* Venture E**
Struggling	The prostate cancer project* Venture F**	

*Described in the article.

**Not described in the article but used in the analysis.

The government structure in Norway has three levels: national, county and municipal level. To understand the context of the projects, we carried out a mapping of activities in the four counties Møre and Romsdal, Vestfold, Hedmark, and Troms via a telephone survey. Within each municipality in these counties we contacted stakeholders (individuals and institutions) likely to have personal experience of self-help groups, such as is found in volunteer bureaus, among social workers and public health coordinators. They were interviewed about their own understanding and knowledge of self-help, and asked to identify local persons or institutions that might have such knowledge, either directly or indirectly. We also contacted self-help organizations at national and regional level to obtain knowledge of local groups.

In the second phase, acquired knowledge of existing activities at municipal level was compared to lists of projects receiving funding from the Directorate. On this basis, we identified some 20 projects to look into further. In this selection process, information acquired about the projects from the national self-help resource centre proved an important factor. 12 ventures were selected for further investigation. Nine were projects receiving funding, three initiatives were chosen for the purpose of comparison.

In the third phase, the 12 initiatives were further investigated through interviews, document-studies and field-observations. The interviews were loosely structured in-depth interviews (Kvale, 1996), allowing for a detailed and informant-driven description. The main structure of the interviews was determined by the

five variables of the Amdam and Amdam model (J. Amdam & Amdam, 2000). Dependent upon setting, some interviews were recorded and transcribed, others were documented through field notes. Interview transcripts and field notes were categorized manually and analysed inductively. In this process, substantive and emerging issues were considered in relation to the literature. On this basis the presented initiatives were selected. The sample was based upon our divisions into LINK- and Group-projects, successful and struggling ventures, and projects or comparatory initiatives. Within each group we selected what stood out as the clearest examples, eliminating ventures that were clearly marked by un-planned conditions (e.g., a project where the manager's sick leave had left the project struggling).

In phase four the selected initiatives were compared to each other, and the overall analysis carried out. Information acquired in phases one and three was used to validate our conclusions. This included relating the selected projects to the knowledge acquired from the remaining assortment of projects, and contrasting them with the knowledge acquired in phase one (e.g., of the local contexts in the municipalities where the initiatives were located).

FINDINGS

We structure the findings into one section on LINK-projects and one on group-projects. In each of the two categories we sum up and then merge our findings in the analysis and the discussion. For comparison, we include in each category one initiative that received no project funding.

Findings: LINK Projects

Common to the three ventures presented is that they all focus mainly on providing an organizational structure for establishing activities. Their main focus is not on the activities as such—rather on the contextual and organizational conditions necessary for the activities to flourish.

The ventures presented in this section are:

1. *Relative-LINK*, a regional self-help clearinghouse project aimed toward relatives of substance abusers;
2. *Inter-LINK*, an inter-municipal clearinghouse project with the general public as target group; and
3. *A volunteer bureau* with three self-help groups in its portfolio.

The latter is presented for comparison.

We shall outline the two link-projects and the activity at the volunteer bureau and summarise our findings before we move on to the group-projects.

Relative-LINK

The Relative-LINK project was established to facilitate self-help groups and related activities to benefit relatives of substance abusers. The project originated within and was lead from the Patient Education Resource Centre of the Central Norway Hospital Trust for Substance Addiction Treatment, but relied on active collaboration between the hospital, substance abusers' relatives, and self-help organizations in the region. The original project received funding in 2007 and 2008 and has now been concluded. But the initiated activities have been embedded into the running activities of the patient education resource centre and of the project-partners.

The project focussed especially upon networking and on activities seeking to build new and more accountable linkages between stakeholders, within both the voluntary and public sectors. The project also focussed upon active collaboration, and even though the project organization and the project leader mainly carried out the work, credit was shared generously among all collaborators.

The project itself was structured around a four-stage model that was put into action in the pilot county, at three locations with between 23,000 and 42,000 inhabitants. Including the surrounding municipalities, each location covers from 40.000 to 125.000 inhabitants. The first stage was to identify, in both the public and voluntary sectors, existing self-help initiatives and interests for such activities by inviting those assumed to be stakeholders to a meeting. The aim of this meeting was to come together and learn about the new project and each other's existing efforts and activities. Accordingly, initiator training was offered, using a model developed by the national self-help resource centre. Thirdly, an open meeting was planned, aimed at recruiting relatives to participate in self-help groups. The fourth stage focussed upon the facilitation of day-to-day participation in self-help groups.

The ethos of self-help coincides with the ethos of the hospital to focus upon helping people to help themselves. Thus this project fell in line with established practices of the hospital trust, especially regarding the support of activities at municipal level and user involvement. This was critical in order for the project to receive substantial support from the hospital management.

Through the patient education resource centre in general and the project manager in particular, the project—and the partners—had access to extensive networks related to primary care, secondary care, and self-help organizations. These networks were active both regarding relational and organizational aspects. Furthermore, the project actively involved existing self-help organizations, a task that was carried out with persistence. Thus utilizing the networks that were available, the project was able to ensure attendance in the project, a factor that helped in promoting mobilization and building legitimization for involvement in the new activities that were established.

The broad collaboration and the hospital's support were contextual elements that had a positive influence on the mobilization processes, the structuring of the

project and the implementation in a way that made it possible to embed the project activities into the running activities of both the hospital and the involved self-help organizations. It also meant a wide variety of means were available. Thus it was possible for the project to align top-down with bottom-up processes, enabling a project originating from the System to successfully meet needs from the Lifeworld.

Inter-LINK

The main idea of this project was to test the LINK-concept in a medium-sized inter-municipal setting (ca. 20,000 inhabitants). Up until then, this concept had only been used in the capital of Norway (ca. 500,000 inhabitants) and in a small municipality in Northern-Norway (ca. 3,000 inhabitants). The local church in one of the two municipalities was the owner of the project, but the patient education resource centre, located at the hospital in the other municipality, was also an important stakeholder in the project. The project received funding in 2007 and 2008.

The main challenge for the Inter-LINK project was to establish a network dedicated to promoting self-help on the local level. This was related to problems experienced with mobilization within the public sector and seemed to be a consequence of the lack of natural links between the project management and the local government. In this case, aligning top-down and bottom-up processes was problematic, resulting in the project being left rather isolated. This could be observed through the fact that even though several municipal agencies were participating, they would generally not earmark either time or funding, resulting in problems in realising the participation efforts they were called upon to provide.

Even if the concept of self-help suited the ethos of the church in general and deaconate activities in particular, it proved difficult to establish a clear understanding, i.e., regarding the division of roles within the church and between church and primary care services in the municipalities. An important reason is likely to be the lack of existing activities of a similar character both in the church and in the stakeholders' organizations. This is contrary to what we found in the Relative-LINK project, where self-help fell in line with existing activities.

The project manager had a 30% position, where much of the time was spent on informational activities in the local community in an attempt to mobilize opinion in favour of self-help as an approach, leaving too little time to develop specific activities. Thus not enough resources were devoted to implementation, which in turn reduced mobilization and created problems with organizing. Another challenge was that the project manager received little support both from staff and volunteer actors in the church in carrying out the project. This might stem from the project partly being derived from a wish to prolong the employment of the deacon. All in all, the main challenge for the project seemed to be trying to foster activities by mobilizing stakeholders residing within the System.

Volunteer Bureau

The case referred to here did not receive project funding and is included for the purpose of comparing projects with self-organized self-help groups existing within the portfolio of a volunteer bureau.

From the outset in the early 1990's, volunteer bureaus were regarded as relevant arenas for self-help clearinghouse activities in Norway. But experience differs, and presently it is not common for volunteer bureaus to have a dedicated strategy concerning self-help. On the other hand, when self-organized groups (of any kind) turn to the volunteer bureaus for support, the bureaus generally feel that helping out fits well within their core area of activity.

The trademark for activities at a volunteer bureau is to be able to respond to and support initiatives conceived in the Lifeworld of the citizens. As such, the obvious task of the bureau is to contribute to organizing and to a certain degree to mobilization and implementation, utilizing means originating both in the System and in the Lifeworld. Of great importance here are the networks and the knowledge of the local settings that the manager at the volunteer bureau possesses.

This example is acquired from one of the municipalities (ca. 7,500 inhabitants) in the pilot county. Here the volunteer bureau became "home ground" to three Self-Help groups: one 12-step group for substance addicted, one group concerning cancer and one bereavement group (re. suicide). The bureau took on different roles with regard to the three groups, but important here is the fact that none of the groups were initiated by the volunteer bureau.

Concerning the substance addiction group, the volunteer bureau provided them with a meeting place. Otherwise, the group existed and flourished within the framework of the 12-step structure and the self-help organization that this group belonged to. Thus the group could draw upon their organizational structure for support.

The cancer group emerged as a self-organized group, growing out of mutual needs experienced among a cluster of people who had all experienced cancer. They knew self-help groups already existed in the municipality, so they contacted the volunteer bureau to get help to start their own. The bureau provided them with a place to meet and acted as a liaison organization in order to help new participants learn about the group and become involved.

The bereavement group was instigated in the late 90s by a psychiatric nurse and a pastor. At present the group flourishes as a self-organized group with a meeting place provided by the bureau. The group also receives support through the bureau, e.g., concerning how to proceed when encountering various problems. This support is in general provided by voluntary experts.

The role of the volunteer bureau is to support bottom-up initiatives that flourish in the Lifeworld of the citizens. As such, their job is easier than it is for dedicated projects aimed at instigating activities in the same domain, since there you also need to take charge of the mobilization. Still we observed that the

skills and abilities of the volunteer bureau manager were of great importance; to what degree she was able to utilize means so that they could flourish both in the Lifeworld and the System. In this matter the broad network that the manager possesses in the local community is important. It was also vital that the volunteer bureau was organized within the health division of the municipality, and not the culture division, as is frequently the case in other municipalities.

Summing Up LINK Ventures

When looking for common denominators and discrepancies between these three examples, we see that aligning the specific project with existing activities is important in order to make the venture successful. We further observe that networks, common history, and experience from present and previous cooperation are important in this aspect. The same goes for knowledge of the organization providing support. In line with this, we observe the importance of existing structures being adaptable to the challenges in the project's intentions to cater for various degrees of involvement, reflecting different stakeholders' demands.

With regards to mobilization we observed that the degree to which stakeholders can agree upon a common understanding of challenges and possibilities is crucial, as successful implementation is dependent upon cooperating stakeholders. We also found that a pragmatic approach to activities and an ability to hand activities over to others was important. Such action was enabled due to the variety of means available in the hosting organization.

System-based, learning processes are vital to the project *as a project*, while for self-help as a practice, networks that provide informal input are crucial. Those projects flourishing possessed a network that provided feedback regarding self-help as an activity in terms of lifeworldly perspectives based on experiential knowledge.

The overall lesson learned is that it is very hard to promote activity in the Lifeworld by spreading the idea of self-help within the public sector. To build upon, support, and mobilize activities rooted both in the public and voluntary sectors proved to be much more effective. As such, a prerequisite for success is that networking had to be put into effect simultaneously within both the public and voluntary sectors.

Findings: Group-Projects

The common characteristic of these initiatives is that they aim to establish one or several self-help groups and help them flourish. In relation to the Amdam and Amdam model (J. Amdam & Amdam, 2000), this places them on the activity or implementation level, as opposed to the LINK-projects, which dealt with more context- or system-related issues. In fact, a Group-project could fit well into one of the activities of a LINK-project. As such, the desired outcome of a

Group-project is one or several self-help groups, but the inner workings of these are not dealt with here.

The three ventures laid out in this section are:

1. *The Obesity Project*, aiming for lifestyle changes and weight reduction for people with morbid obesity;
2. *The Prostate Cancer Project*, which aimed to establish self-help groups for patients who had undergone prostate cancer surgery; and
3. *The Male Group* whose intention was for the participants to improve as fathers and partners.

The latter was a self-organized group, presented here for comparison. We outline the two group-projects and the male group and summarise our findings before we analyse and discuss our findings across the group-projects to the LINK-projects.

The Obesity Project

The *Obesity Project* aimed to bring about lifestyle changes and weight reduction for people with morbid obesity through the use of self-help groups. The model for self-help activity employed and disseminated by the national self-help resource centre required that sessions dedicated to specific issues like diet, physical exercise, and mental reactions had to be implemented outside the self-help group settings. Thus, the project had two parallel tracks; 1) the self-help group sessions where experiential knowledge flourished between peers, and 2) the sessions where the target group was provided with professional knowledge or professionally led activities.

The project was initiated from the patient education resource centre at a local hospital, and received funding in 2006 and 2007. Three self-help groups were established where participants were recruited through contact points in the health care system.

In the very early stages of planning, no user representatives were involved. But at one of the first information meetings, two user representatives were recruited into the project group. From this point on, user participation was taken good care of. As patient education resource centres in Norway are obliged to involve user representatives in their activities, user involvement is in line with existing practice.

The patient education resource centre has an extensive network within primary care, secondary care, and patient organizations. Thus the project at hand was ensured legitimacy through being associated with the patient education resource centre and its network. Furthermore, the hospital provided direct support (e.g., in relation to the start-up processes) and made it possible to be both flexible and adaptive to experienced needs among participants.

Even though two of the three self-help groups later disintegrated, the groups' intentions were carried forward in related activities that were established involving former group participants, i.e., the obesity swimming group, the weekly walking groups, and the physical training financed by the county.

Related to the evaluation model, we observe that implementation was successful, first through recruiting enough participants for three groups, then in being adaptive to changing conditions and needs in order to transform the traditional self-help groups into related, activity-based groups. These flourish on lifeworldly premises, but receive support from the public sector, i.e., the swimming pool group receives financial support to hire the pool. Of further importance is the fact that the activities, both in terms of self-help groups and the sessions lead by professionals, were similar to stakeholders' established activities.

The Prostate Cancer Project

The aim of the *Prostate Cancer Project* was to establish self-help groups for patients who had undergone prostate cancer surgery. The initiative originated at a hospital cancer ward as a patient educative initiative that applied unsuccessfully for funding in 2007. Through dialogue with the Self-Help Pilot County Coordinator, the project idea was reshaped so it could fit into a self-help project. The adapted project applied for and received funding in 2008. Until now, the initial project's idea and plan has been followed; thus it could be said to have kept the influence from its origins as an educative project, not having paid enough attention to self-help ideology.

We found that the project was never firmly rooted, either within the patient organization or within the ward, resulting in limited legitimacy from the most central partners, and soon faced serious challenges. Up until the present the project has failed to recruit participants to start self-help groups, even though information and invitations were presented to patients while at the ward, at patient organization meetings and through direct letters to persons who had undergone surgery.

The project was from the outset owned by and organized around two nurses on the ward. They had no time dedicated to the project, they were also new to self-help as a method, and found attuning to the role of not being helpers somewhat troublesome. In addition, neither the management nor the doctors on the ward fronted the project, signifying that the project was not firmly rooted within the owner organization. The prostate cancer patient organization was first contacted after directorate funding had been obtained. This was at the same time as users became involved in the obesity project, but in this case no users became involved directly.

The Prostate Cancer-Group reported that the patient-organization's meetings in many ways were looked upon by members as some sort of a self-help group; thus, they felt no need to get involved in another, parallel self-help group

“on the ward.” And due to the weak linkage between the project owners and the patient organization, it was impossible to use this existing forum as a setting for the new project’s intention—even if everybody in principle was positive to such intentions.

The collaboration with the patient organization was reported as “positive but not close.” Consequently, the project lacked both legitimacy and a common vision that could unite the involved parties. It also lacked a functional network through which the formation of a common vision could emerge, since the various actors never in fact met face-to-face. Thus, problems related to mobilization made it impossible to progress to the project’s main task: to establish and support a self-help group for prostate cancer survivors.

The Male-Group

This case is included for comparison, and it has no formal connection to the national self-help resource centre or to the Directorate. The Male-Group was initiated as a self-organized self-help group when four men (35-55 years) agreed to form a group in 2002. The intention was personal growth, both as fathers and husbands. The group did not only reach out to divorcees, even though the risk or fear of divorce was a central topic and an experience shared by many of the participants. Information about the group was spread by arranging open seminars for couples as well as just for men.

From the first all-male group, two mixed groups later sprung up, one at the same location, the other in a neighbouring community. They were initiated as a result of needs expressed at two seminars hosted by the group for the local municipalities. Both were announced in the local newspaper and in other local media. A third group, “Talkers-group for non-native men,” was also successfully initiated. Here men could meet across cultural and religious boundaries. Furthermore, the male group, together with the municipal public health promotion unit, contributed to hosting a seminar for newly weds that was called “Ektefeller og andre feller.” In English, this translates both into “Real traps and other traps” and “Spouses and other fellows.”

The group builds its work upon the book “Men are from Mars, women are from Venus” (Gray, 1992), which has been used by one of the members as a basis for developing a new book: “Talk about sex—love more” (Cottis, 2009). The group functions according to its own set of rules where the concept of the individual’s focus-time is central, a concept parallel to “Sharing” practiced in 12-step groups like AA and Al-Anon. The initial group uses the facilities of the local public health promotion group (Helselaget) for meetings.

The group name themselves a “talkers-group” rather than a self-help group. To them, the term “self-help” is seen as derogatory, as it leaves it to others to define needs and suggest/identify solutions. In their own words, “using the term

talkers-group has created curiosity among potential participants, and has taken away the notion of helpers and of being helped.”

A more or less formalized connection to the local public health promotion group has provided both belonging and practical support structures, i.e., in terms of a place to meet, networks toward the public sector, and ways to spread their agenda and ethos to the public. The enthusiast behind the group is important, by way of both writing the new book, his connection to the public health promotion group and his networks within the community at large.

Summing up Group Ventures

New activities seem to have been important, as it brought new energy into the groups in terms of meaningful activities, and it secured the strength to continue to mobilize. This links to the helper-therapy principle (Riessman, 1965) by enabling provision of help to others. Furthermore, activities and their “spin-offs” fostered good working-relations with relevant stakeholders and networks.

We can also observe a general challenge often faced by an activity-based initiative: to successfully establish an activity you need some sort of mutual understanding between the stakeholders in order for the activity to get going. Further, we find it plausible that the functioning of the patient organization serves the same purpose as the self-help groups, thus making patient organizations less well suited as partners for instigated groups. On the other hand, we observe that when the venture is based upon an initiative from self-organized groups, it tends to succeed.

ANALYSIS

In the presented cases we have seen how issues like degrees of and possibilities for user involvement, contextual and organizational flexibility, mobilization legitimacy, and networking efforts have supported or impeded self-help as an idea as well as a practice, making some groups and ventures flourish, others struggle and some not even get established.

Even if LINK- and Group-projects concern two diverse characteristics with regards to implementation, we find important commonalities concerning implementation across the two categories. We structure our analysis along the five variables in the model of Amdam and Amdam.

Implementation

To a high degree, projects that flourish have been concrete in their approach. On the contrary, those projects that struggled neither involved stakeholders at grassroots level nor focussed upon carrying out concrete activities. The overall impression was that these projects were more fumbling in their approach than those that flourished. The successful projects and comparison ventures proved

important commonalities regarding how initiatives were instigated by enthusiasts on the basis of experienced mutual need among peers, and how implementation was supported through means provided by hosting organizations.

When searching for similarities regarding ventures that flourished or not, we saw that the successful ventures were both more concrete in their approach and managed to build links between System and Lifeworld, while those that were struggling did not manage to achieve either of these goals. It will be important in the analysis below whether this lack of concrete activities and the missing links between System and Lifeworld observed in the struggling projects were a result of or the reason for the more fumbling approach in these projects.

Context

A commonality for the projects that flourished was that the organizations managing the projects had to be committed to empowerment strategies. The concept of empowerment is part of the founding ethos of the Substance Addiction Treatment Hospital that owns the Relative-LINK project, the Volunteer Bureau that supports the three self-help groups, the patient education resource centre that owns the Obesity Project, and the public health promotion group that functions as context for the Male Group. This is in contrast to the local church that hosted the Inter-Link project and the cancer ward that owned the Prostate Cancer Project; as entities they could be said to be more focused upon providing help on a more philanthropic basis than on empowerment as such.

In relation to alignment with empowerment as a founding ethos, we also observed the importance of the involved organizations being committed as a whole, not only commitment through one or a few individuals. Such commitment is easier achieved if the project falls in line with existing practice and/or dedicated strategies, policies etc.

Furthermore, it was common to projects that struggled that the organizations managing the project utilized self-help primarily as an instrument to achieve something else. On this basis we conclude that at least some parts of the fumbling approach of the projects that struggled should be ascribed to the contextual settings in which the projects were rooted.

Organization

From our findings, we see that the organization of projects that flourished shared a commonality in being flexible with regard to the kinds of means utilized to achieve the goals of the project. The premise for this included a set of relevant means and services that could be utilized to support the initiatives. This observation also connects closely to the context variable, since a project's *modus operandi* needs to be in accordance with the owner-organization's established mode of operation in order to access the necessary tools and services.

Looking at the projects that struggled, we found they were to a larger degree isolated from their surroundings. This resulted in them having a more limited register of means and services to draw upon. This led to a focus upon the means available instead of the goals they aimed to achieve. This in turn created a project-centred rigidity that seemed to obstruct the flexibility needed in situations when confronted with multiple perspectives, wishes and demands from stakeholders, actors, and partners.

On this basis we conclude that at least some parts of the fumbling approach observed in the projects that struggled, should be ascribed to their lacking access to adequate means, reflecting the structuring of the managing organization of the projects. As such the lacking links between System and Lifeworld observed in these projects might be ascribed to the managing organization's not possessing adequate means to support lifeworldly needs.

Mobilization

The projects found to flourish had commonalities in having built strategic partnerships between the public and voluntary sectors, sharing a common idea and letting enthusiasts engage and become active. Even if no common idea was expressed, there was a parallelism in the stakeholders' strategies that led to their promotion of the same kinds of activities/initiatives. The partnerships were also aimed at the facilitation of activities rather than directly at governing and designing the activities as such.

A commonality for projects that struggled was that one of the partners was managing the project more or less single-handed. Being on your own is especially problematic in relation to self-help projects since they must operate simultaneously in both the System and in the Lifeworld.

On this basis we conclude that mobilization is strongly dependent upon networks between System and Lifeworld, where both sides provide adequate means and a division of labour is established where the System provides support and the Lifeworld provides energy through mutuality. At least some parts of the fumbling approach of projects that struggle must therefore be ascribed to a lack of networks with an adequate division of roles and labour between the two spheres.

Project-Organizational Learning

We saw how the Group-projects that flourished used different types of feedback in the development of new activities, thanks to learning processes based on reflection upon what they were doing initially and as a response to expressed needs in the community. Similarly, one might attribute the success of the Relative-LINK to the generous feedback process we saw when all partners were given rich credit for the achievements of the project, an action dependent upon knowledge acquired from grassroots level.

On the contrary we found meagre feedback structures within the lifeworldly sphere and no internal evaluation process in relation to the struggling projects. We do not know whether this was shaped by or a response to the more fumbling approach of these initiatives, but it is here obvious that initiating formal evaluation processes is hard to do when the approach is fumbling.

With reference to Habermas, one might argue that the evaluation/learning process is the carrier mechanism that allows understanding and mutual acceptance to flow between System and Lifeworld. Where such processes blossom, better conditions might develop; where they are lacking, pure chance will govern what happens. On this basis we ascribe part of the fumbling approach of those projects that struggle to the lack of feedback processes, mainly from the lifeworldly sphere.

DISCUSSION

In our investigation we observed that those projects that struggle have a more fumbling approach to implementation than those that flourish. We ascribe this partly to the organization in which the projects were rooted, which was not committed to the idea of empowering partners and users. We also ascribe parts of the fumbling approach to a lack of access to adequate means within the organization. This might be an important contributor to the lack of mobilization, since a meagre set of means makes it hard to obtain an adequate division of tasks and roles between the hosting organization and self-help groups/groupings. This is due to the fact that wishes and the means available might not match. We also found that the fumbling approach also makes it harder to instigate formal evaluation processes. Furthermore, we observed that those projects that struggled had a weaker linkage between System and Lifeworld than those that flourished. This can be partly ascribed to the managing organizations not possessing adequate means to support lifeworldly needs, and in part to the lack of access to networks within the lifeworldly sphere that can provide informal feedback and be used as a means of informal dissemination of information.

In sum we see that it is of utmost importance that the organization that hosts a self-help project must be able to respond to needs and wishes conceived in the Lifeworld. This requires that the project is able to transform experiential knowledge (Borkman, 1976) expressed in narrative terms (Bruner, 1986) into the professional language. This is crucial since experiential knowledge is the knowledge-type that matters in the Lifeworld, while it is professional knowledge that is most easily accepted within the System, since the activity needs to be professionally justified. In this matter it might be of crucial importance that both the Relative-LINK project and the Obesity-Project were hosted by patient education resource centres, which are obliged to accord professional and experiential knowledge equal status when instigating, carrying out and evaluating

initiatives (NKLMS, 2002, 2004). This is parallel to the Volunteer Bureau, which is even more obliged to cater for needs and wishes expressed in lifeworldly terms.

In practice, what seems to be the most important factor in enabling projects to flourish is to have a project manager with legitimacy and active networks that reach into all organizations involved, not only single connection points. This calls for project managers who facilitate activities more than conduct them. For, if System and Lifeworld are to team up, a manager cannot run the project alone. After all, the power to decide and the power to make things happen do not belong to the project manager alone. We also observe in our sample that projects attuning to a communicative approach in the way they operate (e.g., The Relative-LINK project) seemed more likely to flourish than those attuning to an approach more strictly directed through the project-plans.

To make projects flourish, the trick seems to be to make diverse agendas come together in concrete activities. We found that this had been achieved in those projects that flourished, thanks to the exchange of information through concepts that are plastic and absorb tensions (Mol, 2002) by making it unnecessary to align perspectives and meanings (Wenger, 1998). Mol (2002) and Wenger (1998) link this ability to the concept of boundary objects (Star, 1989; Star & Griesemer, 1989) that is objects that can exist in the world of ideas, such as *democracy*, *love*, and *self-help*; or have both concrete and abstract aspects, like tools, techniques, and *self-help groups*.

At the boundary between the parties, boundary objects like “project,” “self-help,” and “self-help group” acted as crossing points, allowing concepts to mean different things in the different contexts they facilitate communication between. Thus, the various actors are allowed to project their own perspectives and intentions into the projects and into their activities. Thus when self-help is handled as an idea, it directs focus toward the *coincident boundaries* of interest among the partners. In this way self-help can be a concept into which stakeholders can project their own intentions. As long as one cares for self-help in one way or another, one can attune to the project. Thus, the concept can embrace several established traditions, grown from a wide variety of requirements and intentions, allowing for stakeholders to stay in their own context without subjugating each other, thus making it possible for the project to avoid what Toulmin (1981) calls *the tyranny of principles*. This enables self-help to flourish in the Lifeworld, on its own terms, without the risk of being colonized by the System and professional perspectives.

CONCLUSION

An instrumental aims-means approach to carrying out projects may enforce stricter constraints and structures on both the leader and the project, thus reducing the complexity of the situation and actually making it easier to administrate. In a communicative approach to project management, multiple actors with their separate agendas and their diffuse and conflicting contexts may result in heavier

demands on the manager's abilities and competence. Along the same line of reasoning it follows that as projects, facilitating specific activities are easier to carry out than to generally promote self-help in a setting. Still, it is in the projects that are communicative and close to the grassroots that we observe success. An important factor is the flexibility in these projects that allows for enthusiasts to become engaged on their own terms.

Along with having a project leader with a broad network, a generous attitude and a communicative approach that embraces and extends both professional and experiential knowledge in his/her work, it is of great importance for self-help projects to supply energy to initiatives conceived from mutual needs in the lifeworldly sphere. As such, the greatest challenge for a project might be to avoid building its own monument, i.e., in terms of special methods or some kind of "self-help office," even though such a concrete and monumental proof of success might seem like the ultimate achievement from the perspective of the System.

As long as the projects are flexible and allow for various perspectives and intentions across the boundary between public and voluntary sector, project funding can be a viable way to promote self-help as a grassroots phenomenon. On the contrary, when projects are carried out by an organization within the System in an instrumental way across this border, they seem to fail. Even though we, rooted in literature, anticipate that initiatives within the System are capable of creating "artificial" self-help groups, fortunately, and at least in our sample, it does not seem as if the instrumental projects possess the capacity to instigate or cooperate with "real" grassroots self-help groups. Thus these groups are to be considered as "astroturfed" groups, making such initiatives incapable of colonizing real grassroots self-help initiatives.

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