

The Role of Referent and Expert Power in Mutual Help¹

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This study explored the roles of referent power (i.e., influence based on sense of identification) and expert power (i.e., influence based on knowledge and expertise) in Schizophrenics Anonymous (SA), a mutual-help group for persons experiencing a schizophrenia-related illness. The study describes SA participants' experience of referent and expert power with SA members, SA leaders, and with mental health professionals. It also examines whether or not referent and expert power ascribed to fellow SA participants predicts the perceived helpfulness of the group. One hundred fifty-six SA participants were surveyed. Participants reported experiencing higher levels of referent power with fellow SA members and leaders than with mental health professionals. They reported higher levels of expert power for mental health professionals and SA leaders than for SA members. The respondents' ratings of their SA group's helpfulness was significantly correlated with ratings of referent and expert power. Although expert power was the best independent predictor of helpfulness, a significant interaction between referent and expert power indicated that when members reported high referent power, expert power was not related to helpfulness. These results are interpreted to suggest that there are multiple forms of social influence at work in mutual help.

KEY WORDS: mutual help; self-help; social power; referent power; expert power; mental health; schizophrenia.

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Mutual- or self-help groups are settings where individuals who share a common problem or concern come together to help one another cope with that concern. Mutual-help groups provide important referent communities for their members (Katz & Bender, 1976; Kurtz, 1990; Powell, 1987, 1990). Powell (1987) argued that mutual-help groups can be thought of as reference groups that facilitate identity and behavior change among their members by providing a basis for comparative self-evaluation and guidelines for normative behavior. Other mutual-help scholars have delineated similar views of mutual-help organizations as communities that facilitate identity transformation through the sharing of personal stories and experience (e.g., Borkman, 1995; Humphreys & Rappaport, 1994; Rappaport, 1993). Rappaport (1993) described mutual-help groups as normative narrative communities and suggested that, through the sharing of personal stories and adoption of community narratives, members of mutual-help groups change their personal narrative and self-understanding. Borkman suggested that mutual-help groups can be thought of as experiential learning communities (Borkman, 1990) or experientially based commons (Borkman, 1995) in which members develop new views of themselves based on the sharing of experiential knowledge (Borkman, 1976).

A common focus of these conceptions of mutual help has been the power of group values and norms to impact individual's self-perceptions and facilitate changes in beliefs, attitudes, and behaviors. Previous researchers have noted that mutual-help group members learn to live or cope more effectively with the issue that brought them to the group by changing their views of themselves or their problems and by adopting new behaviors that others have found to be helpful. While researchers have documented changes in the ideology or worldview of mutual-help participants (e.g., Antze, 1976; Kennedy & Humphreys, 1994), there has been little research addressing the mechanisms by which group norms and beliefs translate into individual change.

Powell (1987) argued that French and Raven's (1959) theory of social power can help to explain the complex process by which members of mutual-help groups are influenced by the values and norms of the group. French and Raven (1959) hypothesized that individuals and groups exert influence in a variety of different ways. They identified five types of social power (i.e., coercive, reward, legitimate, expert, and referent) that are the bases of social influence and argued that each type of power has the potential to lead to changes in an individual's goals, values, and behaviors.

Powell (1987) suggested that referent power is the predominant type of influence at work in mutual-help groups. French and Raven (1959) defined referent power as social influence based on a sense of identification with and attraction to another person or group (i.e., feelings of oneness or

a desire for such identity). They argued that if an individual identifies (or desires to identify) with another individual or group, to avoid discomfort and to gain satisfaction, he or she will voluntarily adopt the values, norms, and behaviors of that individual or group. As opposed to the other forms of power, behavior change resulting from referent power is not dependent on the perception that the influencing agent is more powerful than (e.g., plays a surveillance role) or is in some way superior to (e.g., has access to specialized knowledge) the individual being influenced. As such, referent power is a source of social influence consistent with the philosophy underlying mutual help.

Powell (1990) contrasted the role of referent power in mutual help with that of expert power in professional helping relationships. Expert power is social power derived from the perception that a person or group possesses technical knowledge and expertise (French & Raven, 1959). French and Raven's definition of expert power explicitly linked this knowledge and expertise to professional training, credentials, and experience. Based on this definition, Powell (1990) argued that the predominant type of social influence at work in mutual help is referent power, while social influence in professional helping relationships is based primarily on expert power. Raven and Litman-Adizes (1986) noted that doctors, for example, may attempt to enhance expert power by displaying diplomas and medical books and using medical jargon.

The present study examined referent and expert power in a mutual-help context. Borkman (1995) argued that while mutual-help research can benefit from the application of the theories developed in other areas, we must be careful to apply those theories in a manner that is consistent with the philosophy that underlies mutual-help. Taking this caution seriously, we considered the nature of expert power in mutual-help settings. As Powell (1990) has noted, the type of expert power described by French and Raven (1959)—expertise based on education and credentials—is inconsistent with the peer-based helping that forms the basis of mutual help.

Borkman (1976, 1990) has argued, however, that there are powerful forms of knowledge and expertise at work in mutual help—*experiential* knowledge and *experiential* expertise. The social power basis of this expertise is quite different from that described by French and Raven (1959). Experiential knowledge is the “truth learned from personal experience with a phenomenon” (Borkman, 1976, p. 446) and experiential expertise refers to “competence or skill in handling or resolving a problem through the use of one's own experience” (Borkman, 1976, p. 447).

Rather than considering expert power to be something outside of the mutual-help arena, Borkman's work suggests that the perception that the group holds valuable knowledge and expertise plays an important role in

how mutual-help groups help their members. The basis of expertise in mutual help, however, is personal experience with a shared problem rather than credentials or professional experience. By expanding French and Raven's conception of expert power to take into account that specialized expertise can result from personal experience, as well as from training and professional experience, we are able to explore an important mechanism of social influence in mutual help.

Although there has been wide acceptance of the importance of identification and shared experience in mutual help, there has been limited empirical investigation of these constructs. To our knowledge there is only one study of referent power in a mutual-help context. Salem, Gant, and Campbell (1998) studied the factors that influenced successful establishment of mutual-help groups in residential treatment settings. Successful group initiation was more likely when participants felt that they were like and shared common experiences with the group leaders.

We are aware of no studies that have explored the role of expert power in mutual help. Two studies empirically examined the presence of experiential knowledge in mutual-help groups. Schubert and Borkman (1994) described the content of experiential knowledge in one mutual-help group and investigated its utility for members. They found that group members reported that they would be more likely to turn to others who shared their experience for assistance than to professionals or to family and friends. Salem, Bogat, and Reid (1997) documented the presence of experiential knowledge in an on-line mutual-help group. Participants in the on-line group were over four times more likely to help one another by sharing knowledge they had gained through their personal experience with a shared problem than by providing professional or second-hand professional knowledge. While these studies provide empirical support for the presence of an experiential knowledge base in mutual-help groups, they do not directly address the impact of expert power in mutual help.

The purpose of the present study was to explore the role of referent and expert power to members' experience of help in a mutual-help group. We tested Powell's (1987, 1990) suggestion that referent power is operative in mutual help. In addition, we tested the notion that expert power, conceptualized more broadly than French and Raven's (1959) original definition to include both experiential and professional bases of knowledge, also plays an important role in mutual-help groups. To understand the unique role these forms of social power play in mutual-help groups, we contrasted perceptions of expert and referent power with fellow mutual-help participants to that experienced in professional helping relationships.

The Current Study

This study examines members' experience of expert and referent power in Schizophrenics Anonymous (SA), a mutual-help organization for persons with schizophrenia or a schizophrenia-related illness. The study was guided by two sets of research questions. The first set of questions was intended to describe SA participants³ experience of referent and expert power in SA and in their relationships with mental health professionals. It included the following questions.

1. Do SA participants ascribe different levels of referent power to SA members, SA leaders, and mental health professionals? Specifically, we hypothesized that SA participants would ascribe higher levels of referent power to fellow SA members and leaders than to mental health professionals.
2. Do SA participants ascribe different levels of expert power to SA members, SA leaders, and mental health professionals? Specifically we hypothesized that members would ascribe high levels of expert power to fellow SA members and leaders and to mental health professionals.
3. Does the respondents' role in their SA group (member vs. leader) impact their feelings of referent and expert power? This question was exploratory. Members and leaders may differ considerably in terms of their level of functioning, experience in the organization, and ability to transform their experience into useful knowledge (Borkman, 1990). These differences could either increase or decrease the social power of fellow participants.
4. For which types of life problems do SA participants view other SA participants as most helpful? In an exploratory set of analyses, we examine who SA participants would go to for help with different types of problems. We were interested in exploring the areas of expertise participants ascribe to their mutual-help group compared to mental health professionals and to their natural network of family and friends.

The second set of research questions examined the relationships between the respondents' feelings about the helpfulness of SA and their ratings of expert and referent power of other SA participants. It included the following questions.

5. Was the level of referent power ascribed to fellow participants predictive of group helpfulness? Specifically we hypothesized that

³The term "participants" is used to refer to both SA leaders and SA members.

mutual-help participants would be more likely to view the group as helpful when they viewed fellow participants as having referent power.

6. Was the level of expert power ascribed to fellow participants predictive of group helpfulness? We hypothesized that mutual-help participants would be more likely to view the group as helpful when they viewed fellow participants as having expert power.
7. Did referent and expert power have an interactive predictive effect on group helpfulness? In other words, would the level of one type of social power influence the relationship of the other type of social power and the ratings of helpfulness?

METHODS

Schizophrenics Anonymous (SA)

SA is a mutual-help organization for persons with schizophrenia related illnesses. It was founded in 1985. At the time of this study (1996), there were 23 SA groups in Michigan and 38 groups in other states. SA meetings follow a loosely structured format that includes working the program, reading group literature, and personal sharing. There are three key features of SA: fellowship, good information, and a recommended six-step pathway for recovery (John P., 1997). The SA literature states that recovery from schizophrenia may involve the cessation of symptoms to the point of permitting steady employment, independent living, and meaningful relationships. It stresses, however, that recovery is achieved if a person functions at their own highest potential (SA, 1989). While SA groups follow a shared program, they vary considerably in terms of size, gender and racial proportions, and meeting location (e.g., church, club house, hospital).

SA describes itself as a professionally cooperative mutual-help organization. The organization views its role as providing mutual support "in conjunction with outside professional help" (John P., 1997, p. 95). Members are encouraged to cooperate with professional care and to take their medication. SA has developed a unique collaboration with the Mental Health Association of Michigan (MHAM). MHAM is a voluntary nonprofit organization that advocates for persons with mental illness. While SA members govern the SA program, a staff member from MHAM provides support by handling financial, administrative, leadership development, and expansion activities.

Procedure

This study was conducted in collaboration with SA and MHAM. SA and MHAM invited the research team to conduct a program evaluation study. The survey study was the part of this collaboration. The data collection instruments and procedures were reviewed on several occasions by SA organization leaders and revised according to their feedback.

Survey data were collected from SA participants at SA meetings and at SA's annual leadership conference. Participants were defined as individuals who had attended at least two SA meetings and considered themselves members of SA. At the annual leadership conference, all those in attendance at a presentation about the study were invited to fill out a survey. Conference participants who did not attend the presentation were approached throughout the day and invited to participate.

To collect data at SA groups, a letter was sent to each SA leader in Michigan explaining the study and asking the leaders to call MHAM if they did not want a member of the research team to contact them. Since no leaders declined to be contacted, each SA leader was phoned and invited to participate. For each group that agreed to participate, a member(s) of the research team arrived before or after the SA meeting and invited members to complete a survey. Research team members read the consent form aloud, answered questions, and assisted those in need of help completing the survey. Each respondents was paid \$3.

Sample

Survey data were collected from 19 of the 23 SA groups in Michigan. One group declined participation, one group was dropped from the sample due to traveling distance, and two groups were in hospital or forensic settings where we were unable to obtain permission from the institution to invite the group to participate.

Surveys were collected from 167 SA participants (131 SA members and 36 SA leaders), for an overall response rate of 95% (167/175) of those invited to participate in the study. This represents a response rate of 94% (135/143) of those present at the SA meetings where data collection took place and 100% (32/32) of those invited to participate at the conference. Eleven of the surveys were not included in the data analysis due to unreliable or incomplete data, yielding a final sample of 156 participants (120 SA members and 36 SA leaders).

Sample Characteristics

Demographic and psychiatric background characteristics for the SA participants are listed in Table I. The majority of SA members and leaders were white and never married. Most were diagnosed with either schizophrenia or schizoaffective disorder and almost all had been hospitalized for

Table I. SA Leaders' and SA Members' Responses to Demographic Questions

Demographic variable	Group role		χ^2
	Members (<i>n</i> = 120)	Leaders (<i>n</i> = 36)	
Gender			
Men	77 (64%)	16 (44%)	4.47*
Women	43 (36%)	20 (56%)	
Ethnicity			
Nonhispanic White	80 (67%)	28 (78%)	2.08
African-American	34 (28%)	6 (17%)	
Hispanic/Latino	3 (3%)	1 (3%)	
Other	3 (3%)	1 (3%)	
Marital status			
Never married	81 (68%)	22 (61%)	3.48
Currently married	10 (8%)	7 (19%)	
Separated, divorced, widowed	28 (24%)	7 (19%)	
Education level			
Did not complete HS	30 (25%)	2 (6%)	10.43*
HS graduate or some college	63 (53%)	18 (50%)	
Associates, BA, or graduate degree	26 (22%)	16 (44%)	
Living situation			
Lives independently	46 (38%)	24 (67%)	10.95*
Lives with family member	27 (22%)	5 (14%)	
Supported/supervised residence	32 (27%)	5 (14%)	
Hospital/forensic center	14 (12%)	1 (3%)	
Homeless/other	1 (1%)	1 (3%)	
Employment status			
Unemployed	82 (69%)	21 (60%)	5.95
Sheltered employment	13 (11%)	1 (3%)	
Part-time or full-time employment	20 (17%)	11 (31%)	
Retired	3 (3%)	2 (6%)	
Receiving disability benefits?			
Yes	91 (76%)	23 (64%)	2.01
No	29 (24%)	13 (36%)	
Diagnosis			
Schizophrenia	87 (78%)	22 (63%)	4.36
Schizoaffective	11 (10%)	8 (23%)	
Depression or manic-depression	14 (12%)	5 (14%)	
Psychiatric hospitalization			
Yes	112 (93%)	35 (97%)	1.03
No	8 (7%)	1 (3%)	

* $p < .05$.

psychiatric reasons. The majority were either unemployed or in sheltered employment and were receiving disability benefits.

SA leaders and members differed significantly from each other in terms of gender, living situation, and educational attainment. While the majority of SA members were men (64%), over half of the leaders (56%) were women. SA leaders were more likely to live independently (67%), while the majority of SA members (61%) lived either with their family, in supervised housing, or in an institution. Almost all SA leaders had finished high school (94%) and many had earned a college or graduate degree (44%). In contrast, 25% of SA members had not completed high school and only 22% had a college or graduate degree.

Measures

Data were collected with a survey designed for this study. The items assessed demographics; referent and expert power of SA members, SA leaders, and professionals; helpfulness of SA; and what types of concerns SA was best able to help participants with.

Referent Power. Referent power was measured separately for three target groups: SA leaders, SA members, and the participant's primary therapist. For each target, referent power was measured using a three-item scale. Each item employed a 4-point scale (1 = not at all, 2 = a little bit, 3 = a fair amount, 4 = a lot). The items assessed identification with and desire to be like the target individual(s) (i.e., "I have experiences in common with other SA members," "I am a lot like other SA members," "I want to become more like other SA members"). While social power has been measured extensively in the social psychology literature, these measures have tended to operationalize only the social attraction aspect of French and Raven's (1959) definition of referent power (e.g., Hinkin & Schriesheim, 1989; Student, 1968; Thalhain & Gemmill, 1974). Since the aspect of referent power hypothesized to be the most influential within mutual help is identification based on shared experience, a measure was developed that focused on this aspect of referent power. For each target group, a mean item score (computed for each set of three items) was calculated. The alphas for the three scales were acceptable considering the small number of items (ratings of SA leaders, .69, ratings of SA members, .66, ratings of primary therapist, .70).

Expert Power. Expert power was also measured separately for three target groups: SA leaders, SA members, and the participant's primary therapist. For each target, expert power was measured using a two-item scale. Each item employed a 4-point scale (1 = not at all, 2 = a little bit, 3 = a fair amount, 4 = a lot). The items assessed the extent to which the respondent valued the information and knowledge/expertise of the target individual(s) (i.e., "I

value the expertise and knowledge of my primary therapist,” “I value the technical information provided by my primary therapist”). Previous measures of expert power have explicitly tied expertise to specialized training. The items in our measure were constructed to measure expert power in a manner that did not tie expertise to professional training, but instead allowed for either a professional or experiential basis of knowledge and expertise. For each target group, a mean item score (computed for the two items) was calculated. Correlations between the two items for the three scales indicated acceptable internal consistency (ratings for SA leaders, .65, ratings for SA members, .45, ratings for SA primary therapist, .56).

Helpfulness of SA. A five-item scale was used to assess the extent to which SA participants felt helped by their involvement in SA. Respondents used 4-point scales for each item (1 = not at all, 2 = a little bit, 3 = a fair amount, 4 = a lot). Four items assessed different issues related to living with schizophrenia (i.e., knowledge of schizophrenia, feelings of loneliness, friendship, symptoms management) and one item assessed the overall helpfulness of SA meetings. These items were selected in collaboration with SA members to reflect what they identified as SA's key features: information, fellowship, and a pathway to recovery which allows individuals to function at their own highest potential. SA explicitly refrains from focusing on changes in independence (e.g., employment, living independence) as the criterion for successful growth. A mean item score (computed across the five items) was used to measure the overall helpfulness of SA. The alpha for this scale was .85.

Types of Concerns Best Addressed in SA. Five items asked respondents to identify who (mental health professionals, SA leaders and members, or family/friends) had the knowledge or experience to best help them with five types of concerns (i.e., medication, symptom management, interpersonal difficulties, loneliness, wanting to talk to someone who really understands what it is like to have schizophrenia). These concerns were selected in collaboration with SA members to reflect issues that they felt were addressed in both mutual-help and professional relationships. Family/friends was included as a response option in order not to misrepresent the role played by mutual-help groups and professionals by forcing respondents to choose one of the two as *best* equipped to help them with the particular issue.

RESULTS

Referent and Expert Power Ascribed to SA Participants and Primary Therapist

To explore the first set of research questions which addressed differences in participants' ratings of referent and expert power of the three target

groups (SA leaders, SA members, and primary therapists), two repeated-measures ANOVAs were performed. Each analysis included one within-subjects factor (ratings of the three target groups), one between-subjects factor (respondent's group role—member or leader), and one interaction term (rating target by group role).

The mean ratings of referent power, listed in Table II, indicated that the ratings of the three target groups were significantly different. Primary therapists received lower ratings than SA leaders and SA members. In addition, referent power ratings made by SA leaders were significantly higher than the ratings made by SA members. Finally the F test for the Role \times Target interaction effect was statistically significant, suggesting that the differences in the ratings of the three target groups was influenced by the respondents' role in their groups. SA leaders ascribed more referent power to other SA leaders than to SA members, while SA members ascribe an equivalent amount of referent power to SA leaders and members. In addition, while members and leaders rated professionals similarly, SA leaders reported more referent power than SA members with regard to other SA members and leaders. Significant differences between levels of referent power that members and leaders ascribed to fellow participants was confirmed with post hoc t tests (referent power ascribed to leaders, $t = 3.78$, $p < .05$; referent power ascribed to members, $t = 2.06$, $p < .05$).

The mean ratings of expert power, listed in Table II, also indicated that the ratings ascribed to the three target groups were significantly different. The respondents ascribed the highest amount of expert power to their primary therapist and to SA leaders and the lowest amount to other SA members. Similar to ratings of referent power, there was also a trend for

Table II. Means and Standard Deviations of Expert and Referent Power Ascribed to SA Leaders, SA Members, and Primary Therapist by SA Leaders and SA Members

Type and target of rating	Respondents' group role				F tests		
	Leaders		Members		Group role	Target of rating	Role X target interaction
	M	SD	M	SD			
Expert power ratings of							
Primary therapist	3.40	.77	3.24	.82	3.39**	4.45*	.55
SA leaders	3.43	.70	3.12	.82			
SA members	3.24	.72	2.99	.80			
Referent power ratings of							
Primary therapist	2.42	.91	2.33	.83	6.35*	22.10*	4.26*
SA leaders	3.23	.68	2.68	.75			
SA members	2.99	.72	2.69	.76			

* $p < .05$.

** $p = .068$.

SA leaders in our sample to rate all three target groups as higher in expert power ($p = .068$) than members did. The F test for the Role \times Target interaction effect was low, suggesting that the differences in the ratings of the three target groups were not a function of the respondents' role in their SA groups.

To explore differences in the types of expertise ascribed to professionals and SA participants, respondents identified who had the knowledge and experience to best help them with different types of problems. To portray more accurately the helping role of SA and professional helpers, the respondents also had the opportunity to choose their natural network of family and friends as the best helping source for these problems. Chi-square analyses indicated that participants judgment of who was best equipped to provide help depended on the type of problem (see Table III). SA members and leaders were significantly more likely to view professionals as best able to help them with issues related to medication and symptom management, professionals and family/friends as the best equipped to help with interpersonal difficulties, and fellow SA participants as best able to help when they wanted to talk to someone who really understands what it's like to have schizophrenia. Respondents were almost equally divided among SA participants, professionals, and family/friends in terms of who they felt was best able to help them when they felt lonely. Chi-square analyses comparing who leaders and members judged best able to help them with each type of problem indicated that leaders and members did not significantly differ in this regard. It is interesting to note, however, that for dealing with loneliness, the pattern of results was slightly different for leaders [$\chi^2(2) = 3.95, p = .14$]. SA leaders were more likely to view fellow SA participants (46%) than family/friends (37%) or professionals (17%) as best equipped to help when they were feeling lonely.

The Relationship of Expert and Referent Power with Group Helpfulness

To explore the second set of research questions which addressed the relationship between participants' ratings of referent and expert power of fellow SA participants and their perceptions of the helpfulness of SA, correlational and multiple regression analyses were performed.

Correlations between the variables are presented in Table IV. Respondents' ratings of their groups' helpfulness were significantly correlated with their ratings of the expert power of SA leaders ($r = .53$) and SA members ($r = .52$). Ratings of group helpfulness were also significantly correlated

Table III. The Number (and Percentage) of Respondents Indicating the Source of Help Who Has the Knowledge and Experience to Help for a Variety of Problems Related to Schizophrenia

Question: Who has the knowledge and experience to best help you with	Source of help			Total	χ^2 (df = 2)
	MH professional	SA leaders and members	Family member or friend		
... Concerns about medication?	131 (85%)	10 (6%)	14 (9%)	155 (100%)	182.87*
... Difficulties managing symptoms?	101 (66%)	28 (18%)	25 (16%)	154 (100%)	72.17*
... Difficulties getting along with others?	62 (40%)	36 (23%)	57 (37%)	155 (100%)	7.37*
... Feeling lonely and isolated?	45 (29%)	53 (34%)	56 (36%)	154 (100%)	1.26
... Needing to talk about what it is like to have schizophrenia?	45 (29%)	96 (62%)	13 (8%)	154 (100%)	68.27*

* $p < .05$.

Table IV. Correlations Between Ratings of Referent and Expert Power and Ratings of the Helpfulness of SA Groups ($n = 152$)

Variable	<i>M</i>	<i>SD</i>	Variable			
			1	2	3	4
1. Referent power ascribed to members	2.79	.78	—			
2. Referent power ascribed to leaders	2.74	.77	.72*	—		
3. Expert power ascribed to members	3.19	.80	.52*	.48*	—	
4. Expert power ascribed to leaders	3.04	.79	.44*	.55*	.73*	—
5. Helpfulness of SA	3.08	.72	.37*	.38*	.52*	.53*

* $p < .05$ (one-tail test).

with ratings of referent power of SA leaders ($r = .38$) and SA members ($r = .37$).

To explore the independent predictive relationships of expert and referent power with group helpfulness, as well as their interactive predictive effect, two hierarchical multiple regression analyses were performed (one using the ratings made about SA leaders, one using the ratings made about SA members). Both analyses included the expert and referent power ratings in the first hierarchical step and a “referent power \times expert power” interaction term in the second hierarchical step. In the first regression analysis with the ratings made about SA leaders, the standardized regression coefficients suggested that expert power was a better independent predictor of perceived helpfulness than referent power (see Table V). These coefficients were computed before entering the expert power \times referent power interaction term at step two. Introducing the interaction term produced a significant change in R^2 , indicating a statistically significant interaction effect. To interpret the direction of the significant interaction effect, two regression

Table V. Results of Multiple Regression Analyses Using Expert and Referent Power Ratings About SA Members and About SA Leaders to Predict Ratings of Helpfulness

Step and rating type	Target of ratings	
	SA leaders ($n = 152$)	SA members ($n = 154$)
Step 1		
Referent power ratings	$\beta = .14$	$\beta = .13$
Expert power ratings	$\beta = .45^*$	$\beta = .46^*$
	$\Delta R^2 = .29^*$	$\Delta R^2 = .29^*$
Step 2		
Referent \times expert power interaction term	$\Delta R^2 = .06^*$	$\Delta R^2 = .05^*$
	Final $R^2 = .35^*$	Final $R^2 = .34^*$

Note. The standardized regression coefficients for predicting helpfulness ratings (β) were computed before entering the interaction term in Step 2.

* $p \leq .05$.

lines for the correlation between expert power and perceived helpfulness for respondents reporting high and low levels of referent power (based on a median split) were plotted. The plot suggested expert power ratings of SA leaders was a strong predictor of perceived helpfulness ($r = .66$) only when referent power ratings of SA leaders was low. When referent power ratings of SA leaders was high, there was little correlation between expert power and helpfulness ($r = .12$).

The results of the second regression analysis, examining the predictive power of the expert power and referent power ratings made about SA members, paralleled the first analysis of ratings made about SA leaders. The stronger independent predictor was expert power compared to the referent power ratings (see Table 5). The interaction term, introduced in the second hierarchical step, produced a statistically significant change in R^2 . Again, the plotting of the regression lines for the correlation between expert power and helpfulness for respondents with high and low referent power guided the interpretation of the interaction effect. Expert power ratings were correlated with helpfulness ($r = .57$) only for those respondents reporting low levels of referent power. Expert power was not significantly correlated with helpfulness ($r = .21$) among the respondents reporting high levels of referent power.

To explore further the nature of the interaction between expert and referent power, we examined the scatterplots for the correlations between the predictor variables, the expert and referent power ratings of SA members and SA leaders. We noted an interesting pattern for both target groups (members and leaders): very few respondents rated SA leaders or members as having high levels of referent power and as having low levels of expert power. To illustrate this pattern, the referent power and expert power ratings were collapsed from 4-point scales into two categories: "high" (ratings of 3 or 4) and "low" (ratings of 1 or 2). While over one-fifth of the respondents ascribed low levels of referent power and high levels of expert power to SA leaders and members [23% (35/154) for ratings of SA members, 22% (34/152) for ratings of SA leaders], almost none of the respondents rated SA leaders or members as having high levels of referent power and low levels of expert power [2% (3/154) for ratings of SA members, 3% (5/152) for ratings of SA leaders].

DISCUSSION

Participants' Experience of Expert and Referent Power

Participants in SA report experiencing both referent and expert power with regard to their fellow SA members and leaders. Consistent with Pow-

ell's (1987) suggestion that the power bases in mutual-help and professional relationships are different, participants report significantly higher levels of referent power for fellow mutual-help participants than for professionals. The respondents' role in their SA group (member versus leader) is related to their perceptions of referent power of other leaders and members. Interpretation of the significant interaction suggests that leaders differ from members in two ways. First, while SA members report similar levels of referent power for other members and leaders, SA leaders ascribe higher levels of referent power to fellow leaders than to other SA members. It is not surprising that leaders, who tend to function more independently than members and who share the experience of being an SA leader, feel they have more in common with one another.

Although leaders differentiate between the referent power of members and that of leaders, they ascribe higher levels of referent power to all SA participants than members do. While they may feel that they have more in common with fellow leaders, they appear to see some basis for identification with all fellow participants regardless of their level of functioning and role in the group. This may be due to the fact that although leaders may be currently functioning more independently than members, as one leader stated, "We have all been there."

In contrast to referent power, participants report experiencing expert power in both mutual-help and professional relationships. They ascribe similar levels of expert power to professionals and SA leaders, while reporting somewhat lower levels for SA members. The finding that participants ascribe expert power to SA leaders (and, to a lesser degree, to SA members) is consistent with Borkman's (1990) suggestion that, while the knowledge bases in professional relationships and mutual-help groups are different, each offers a unique and highly valued source of expertise. Our findings suggest that SA participants view fellow mutual-help participants and professionals as having expertise in different areas. They are more likely to view professionals as best equipped to help them with issues that professionals are trained to deal with (e.g., problems with medication, symptom management, and getting along with others). SA participants are viewed as best equipped to help when they want to talk to someone who really understands what it is like to have schizophrenia and when they feel lonely. These are issues that do not require professional training but require an understanding based on shared experience or, in the case of loneliness, can best be addressed by the development of personal relationships. Participants' views of the differential roles played by professionals and fellow participants are consistent with SA's mission, which is to provide support in conjunction with professional help (John P., 1997). In mutual-help groups that view themselves as more of an alternative to professional care, partici-

pants may view the group as best equipped to help them with a wider variety of issues.

The finding that participants view SA leaders as having more expert power than SA members is consistent with Borkman's (1976) suggestion that, while all those who share a common problem have experiential knowledge, individuals vary in terms of the extent to which they have integrated that knowledge and translated it into experiential expertise. She argues that experienced mutual-help members will have more experiential expertise than newcomers and that this expertise can serve as a basis for leadership or high status within the group. The gap between the perceived expertise of members and that of leaders is not surprising in a group like SA where member and leader roles are quite distinct. While many mutual-help organizations are structured to engage as many members as possible in leadership responsibilities (e.g., Maton & Salem, 1995; Rappaport, Reischl, & Zimmerman, 1992), these opportunities are somewhat limited in SA. For example, few groups have co-leaders and the task of leading weekly meetings is not rotated among members.

The finding that many SA participants both experienced a sense of identification with the group and valued the group's expertise is particularly meaningful in the population of individuals included in this study. Persons who have been dealing for years with the debilitating and stigmatizing symptoms of schizophrenia may lack other supportive referent communities. They often have small social networks or networks that contain a large proportion of mental health professionals (Holmes-Eber & Riger, 1990; Meeks & Murrell, 1994). For persons with schizophrenia, family relationships may be strained (Brown, Birley, & Wing, 1972; Merini & Contini, 1993) and professional relationships are often less than satisfactory due to a lack of resources necessary to maintain an ongoing therapeutic relationship or the belief on the part of many mental health professionals that persons with schizophrenia will not benefit from therapeutic interventions (Torrey, 1995). For these individuals mutual-help groups may offer positive referent communities and helping relationships that are unavailable in other life domains.

Relationship of Referent and Expert Power with Group Helpfulness

Perceptions that one has something in common with other group members and that other group members have relevant knowledge and expertise are associated with the perceived helpfulness of the group. For the group as a whole, the unique contribution of expert power is greater than that of referent power. When we looked at the interaction between referent

and expert power, however, a more complex story emerged. We found that if SA participants ascribe high levels of referent power to other SA participants, their ratings of expert power are unrelated to helpfulness. If participants ascribe low levels of referent power, however, their ratings of expert power are positively correlated with helpfulness. Examination of a scatterplot of the relationship between referent and expert power suggests that in our sample, for the most part, high referent power does not occur in the absence of high expert power. The lack of relationship between the expert power ratings and helpfulness when referent power ratings are high may be due to the restricted range of expert power within this subsample.

While those who report low levels of both referent and expert power view the group as the least helpful, viewing fellow participants as having both referent and expert power is no more predictive of the group's helpfulness than viewing them as having only expert power. These results suggest that the processes by which members are helped by mutual-help groups may vary for different individuals. For those who experience both referent and expert power, the groups may function as identity transforming communities in which participants adopt the values and norms of the group because they experience a sense of oneness with fellow participants and view them as holding valued expertise. For these participants mutual-help involvement may be more likely to lead to a significant transformation in their personal identity. Particularly for those dealing with a stigmatized problem, identification with fellow participants may decrease feelings of isolation and contribute to a sense of personal empowerment (Maton & Salem, 1995). Additionally, a sense of oneness with fellow participants may facilitate the development of the long-lasting personal relationships that often characterize mutual-help involvement (Salem, Rappaport, & Seidman, 1988).

For those who experience only expert power, mutual-help groups may function as a source of information and knowledge more analogous to other types of helping relationships that are not dependent on a strong sense of identification (e.g., professionals, lay helpers, friends and family members). For these participants, perceptions of group helpfulness may be attributable simply to the perception that the group provides useful information, support, and advice. They may be less likely to significantly alter their world view as a result of their participation or to view the group as a community for living.

This interpretation of the data is consistent with the underlying philosophy of mutual help, which stresses the importance of consumer choice in how and whether mutual help is used (Zinman, 1987). It is also consistent with the literature on social power that suggests that the different types of social power may operate either in isolation or in conjunction with one another (Raven & Litman-Adizes, 1986).

Study Limitations

There are limitations in the methodology used in this study that should be noted. First, the study employed a single method, self-report methodology, elevating the risk of shared method variance. This problem is potentially the greatest with our measures of referent and expert power. The possibility that this is the reason for the significant relationships that we found is minimized by the fact that the interrelationships between variables differ in predicted and conceptually sensible ways (e.g., participants ascribe lower levels of referent power to professionals, leaders ascribe higher levels of referent power to one another).

Second, psychometric information on our measures is limited. Future measurement development of the indices of referent and expert power that include traditional and expanded definitions and operationalizations of the constructs will help us to link our current findings to the extensive literature on social power.

Finally, we must be cautious in generalizing these findings to other mutual-help groups. Mutual-help groups vary tremendously on a variety of dimensions that impact the interrelationships between these constructs (e.g., problem focus, philosophy, attitude toward professionals, differences in the roles played by organizational members and leaders). For example, we would expect referent power, and the accompanying feeling that one is not alone, to play an important role in groups that address unusual or stigmatized problems (e.g., mental illness, AIDs). We might expect it to be less important in groups dealing with problems that are more common or publicly acknowledged (e.g., bereavement, illness of a child).

Conclusions

This study provides a first look at the roles of referent and expert power in a mutual-help organization. Our findings suggest that expert power is a significant source of social influence within SA that can help us to understand how participants are helped by the group. This study provides empirical support for Borkman's (1976) contention that mutual-help groups provide their members with a unique and valued type of expertise. Participants appear to find this expertise helpful whether or not they feel a strong sense of identification with fellow participants.

Our findings also indicate that mutual-help participants experience referent power in relation to their fellow participants and that referent power distinguishes mutual help from professional helping. Our results shed little light, however, on the unique role of referent power in mutual

help. A strong sense of referent power with the group does not appear to be necessary in order to view the group as helpful. Reference group theory suggests that it may, however, play an integral role in participants' appropriation of the values, norms, and stories of the group (Powell, 1987). Unfortunately, the limited measures of group impact utilized in this study do not allow us to test this hypothesis.

Two important questions concerning the role of referent power in mutual help can be addressed in future research. First, how is the group experience of those who feel a strong sense of identification with the group different from that of those who do not? This question can be addressed through the use of expanded measures of group impact and individual change, as well as through the qualitative exploration of members experience of identification with the group. Second, it would be useful to explore the determinants of participants' experiences of referent power. What individual, group, and individual–group fit factors predict referent power? Of particular interest in this regard is understanding the roles of race and gender in mutual-help participants' experience of identification. Exploration of these and other questions regarding the complex interrelationships among referent power, expert power, and identity and behavior change in mutual-help groups will require the longitudinal and qualitative exploration of members experiences.

In addition to increasing our understanding of mutual help, our findings have implications for French and Raven's theory of social power. Expansion of the definition and/or operationalization of the constructs of expert and referent power increases the types of relationships to which the theory of social power is applicable. The inclusion of knowledge and expertise based on personal experience in the definition of expert power allows us to explore peer influences. Similarly, operationalization of the identification component of referent power allows us to apply this construct to mutual help. The utilization of expanded definitions of these constructs can help us to understand subtle differences in the helping relationships that are available to people. For mental health problems in particular, the range of helping relationships that people draw on for support includes professionals, peer mental health workers, lay mental health workers, family, friends, and mutual-help groups. These relationships are based on unique aspects and combinations of referent and expert power. For example, the attraction component of referent power may be more important in professional relationships, while the identification component may be more important in mutual-help relationships. Similarly, expertise based on personal experience with an issue may be most important in mutual help, while consumer mental health workers may provide a powerful combination of expertise based on both personal experience and professional training. The continued

exploration of the roles of referent and expert power in mutual-help groups and other types of peer helping relationships can help us to understand the mechanisms by which these different types of helping relationships provide participants with support, valued expertise, and the motivation for change.

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