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Abstract

This is a case study of a single therapeutic farm community with the goal of understanding the community as a whole organization. Therapeutic farm communities are largely under researched. The studies that do exist focus on evaluating client outcomes without adequate description of the organizations which produce the outcomes. To provide an in depth description of the therapeutic farm community which was selected for this case study, ethnographic research methods were utilized. Data analysis was conducted as an inductive process, drawing conclusions from coded and organized ethnographic field notes using postmodernism as a theoretical lens. This guided the interpretation of the collected data to exemplify the power dynamics and relationships between community members including staff and residents. The data reveals a theme of group orientation in the therapeutic farm community's daily organization. This orientation extends opportunities of shared experience for residents' social development through feelings of belonging and inclusion. This under-researched model, if widely implemented, could open new possibilities for existing communities or more publicly accessible programs. The result of these applications would provide alternative options to a wider range of struggling individuals.

Building Social Connection: A Case Study of a Therapeutic Farm Community

Introduction

Therapeutic farm communities are organizations that are largely under researched (Hassink, Hulsink, & Grin, 2012). In the studies that do exist, there is focus on assessing the effectiveness of individual therapeutic farm communities through client outcome evaluations, interviews, and focus groups with very brief descriptions of the program which produced those outcomes (Elings & Hassink, 2008; Simpik, 2010; Wiesinger et al., 2006). The findings of these studies report significant positive client outcomes that indicate the promising potential of therapeutic farm communities (Elings & Hassink, 2008; Simpik, 2010; Wiesinger et al., 2006). There is a lack of information in past studies pertaining to describing and analysing the organization of the farm communities as treatment programs that produced the reported positive outcomes. This study's purpose is to examine what a selected therapeutic farm community organization looks like in practice, as a whole, complex system including the programs and activities of community. Utilizing the concept of power through the lens of postmodernism aids in the understanding of how social influence and control occurs within a therapeutic farm community. The researcher suggests there is a need for more descriptive information on what therapeutic farm communities are. This information would open future possibilities of replicating its model, which in turn could be used in existing communities or applied to more publicly accessible programs. These strategies would provide alternative options for a wider range of struggling individuals.

Literature Review

Early History

Utilizing agricultural practices as a therapeutic intervention is a treatment that is centuries old. Hospitals and correctional facilities had, and continue to have, gardens or farms planted and maintained by the populations they serve (Sempik, 2010). Creating an intervention with farm work as the core treatment for struggling individuals was the goal of a late 18th century Quaker named William Tuke (Schen, 2013). Tuke developed what he called a "retreat asylum" in Liverpool, England which prized community living alongside the manual labor required to operate a farm. Later, Tuke's retreat asylum was recognized as the first therapeutic farm community model, a model which spread throughout the western world, gaining most popularity in Scandinavia and The Netherlands (Schen, 2013). Today, The Netherlands is considered a pioneer of this organizational model, with more than 800 "care farms" established to date (Hassink, Hulsink, & Grin, 2012). The concept of therapeutic farming communities arrived in the United States with the Gould family, who were inspired by Tuke, and established The Gould Farm in the semi rural town of Monterey, Massachusetts in 1913 (Edwards, 2009). Their therapeutic farm organization is a long term residential program focused on providing a space of sanctuary and healing for those who struggle with mental illness, the average stay is 9 to 12 months (Gould Farm FAQs, 2014). The oldest therapeutic farming community in America, The Gould Farm, established an organizational model that many future American therapeutic farm communities were inspired by.

Therapeutic Farm Community Characteristics

Beyond the organizational characteristics of valuing a strong social community and the therapy found in farm work, the definition for this program model is very loose. Terms that have been developed to describe this general model include "care farm", "green care", "therapeutic farm community" and "horticulture therapy" (Elings & Hassink, 2008). The Gould Farm and

other therapeutic farm organizations who were inspired by Gould, generally provide clients with psychiatric care, medication management, balanced nutritional meals and daily physical activity through farm work. Therapeutic farming communities that exist today have a variety of focuses on different populations, including individuals struggling with mental illness, dementia, troubled youths, people in addiction recovery and individuals with developmental and/ or learning disabilities (Schen, 2013).

The vulnerable populations which therapeutic farm communities strive to serve often experience "stigmatization, low quality of life, isolation, loneliness, and low self-esteem," (Pedersen, Patil, Berget, Ihlebæk, & Gonzalez, 2016, p.31). The treatment provided by therapeutic farm communities have been shown to foster a sense of self-reliance and accomplishment within individuals, due to the stimulating nature of the farming practice and the social inclusion of working together in a community (Wiesinger et al., 2006). Schen (2013) explains how the therapeutic farm community model of maintaining the organization's agricultural aspect provides residents with "real and tangible work to do," work which contributes to the whole community's well being and gives significance to the individual's labor (p. 37). Many traditional residential treatment programs are structured around talk therapy and "focus an inward gaze", while the act of farming encourages an outward gaze "to see instead of think, to be instead of analyze" (Schen, 2013, p.37). Recent studies on therapeutic farm community client outcomes have shown significant "improvement in mental health, self-efficacy, coping ability, and perceived attentional capacity" (Pedersen et al., 2016, p. 41). Pedertti-Burls (2008) discusses the significance of the physical setting of the outdoor environment in the healing process. Human beings intrinsically gravitate towards the natural process, which is imperative for development of the mind and body (Pedertti-Burls, 2008). In

this way, therapeutic farm communities have the potential to empower struggling individuals with autonomy and freedom (Wiesinger et al., 2006).

Focuses of Mental Health Care

Recent reform movements in the mental health system are shifting treatment away from classical mental health institutions, and slowly moving towards recovery-oriented therapies that "focus on consumer autonomy and choice" (Stein et al., 2015, p. 32). Approaches to care are gradually showing more emphasis on "the rights and abilities of people with mental illness to live productive and meaningful lives despite psychiatric symptoms" (Stein et al., 2014, p. 34). This shift of focus is carried out through the use of community based agencies and alternative treatment programs such as therapeutic farm communities (Hassink, Elings, Zweekhorst, Van den Nieuwenhuizen, & Smit, 2010). These more holistic organizations are focusing on empowerment and are recovery-oriented, furthermore, they are strengths-based; meaning they concentrate on uplifting and encouraging individuals to use their own power to overcome challenges (Hassink et al., 2010).

The therapeutic farm community model is a hybrid of this movement and the traditional mental health institutions. The model emphasizes empowerment and personal autonomy, while being semi-separated from society and contained in the physical therapeutic farm community setting. The model prizes the therapy found within the work as well as the healthy social connections individuals make within the community. Sempik (2010) discussed the importance of having meaningful occupations when receiving treatment for mental health, and applauded the therapeutic farm model for teaching clients new skills and employing purposeful physical activity. The farm work component offers struggling individuals an "immediate goal," a task to complete that is both tangible and rewarding in a physical and mental capacity (Elings &

Hassink, 2008). The body is used in a productive manner and the individual gains a sense of accomplishment and respect through their meaningful contribution to the community.

There is also emphasis on the importance of social inclusion in a therapeutic farming community. Work is completed in teams who set out towards a common goal and provides opportunities for natural interaction and relationships to grow between individuals. These interactions provide a sense of control over the client's social and physical environment (Sempik, 2010). Elings and Hassink (2008) described the great importance and value of the social aspects of the therapeutic farm communities. Being part of a community gives struggling individuals a chance to practice making social contact, a skill that may have been impaired on account of the conditions which lead the individual to treatment (Elings & Hassink, 2008).

Evaluation and Description

The majority of previous studies on therapeutic farm communities have focused on evaluating client outcomes using subjective client feedback from focus groups and interviews, as well as descriptive data analysis of observations made at a therapeutic farm community (Elings & Hassink, 2008; Simpik, 2010; Wiesinger et al., 2006). There is a notable lack of attention given to describing and analysing the therapeutic farm communities which produce those outcomes. There is importance in painting a picture of the therapeutic farm community which builds the environment of recovery and rehabilitation discussed in existing literature. The lack of in depth descriptive information on what a therapeutic farm community looks like as a whole, complex organization, prompts the desire to first understand what the organization is before evaluating outcomes. This information would open possibilities of replicating its model which, in turn, would improve access to the reported effectiveness of the organizations. Applying the

therapeutic farm community model to existing communities, or to publicly accessible programs, would provide additional options for a wider range of individuals in need of formal support.

Research Question

This is a case study of a single therapeutic farm community with the goal of understanding and describing the community as a complex organization. Special attention is given to illustrating the organization to form a comprehensive vision of what a therapeutic farm community looks like in practice. This study seeks to answer the question "what is a therapeutic farm community," rather than evaluating client outcomes. Through data analysis, patterns are revealed to lend a deeper sense of how the organizational model of the therapeutic farm community provides opportunities for residents to heal and grow. Focus on social influence, power dynamics between community members, and how control is utilized in the intentional therapeutic farm community setting will aid in striving to meet the goal of this research. The main goal is to gain a closer more descriptive picture of the therapeutic farm community chosen for this case study.

Methods

Research Site

The research site for this study was selected based on the following criteria: the organization's self-proclaimed status as residential therapeutic farm community, target population of individuals struggling with mental illness, advertised acceptance of volunteers, and geographical location in Northern United States for access. The ultimate deciding factor between potential research sites was determined by the shortest travel distance between the organization's

location and the researcher's place of residence. A therapeutic farm community was confirmed as a research site and the researcher's position as a residential intern at the organization was decided. The interview process for the internship included a telephone interview, followed by an in-person interview where the researcher spent an afternoon touring the therapeutic farm community and meeting its members. Mandatory training for the internship position included QPR, Health Insurance Portability and Accountability Act (HIPAA), Mandatory Reporting, and Infection Control. The primary responsibility as a volunteer intern was to contribute manual farm labor to the organization with the onset of the busy summer farm season. The researcher lived and worked in the chosen therapeutic farm community for the duration of the data collection timeline: between June 10th, 2018 and July 31st, 2018; 51 days.

Ethnography and Data Collection

Ethnographic research methods were employed to meet the goal of understanding and learning about a therapeutic farm community. Engaging in ethnographic research is to be a participant observer, meaning the researcher is participating in activities with the intent of understanding and exploring a given setting without criticism (Hesse-Biber and Leavy, 2006). The ethnographic method enables the researcher to understand the therapeutic farm community as the complex and interrelated system that it is. Prior to start, this research study was submitted to the IRB and received approval to proceed. All collected field notes and findings are devoid of identifying features, names and employee titles have been changed to maintain confidentiality of the site and the individuals within the site. While volunteer interning at the chosen organization the intent of gaining an understanding of the organization and the collection of daily field notes was known to all individuals within the community. Qualitative data was collected on an ongoing basis through the use of post-observation field notes which were recorded at mid-day

then at the end of the day to more effectively capture observations and descriptions. The daily

hours engaged in the community typically fell between 8:00am and 7:00pm. All observations,

descriptions, and information about the therapeutic farm community organization were collected

from casual interactions that occurred naturally while engaging with the community as an intern.

Staying within the ethnographic research method, individuals were not sought out to be

interviewed. However, occasionally, a conversational opportunity for inquiry arose with a paid

staff member, and an informal semi-structured interview was held to learn more about the

administrative and logistical process of the organization. A semi-structured interview involves

very general questions that loosely guide the conversation and allows respondents to branch out

and discuss what is important to them (Hesse-Biber and Leavy, 2006). Semi-structured interview

conversations were recorded in field notes after the fact. The data gathered on a daily basis was

compiled into an accounting summary and cumulative reviews were conducted biweekly while

in the field.

Data Analysis

Through the inductive process of analyzing and arranging data, patterns were revealed to

lend a deeper sense of the organizational model of the selected therapeutic farm community.

Utilizing this analysis process is most appropriate for reaching the goal of describing and

understanding the therapeutic farm community as it builds the findings from the observations

and descriptions captured in the field notes. *ATLAS.ti Student*, a qualitative data analysis

software program which organizes and codes descriptive field notes, was employed to aid in

organizing and arranging the collected data.

Line-by line coding was first employed, categorizing field note observations according to

the subjects which they addressed: administrative staff, agricultural / farming, animals, clinical

staff, community atmosphere, environment / setting, events, residents, rule / policy, schedule, transitional program, treatment program, crew leaders, work crew directors, and work crews. Individual subject codes were then further classified according to context of the coded subject: crew leader roles, policy / rules, and empathy; residents attitudes, demographics, and rules / logistics; work crew farm, gardens, woods, and shop. Conceptual linkages were identified through the appearance of two or more codes which overlapped on field notes as well as the flagging of co-occurring subjects. Network diagrams, or categories, of overlapping codes were created to visually map these links. This categorical tool aided in the inductive critical thinking process, which was captured in memo-writing, and developed the collected data into coherent patterns. Field note observations which explicitly addressed this study's theoretical lens was coded after line-by-line coding, context coding, and network categories were organized. The code names for labeling the explicit power references included residents power, staff power, and staff / residents power.

Theoretical Lens

To better understand a community in any context, a theoretical lens is applied. An intentional community, such as a therapeutic farm community, is prone to experiencing similar power dynamics and challenges just as any other community (Netting, 2011). Theory regarding power provides clarity on what a therapeutic farm community looks like in practice as a complex organization. The data analysis process was executed with a lens of postmodernism, which guided the interpretation of the findings and aided in the exploration of themes within the data. Postmodernism, as described by Voronov & Coleman (2003), is a perspective that offers "crucial insights into organizational processes" (p.173). The analysis of this research is challenged by this

theoretical perspective to "note the power plays in mundane organizational activities and in the research process" (Voronov & Coleman, 2003, p. 173).

Michels (1911), a classic sociology theorist, discussed the idea that all organizations eventually end up with power concentrated to a few members because of the need for efficient decisiveness and technical knowledge. This idea was named the Iron Law of Oligarchy, which did not exclude organizations "guided by liberal ideologies and provisions for participation" (Sullivan, 2016, p. 542). Community power structures, or levels of influence, can be recognized as formal and informal structures (Shively, 1994). Formal structures are characterized by member's status titles and established hierarchy, while informal structures are much harder to identify but "may have far greater influence," on the community (Shively, 1994, p. 13). According to Michels (1911), no matter the organization, power is concentrated in a structure by nature.

The term "power" is commonly interpreted with a negative connotation, as it suggests there is some form of inequality and/ or oppression. This study's intention with the use of power theories, and with the term "power", is to communicate a difference in an individual's ability to influence and control a social situation. This study examines how the concept of power through the lens of postmodernism can aid in understanding how social influence and control occurs within a therapeutic farm community's rehabilitative organization.

Findings

Context of the Physical Environment

The therapeutic farm community, which is the subject of this study, is set on a sprawling 700 acre campus that holds upwards of 30 buildings and structures scattered amongst beautiful

wooded areas and between large open fields of hay (see Appendix A for map). The data collection period took place during the summer months with an array of green hues bursting from the natural surroundings. The therapeutic farm community is completely open, with no walls, fences, or gates, aside from those which enclose the variety of different farm animals the organization cares for. Soft green hayfields border the community, fields which are harvested twice a year to feed the farm animals. A well maintained dirt road runs through the center of the community, traveled by neighbors of the farm as well as community members themselves. Narrow gravel paths journey through small patches of forest and across lush green landscaped lawns to connect different buildings and barns.

The Main House is a large, red, two story home-like building that holds the community dining space and living room, along with the majority of the administrative and clinical offices. The cozy living room holds an old, well played grand piano and sunken couches warmed by the sun that streams through parallel panels of windows. The dining space welcomes familiarity with seven worn wooden tables with chairs, all handmade by residents and staff. Of the many buildings within the community, six serves as homes for residents. Each has a different architectural design, but all give the impression of a typical suburban home: two stories high and painted in a selection of bright colors including orange, blue, and red. Inside each is a common living room, shared bathrooms, a small kitchenette, individual rooms for each resident, and an apartment style unit for the one or two staff members who live in and manage the house. There are also six houses on the property which belong to six different staff members who work in different roles within the therapeutic farm community. The houses are fully the homes of the staff, as they live and raise their families there. The homes of the residents and of the staff stand throughout the property with no divisions based on who occupies them.

The agricultural aspect of the therapeutic farm community consists of large gardens, a greenhouse, a number of hay fields, and a variety of farm animals. The gardens hold beds of seasonally appropriate vegetables and flowers, producing modest amounts of vegetables which are incorporated into community meals. Seeds from previous harvests are raised in the greenhouse, or "hoop house" as it is called by the community, then transplanted to outdoor garden beds. The various barns, tool sheds, and storage spaces are clean and organized so every item and tool has a special space of belonging. The farm animals included livestock with about 9 cows, 40 turkeys, and 8 pigs which are mindfully fed and cared for. Other animals are kept as contributors to the community, consisting of around 100 chickens who give eggs, 12 sheep who offer wool, and about 20 female cows who are kept as breeders. Still others are cared for as pets including the 2 goats, 2 horses, 2 donkeys, and 2 llamas. The farm, as a multifaceted operation, is maintained daily by teams, or "crews" of residents who are led by staff members.

Community Members

At the time of data collection, there was approximately 60 total people who made up the community, all of whom were constantly coming and going, bustling between different buildings, fields, woods, and running errands to nearby towns. The approximate numbers and purposefully disguised titles of the therapeutic farm community members are as follows: 20 Residents, 9 Crew Leaders, 4 Work Crew Directors, 4 Clinicians, 8 Administrators, 1 Registered Nurse, 5 Kitchen Staff, 6 Maintenance/ Housekeeping Staff, 3 Overnight Staff, along with assorted family members of staff who live in the community (see Appendix B for organizational chart). Community members wore no badges, nor explicitly identifying garments to distinguish their status, though the functionality of their clothing hinted at their role. More durable clothing was commonly worn by people who worked outdoors maintaining the farm, such as work crew

staff and residents, while more professional clothing was dawned by individuals who worked indoors as administrative and clinical staff. The racial composition of community members, including all staff and residents at the time of data collection was majority White/Caucasian with two residents observed to be Black/African American.

The number of residents at the time of data collection fluctuated, hovering around 20, as individuals entered and graduated from the therapeutic farm community. The target population for the selected therapeutic farm community are individuals struggling with persistent mental illness and/or addiction who are in need of non-intensive long term care and rehabilitation. On account of the open nature of the therapeutic farm community's environmental setting, potential residents enter an intake process to determine the individual's ability to remain safe while exercising the wide freedom of movement the community offers. At the time of data collection, residents ranged in age from 21 years of age into late 50s, with the majority of residents between 21 and 35 years old. Most of the residents were observed to be male, with four residents identifying as female. All residents were physically able to participate in the labor demands of the therapeutic farm community. The therapeutic farm community is a private pay, self-identified "not-for-profit" organization, not contracted with any insurance company. Cost of treatment stands above $11k per month. Although financial aid is offered, the high cost isolates potential residents to only those financially capable of affording care, typically those belonging to the upper middle class or upper class. This fact makes the therapeutic farm community an exclusive organization, not accessible to a large amount of people who belong to a lower socioeconomic class.

Therapeutic Work

The therapeutic farm community model prizes the aspects of farm work and healthy connections within the community, aspects which were observed in the field. The community's weekday schedule involves "work crew" as the primary activity for residents, a total of 4 hours per day is spent on work crew (see Appendix C for typical daily schedule). Weekends do not have work crew time. There are four different crews who maintain different assets of the farm, including the many animals, the large gardens, the busy repair shop, and the expansive landscape and woods. Residents are required to participate but have the freedom to choose which crew to join for the week and can switch at the end of the week if they so choose.

Each crew is headed by a Work Crew Director who decides the tasks to be accomplished that day. Leadership is then delegated to one or two Crew Leaders who guides the crew through the day and ensures the completion of each task and the participation of the residents. The farm tasks which are planned and carried out are intended as therapeutic work. When the term "therapeutic work" was used by staff in meetings and casual conversations, it was applied abstractly and seemed to generally refer to how complicated and rigorous a task was designed to be. When working on crew, the efficiency of residents' labor was not criticized, the act of participating in the group's efforts was observed to be more important than the quality of the work. In a particularly laborious task of digging up unwanted thistle in a cow pasture this quality of therapeutic work was demonstrated by how the crew leader managed the team:

The [crew leader] did not push the others to put more into it or to do more. It seemed

being there and working at their own pace was enough. (Field note, June 12, 2018)

There was a consistent difference in the perceived value placed on the therapeutic work versus the clinical therapy. Individual appointments for clinical therapy were scheduled according to each clinician's availability, often in the middle of work crew hours. Clinicians met with each of

their clients once per week. The demands of maintaining an operational farm was constantly

challenged by the focus of the therapeutic farm community, which is to provide rehabilitation

and care for residents. This field note reflects on a discussion of this topic which took place in a

weekly staff meeting:

> A large amount of importance is put on work crew, clinical one-on-one therapy is talked
>
> about as important but seems to be pushed to the side as a given. Formal group therapy
>
> also seems to be pushed aside, as less important and more of a hassle as far as scheduling.
>
> (Field note, June 20, 2018)

Maintaining this balance was a frequent discussion topic at the weekly staff meetings. Most staff

recognized that in the end, the center of the therapeutic farm community is the residents'

treatment. Treatment which the community provides is both the clinical treatment as well as the

work therapy. The therapeutic farm community does not operate as a commercial farm, the

agricultural piece of the organization resembles something closer to a large scale hobby farm, as

it comes secondary to the client experience.

A significant farming activity which involved the whole community was bringing in hay

from the fields. All community members were encouraged to contribute to the "haying" effort,

which involved picking up hay bales and lifting them into trucks then stacking them in barns.

Some of the administrative staff members who were able to help worked and sweated side by

side with residents, outside their usual offices. Being part of such a monumental task with

everybody working together towards one common goal brought the community together with

shared experience and comradery. Everyone was supporting and encouraging each other to

continue on, checking in with the people around them asking if they needed a break for water, or

to sit in the shade to cool down. The experience of haying was not always laborious or intense as this reflective field note demonstrates:

> After lunch, I joined the Farm Crew at 1:30pm to stack the hay that was spread across the fields for easier pick up. The crew was 7 people, including myself and 2 [crew leaders]. The hay fields are The Ball Field and the Power Lines Field … near the fields are the cow pastures, and while we stacked piles of four or six bales, we hear them mooing. While we were waiting for trucks to come and load up the hay, we went into the pasture and stroked the cows. The day was warm, but not hot, with clear skies and a cool breeze. The fields were higher up on the hill than the main house and past the highest resident house. The group of us gathered in the shade to wait and had a conversation about how many kids we would have, and what age was the best age to be as a kid. The [crew leaders] made sure to include everyone in the group by asking people who had been quiet relevant questions. (Field note, June 11, 2018)

Working through challenging tasks and laboring alongside the same people throughout the work week seemed to forge interpersonal social bonds between residents and staff alike. Those bonds were observed to go beyond the scheduled work crew hours and into a positive and familiar connection which opened chances for social support and encouragement. A particular example of a fostered helping relationship between a crew leader and a resident, who had been working alongside each other for a couple weeks on a work crew, was demonstrated in an observed interaction at meal time:

> Over lunch, a resident openly asked [a crew leader] for advice on coping skills for dealing with their depression, stating that they were struggling and looking for some

support. They clearly valued the opinion of the [crew leader] and considered them a place

to turn for help. (Field note, July 15, 2018)

The collaborative work as well as the considerable time spent together during work crew hours

provided opportunity and common ground for a healthy connection to be built upon. Although

crew leaders are not required to have backgrounds in clinical therapy, or mental health, they are a

critical part of residents' treatment. The crew leaders' position is vital because they have the

highest and most consistent amount of time spent with residents, due to the prioritization of work

crew during the weekdays.

Building Social Connection and Feelings of Inclusion

The research suggests that the social connection and the feelings of inclusion which

residents experience are the strongest healing assets of the therapeutic farm community. These

factors are particularly strong for individuals who have been stigmatized and marginalized

because of their mental illness or addiction. The way the therapeutic farm community grows that

connection and feelings of belonging is with the conscience intention of being group oriented.

The daily organization reflects this intention: meals are communal and farm work is done in

crews, trips outside the community are taken in groups, resident houses have shared living

spaces, and activities are participated in by collectives of engaged residents. The mentality of

collaborative group involvement and work which is promoted throughout the day's programs are

naturally continued by residents in their down time. An example of this is captured in the

following field note:

After dinner some residents and I went to hang out [outside a resident house]. We sat

outside on blankets, folding chairs, and I was in a hammock. We talked about music and

our pets back home. This evening, around 8:30 p.m. in the dining room, a [crew leader]

and a bunch of 5 or 6 residents were hanging out around a table, drawing, writing poetry

and writing in their journals. On the buffet table there was cereal laid out for those who

wanted it and some residents were drinking tea to settle into the evening. (Field note, July

24, 2018)

Residents choosing to hang out in common spaces and socialize in pairs or in groups of three or

more was frequently observed.

The sometimes challenging and tenuous nature of a day's work crew activities gives

residents and staff shared experience which healthy relationships are built upon. A sense of

belonging is grown through sometimes difficult tasks which a crew must work together to

complete, emerging with a feeling of shared accomplishment. A frequent task on gardens crew is

weeding the beds of vegetables. On this day, the monotonous task lulled the gathered crew into

sitting on the ground next to the bed we were working on. The sun was out and puffy clouds

drifted across the sky on a breeze that swayed the surrounding stunningly green trees:

One resident was talking a lot about their struggles with alcoholism, and other residents

related their struggles with their own addictions; the atmosphere was so supportive and

safe… the residents related to and validated each other. (Field note, July 23, 2018)

Relating personal struggles to another person and feeling understood was observed to have a

calming effect on the residents. Sharing experiences with mental illness and addiction built a

sense of social belonging and understanding amongst the residents. Communal meals offered

chances to combat isolation as the community shared food together and crew leaders

intentionally and actively engaged residents in conversation. The large wooden dining tables

were instruments of community building, as they welcomed people to sit as a community:

People sat together, most people going to sit with others who had already sat at a table,

not that everyone at the table was good friends, but the desire to be with others and to be

friendly with others was clear in the seating patterns. (Field notes, June 12, 2018)

The choice to sit with others was observed to be an everyday occurrence for the majority of

community members. Meals were always populated with conversation, sometimes abundantly

and sometimes sparsely. When meals were eventually cleared away, it was a common

occurrence for groups of crew leaders and residents to stay at tables or move outside to continue

socializing.

After dinner, a small group of residents and [staff members] were hanging out on the

picnic tables outside the dining room. There was a soft breeze and the heat from the day

was just starting to wane, we laughed and joked and talked about music and movies.

(Field notes, July 20, 2018)

The many individual connections within the different groups a resident engages with throughout

the day, work crew, community dining, and down time, add up to a deep sense of connection,

inclusion, and acceptance to the wider therapeutic farm community.

Power and Social Skill

The stigmatization and marginalization which an individual struggling with mental illness

and/ or addiction experiences can negatively impact the development of social skills. Miyamoto

(2016) found that social skills can be a determining feature for the successes in an individual's

life, whether it be academic, occupational or to achieve "healthy lifestyle and active citizenship,"

(p.53). The therapeutic farm community offers opportunities for residents to practice social and

emotional skills which include skills of assertiveness, influence, and/or control, which could be

described as "power dynamics". These observed power dynamics are not the malicious

oppressive behavior which the word "power" commonly brings to mind. Instead the term should

be recognized as it is within this context: an individual practicing appropriate social skills of

interaction, engagement, and influence.

The majority of group interactions, whether formal such as work crew, or informal like

meal time, have a staff member present who is aware of the group's conversation. The staff

monitor interactions to ensure appropriate topics and to guard against inappropriate social

manipulation or influence. Stirring subjects were mildly discouraged and when they inevitably

arose, staff responded with mindfulness:

> While the group stood and worked, we talked about religion and how it affects the world
>
> we live in today. The conversation was moderated by [the crew leader] who lead the farm
>
> crew, but no one got upset or worked up about the topic. The [crew leader] continuously
>
> reiterated the importance of respecting other people's opinions and beliefs. (Field note,
>
> June 12, 2018)

When staff deem it necessary to intervene, they are exerting power and control which is afforded

to them by their status as a staff member. They may state what their concern is over the

conversation bluntly or they might redirect the conversation away from the point of worry. Staff

are modeling appropriate power use to influence change and control a conversation. In this way

residents are offered the opportunity to develop healthy and suitable methods of social influence.

Work crew was the most frequent setting where residents sought social influence and control.

For example, this field note describes how three residents figured out how to work together on an

assigned task:

> The Farm Crew project for the morning was to set up electric fencing for the cattle in the
>
> upper pastures. 3 residents were dispatched to stake out the fence perimeter and put in

fiberglass temporary posts to string the electric wire… each one wanted to be in charge of

the group, even though each had their own job to do in collaboration with the group.

Observing them giving and taking instructions was interesting to watch, the length of

time a resident was here did not seem to indicate seniority. The size of their ego seemed

to dictate who made it most well-known that they were "in charge". (Field note, June 20,

2018)

The resident who decided to be "in charge" used the loudest and most commanding voice to

communicate this to the other two residents and repeating the crew leader's instruction. The crew

leader who delegated the tasks to the three residents did not interfere in the process of

completing the fencing, but praised the group when the task was completed and pointing out

their teamwork as the reason for the job well done. Residents did not always respond to crew

leaders' direction however, sometimes challenging the crew leaders' authority as a staff member.

Today there was some conflict between the residents and the [crew leader] ... the

residents didn't respect the [crew leader] ... they showed this by not responding to the

[crew leader's] requests to do a task, and by openly questioning the [crew leader's]

decisions. (Field note, June 19, 2018)

Challenges to staff decisions were observed to not encouraged or welcomed, however when they

did occur, staff commonly answered with explanations of their reasoning behind a decision or

task. The methods which staff engage with residents who exhibit challenging behavior models

appropriate assertiveness and opens opportunities for conversations around the topic of power

and social influence.

Discussion

A therapeutic farm community as a whole, complex organization was described in this

case study. The findings indicate that the selected therapeutic farm community offers

opportunities for social development through feelings of belonging and inclusion. These factors

which residents experience are the strongest assets of the therapeutic farm community, especially

for individuals who have been stigmatized and marginalized because of their mental illness and/

or addiction. Feelings of belonging are grown with the intentional group-oriented nature of the

therapeutic farm community's daily organization. Work crew tasks, which often require

teamwork, gives the feeling of shared accomplishment when completed. Experiences which the

community provides, through therapeutic work, offers a base where healthy relationships

between residents and staff alike can be built. Those relationships open chances for social

support and encouragement, as well as modeling of appropriate social connections. Through

group interactions, residents are offered the opportunity to develop healthy and suitable methods

of social influence. Such interactions are described as power dynamics, as the practice of social

skills which include those of assertiveness and control. Staff model the appropriate employment

of power to influence change and to control a possibly inappropriate conversation or interaction

between residents.

This research differs from previous studies by focusing on describing and understanding

a single therapeutic farm community. Previous studies assessed the effectiveness of individual

therapeutic farm communities through client outcome evaluations, interviews, and focus groups,

with very shallow explanations of the organizations which produced those outcomes (Elings &

Hassink, 2008; Simpik, 2010; Wiesinger et al., 2006). The treatment provided by therapeutic

farm communities have been reported to foster a sense of self-reliance and accomplishment

within individuals, due to the stimulating nature of the farming practice and the social inclusion

of working together in a community (Wiesinger et al., 2006). The physical farm labor tasks, nor

the level of physical demand were deeply discussed in this study's findings, though the concepts

were referenced in previous literature (Simpik, 2010; Elings & Hassink, 2008).

The under-researched model of the therapeutic farm community, if widely implemented,

could potentially open new possibilities for existing communities, or for more publically

accessible programs. Therapeutic farm communities could be considered hybrids of the

traditional mental health institutions and of the recent movements of recovery-oriented therapies

by holistic organizations. The previously reported positive client outcomes of this hybrid model

could be extended to a wider range of struggling individuals through their application to existing

organizations. An example of the therapeutic farm community model's implementation is the

creation of a farm or large garden in a public community mental health center. The result of these

possible applications would provide alternative options to individuals who have limited

resources and/ or belong to a lower socioeconomic class.

Conclusion

Significance in the feelings of social inclusion is supported by this research study as it

describes the importance of belonging that a therapeutic farm community provides. Elings and

Hassink (2008) described the value of social aspects in therapeutic farm communities. Being part

of a community allows struggling individuals to practice social engagement and influence, a skill

that may have been impaired because of the conditions which lead the individual to treatment

(Elings & Hassink, 2008).

Limitations

This is a case study of a single therapeutic farm community; the findings are not generalizable to other therapeutic farm communities. Although this study provides useful description of a therapeutic farm community, more research focusing on the detailed logistics of the therapeutic farm community is needed. The length of data collection, 51 days, is comparatively short to a typical data collection period for an ethnographic study. The brief immersion into the selected therapeutic farm community is a limitation of this research.

The researcher's role as a residential intern in the chosen therapeutic farm community contributed dimensions of identity as an insider and outsider. As a member of the community the insider identity was established, the outsider identity was the researcher role. Status as a researcher affected the social distance from the community and its members. Engaging with and observing residents in more relaxed and casual settings was possible because of the insider or community member status. The experiences of a staff person were observed from the insider position as well, with the role of residential intern.

The data collection and analysis of this study is prone to unintentional implicit bias and subjective observations, despite conscience efforts to remain objective and unbiased. The researcher's identity as a White/ Caucasian, middle class, cis gendered female influences the recorded observations and descriptions and is a significant factor in the process to gaining meaning from the collected data
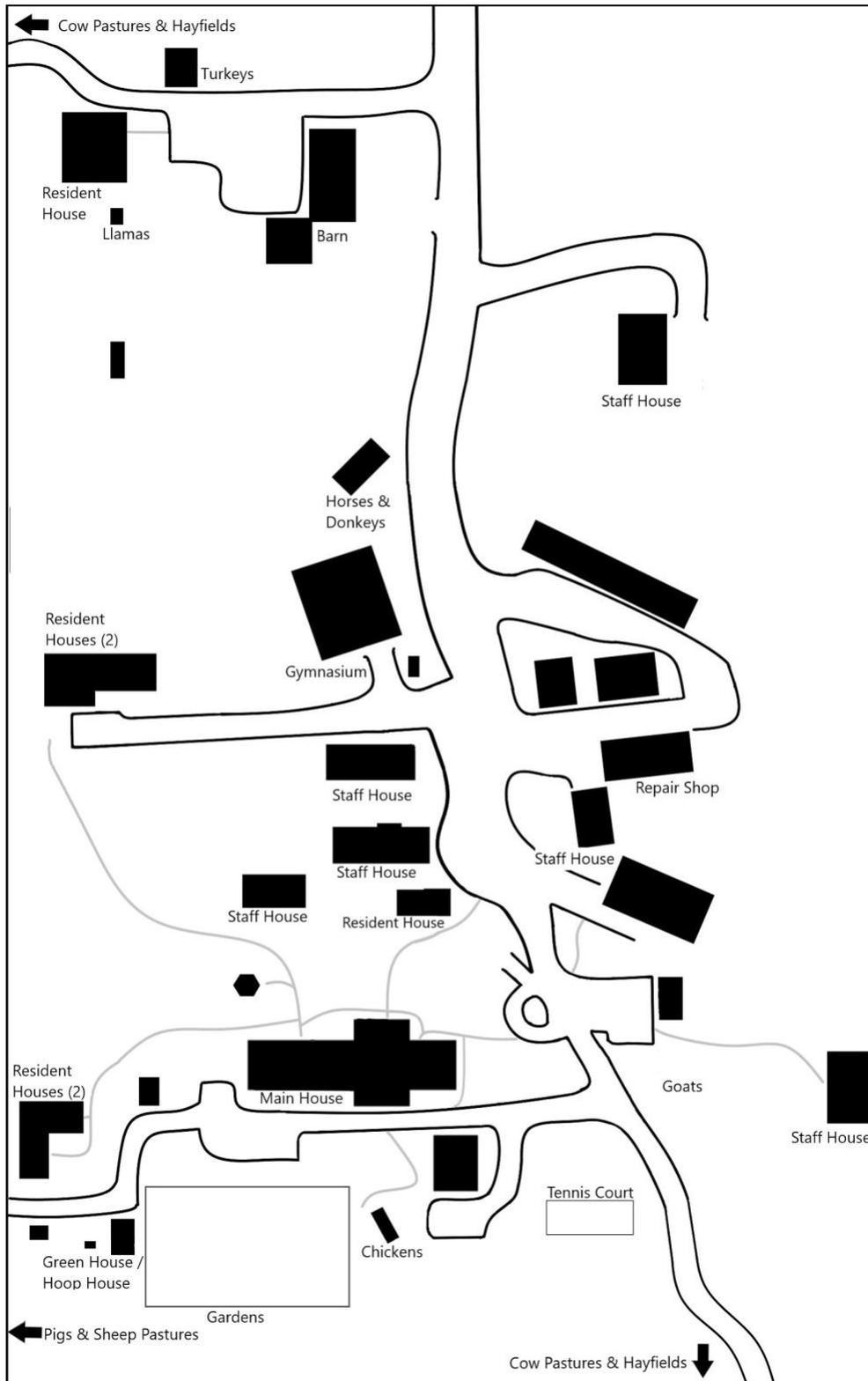
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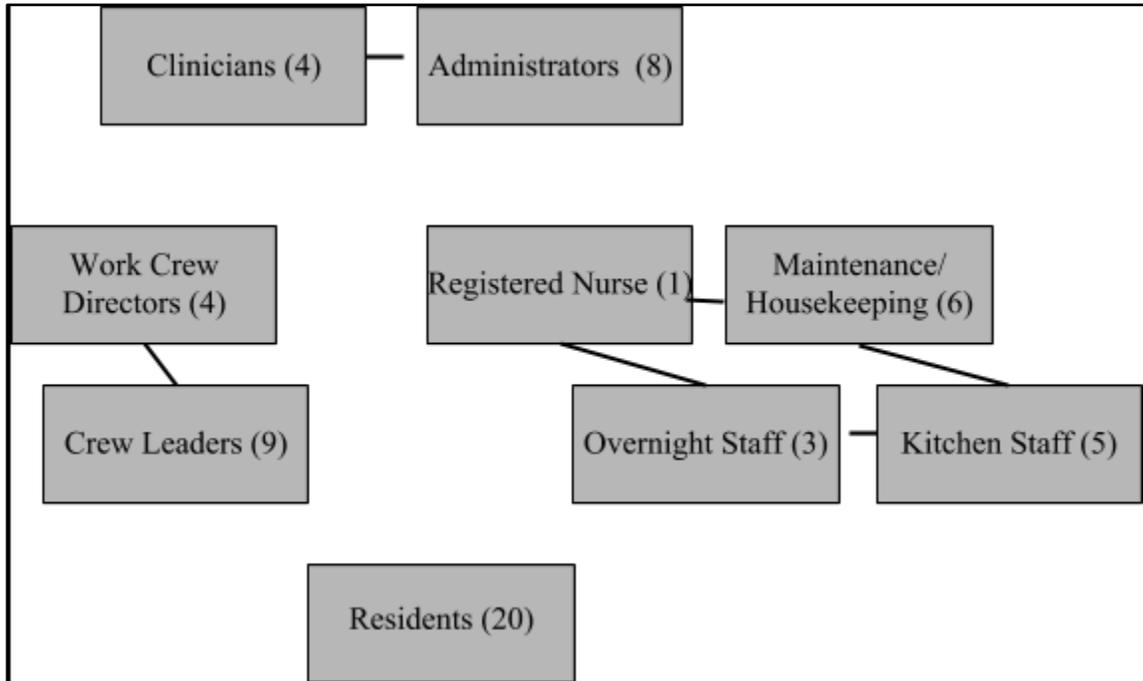
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Appendix A

Map of Buildings and Structures of the Therapeutic Farm Community

Cow Pastures & Hayfields

Turkeys

Resident House

Llamas

Barn

Staff House

Horses & Donkeys

Resident Houses (2)

Gymnasium

Staff House

Repair Shop

Staff House

Staff House

Staff House

Resident House

Main House

Goats

Resident Houses (2)

Staff House

Green House / Hoop House

Gardens

Chickens

Tennis Court

Pigs & Sheep Pastures

Cow Pastures & Hayfields

Appendix B

Organizational Chart of Community Members with Approximate Numbers

Appendix C

Typical Weekday Schedule

Event	Time
Breakfast	7:00am-8:30am
Work Crew Directors & Crew Leaders Meeting	8:00am- 8:15am
Community Morning Meeting	9:00am-9:30am
Work Crew	9:35am-10:45am
Morning Break	10:45am-11:00am
Work Crew	11:00am-12:00pm
Lunch	12:00pm-1:30pm
Work Crew Directors & Crew Leaders Meeting	12:30pm-12:45pm
Work Crew	1:30pm-2:45pm
Afternoon Break	2:45pm-3:00pm
Work Crew	3:00pm- 4:00pm
Free Time/ Activity Time	4:00pm-6:00pm
Dinner	6:00pm- 7:00pm
Free Time	7:00pm-10:00pm