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Monsieur Raymond Lemieux
Président, Fonds pour la recherche et le traitement psychanalytique des psychoses
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Dear M. Lemieux:

I write as Principal Investigator of a research project entitled, "Social Integration Following Psychiatric Disability." I am a medical anthropologist and this is a three-year qualitative study focusing on the processes through which individuals once disabled by severe mental illness re-build their lives and become fully functioning members of society. The purposes of the research are threefold: (1) to describe social integration processes for psychiatrically disabled individuals; (2) to define social integration in the context of psychiatric disability and develop a conceptual model; and (3) to make recommendations as to what mental health services programs and individual providers can do to facilitate increased social integration on the part of persons who have been disabled by mental illness. The research is supported by a grant to me from the U.S. National Institute of Mental Health (R01 MH065247).

Part of the qualitative research design calls for seeking out and making "ethnographic" visits to mental health treatment and/or service programs that are making concerted efforts to increase social integration for those they serve. The purpose of these visits is to understand the philosophies and activities of these programs, and use the resulting information as the basis for deriving recommendations for others (Purpose # 3, above). 388 is clearly an approach to treatment that, among many other things, emphasizes social integration for its users. For this reason, we approached Drs. Apollon, Bergeron, and Cantin to ask if we might include 388 as a research site in our study.

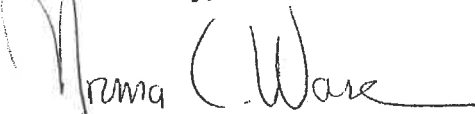
Several other considerations make 388 a very appropriate and helpful site for the research. One is the strong theoretical grounding of the program and the fact that it has

been clearly and comprehensively described in writing by its founders. The fact that systematic data are being collected that indicate the program works to reduce hospitalizations and reliance upon antipsychotic medication, while increasing opportunities for employment and other forms of community participation is another. Emphasis upon the importance of understanding personal meanings in psychotic illness— an aspect of treatment frequently passed over currently in the U.S. — is a third. The extent to which treatment practices are informed by the underlying theory is also unusual in my experience and adds to the interest of the program for purposes of our research.

To date our research team has made two visits to 388 — observing treatment activities and talking with users and staff — and they have been extremely helpful in moving our thinking forward. In fact, I referenced the writings of Drs. Apollon, Bergeron, and Cantin in my first paper reporting the research results, which has just been submitted for publication.

We remain grateful to the staff and users of 388 for welcoming us to the program and devoting the time and effort needed to explain to us all that goes on there. It has been a most fruitful experience and I hope there will be additional opportunities to collaborate in the future.

Yours sincerely,

A handwritten signature in cursive script that reads "Norma C. Ware". The signature is written in dark ink and is positioned above the typed name.

Norma C. Ware, Ph.D.
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Harvard Medical School