

The Citizen Therapist and the Civic Renewal Movement

by William J. Doherty

Psychotherapy would appear to be the quintessentially private profession. People go to therapists to deal with personal problems, and therapists are drawn to this work because they are drawn to intimate psychological dialogue. Psychotherapy is bounded by tighter norms of privacy and confidentiality than most other forms of professional work. Therapists are expected to avoid any relationship with clients outside of the therapy room. In some ways, psychotherapy is a litmus test for whether all the professions can be viewed as the public work of citizens.

This essay is an expanded version of an extemporaneous presentation to the National Council of Schools and Programs in Professional Psychology, at their mid-winter conference in January, 2002. The NCSPP consists of doctoral programs in professional psychology; member schools train half of the new clinical psychologists in the United States. The theme of the conference, attended by delegates from member institutions, was “psychology and social responsibility.” The goal was to make psychology more relevant to today’s social problems, including poverty, racism, and lack of access to health care. What struck me in advance of the meeting, as I read preliminary materials and talked with conference planners, was that this visionary group of psychology trainers was thinking of professional social responsibility mainly in terms of public policy advocacy. In fact, there was a proposal on the table to make public policy advocacy a core competency for the training of professional psychologists. What I brought to the conversation was the community organizing tradition and a way to think about therapists engaging in collaborative civic action with other community members.

Although the conference was for psychologists, I believe that the issues and opportunities apply to all groups who practicing psychotherapy, including psychologists, psychiatrists, marriage and family therapists, clinical social workers, psychiatric nurses, professional counselors, and pastoral counselors. I begin with the obstacles of viewing psychotherapy as a civically engaged profession, then move to a description of my "families and democracy project," and conclude with lessons I have learned in doing this work and a call to action for the profession.

FALSE DICHOTOMIES THAT SHAPE OUR PARADIGM

If therapists are to find our place in the public arena, we have to name and transcend several unhelpful dichotomies that underlie our professional paradigm across most models of psychotherapy practice. Inevitably, I am painting with a broad brush here, but I believe the main points are valid for the field as a whole.

First is the private/public split, the notion that some problems are purely private and others purely public. (By “public,” I mean the larger social, cultural, economic, political and environmental spheres.) Depression in the therapy literature appear almost exclusively as a private problem—depending on your orientation, either a chemical imbalance or psychological disorder or both. Widespread poverty, in turn, is seen as a public problem, with societal and

economic origins. In our teaching and research, we generally overlook how depression and poverty mutually influence each other, for example, how poverty leads to depression and how depression keeps people mired in poverty. Or take schizophrenia, a prototypically individual medical disorder that often is treated, or not treated, in jails and prisons, which have become the de facto mental health system for many people with serious and persistent mental illness. We know that people with serious mental illness who are abandoned by society have more frequent exacerbations of their illness. Mental illness is a public problem, not just a private one. We all know this, but the discourse of professional psychotherapy tends to concentrate only on the private domain, leaving the public domain to public health specialists and policy makers.

The second dichotomy is provider/consumer roles. This duality runs deep in contemporary American culture (Boyte & Kari, 1996). Individuals are either the providers of a service or the recipient of a service, the former the seller and the latter the buyer. Professional providers are experts on the problems of consumer clients, and consumers are assumed to be concerned only with getting the best service for themselves as individuals, and not with anything related to the common good of a community. My concern here is not about legitimate differences in roles, or with therapist expertise, but about how the service provider role has come to dominate the way we think about the work of therapists (and other professionals). Missing from our discourse is a way to think of ourselves as citizens, not just providers, as people engaged in partnerships with other citizens to tackle public problems. Also missing is the idea of our clients as citizens with something to contribute to their communities, beyond the “trickle down” effect—the idea that when clients function better personally, they will inevitably be better citizens. I am arguing that the provider/consumer dichotomy leaves out a third alternative—citizen partnerships where we are neither providers nor consumers--which our world sorely needs in an era of widespread disengagement from civic life (Putnam, 2000).

The third dichotomy is individual therapy versus community work. By individual therapy, I mean work with individuals, families, or small groups, as distinguished from community-based activities for larger groups. Since at least the 1920s, U.S. professions have divided themselves into the majority of providers who work in the individual sphere and a minority who work in the public sphere (Sullivan 1995.) Examples are clinical medicine versus public health medicine, clinical nursing versus public health nursing, community social work versus clinical social work, and community psychology versus clinical/counseling psychology. When a profession discovers the importance of the community, it generally spins off a specialty. In most cases, that community specialty then becomes marginalized from the mainstream of the profession that spawned it (social work is the exception). In every case I know of, the two groups are cut off from meaningful interaction with each other. In mental health, community-oriented professionals focus on prevention and are often disdainful of the work of clinicians (Albee, 1990), who in turn ignore the work of community professionals. Transcending this individual/community dichotomy would mean that many therapists who work with individuals and families would also engage in at least one citizen project, while keeping their day job doing therapy. They would do this work in partnership with other community members and with professionals who do community work as their main focus.

CONVENTIONAL BELIEFS THAT LIMIT US

The dichotomies run deep in the paradigm of the psychotherapy. They keep us out of the game of public work and civic engagement. The conventional beliefs I turn to next are less central to the core; they don't keep us off the playing field, but they limit our scope and effectiveness as citizen professionals. I don't claim that all therapists hold these beliefs, but I would argue that are quite pervasive.

- Community work is for low-income communities. The assumption here is that only low-income communities are in need of community-based initiatives, as if well-to-do suburbs are not also suffering from a lack of social capital and civic spirit. The upshot is that if a therapist does not have access to the inner city or a poor rural community, there is nothing meaningful to do except to write a check to groups who work with needy communities. The rest of us are off the hook. A more accurate belief, in my view, is that all communities can benefit from organized work of citizens to tackle local problems.
- A therapist's social responsibility can be adequately addressed through pro bono services. As useful as pro bono services are for those who cannot afford treatment, pro bono work has a number of limitations: the public need for services will never be met this way, it does not alter the provider/consumer dynamic, it does not challenge the private/public split, and it does not transcend the split between individual work and community work.
- Public policy advocacy is the primary way that professionals can make a difference in the public realm. Professionals who see the limitations of the micro, pro bono response often go directly to the macro level of intervention. While essential to the public contributions of a profession, advocacy also has downsides and limitations as the primary focus of public action by professionals. I outline these here:
 - a) Advocacy often ends up as professional elites talking to political elites about the needs of non-elite people.
 - b) It often does not call on the resources of communities, focusing instead on outside resources and unintentionally communicating the idea that the local community is barren of resources.
 - c) It does not engage communities in tackling questions of larger meaning and collective action, focusing instead mostly on specific programs, technical policies, and complex legislation.
 - d) Advocacy is ineffective if it is seen by policy makers as predictable, partisan, and guild promoting—characteristics often true of professional advocacy efforts. At the end of the day, most professional advocacy efforts call for more resources for the profession—not necessarily a bad idea, but subject to dismissal for being mainly self-serving.
 - e) Meaningful political change requires a combination of money, votes, and systems of relationships--none of which advocacy by professionals delivers well.

Let me be clear that I believe that advocacy by therapists and their professional organizations is important. It is part of being a citizen in a democracy. I have done a lot of it myself. I see it as a selectively powerful tool, but not the main way to engage therapists in sustained public action.

- Being socially responsible requires taking liberal-left positions. Most therapy organizations who engage issues of social responsibility appear to come from a liberal-left political stance (Redding, 2001). My concern is that this sends the message to therapists of other political

views, and to other citizens we might work with, that citizen work inherently reflects a liberal or progressive political stance. Most Americans are political centrists, and many are conservatives. If public work by therapists requires adherence to one subset of political views, then it will always have limited potential for engaging most communities. The work I will describe later comes from a more populist stance that has not litmus tests for political positions. Personal disclosure: In the past decade, I have moved from a liberal-left stance to a communitarian public philosophy (Doherty, 1995; Etzioni, 1996) combined with the populist activism of the "public work model" (Boyte and Kari, 1996; Boyte et al., 2000). In addition to the problem of limited access to politically diverse communities if therapists are identified with a liberal/left stance, I am also concerned with some of the substantive ideas offered by the left. Although the political left is multifaceted and ever-changing, I suggest that generally it can generally faulted the following trends, which I outline here but do not have space to elaborate on.

- a) excessive individualism, what Robert Bellah and colleagues (1985) have termed "expressive individualism," the liberal counterpart to the conservative emphasis on "economic individualism"
 - b) moral relativism at the personal level (don't impose your values) combined, in contradictory fashion, with moral certainty at the societal level (make our nation just)
 - c) a related tendency to focus on societal sources of problems and not hold individuals accountable for their personal choices (for example, the problems of teenage pregnancy and fatherless children)
 - d) a historical tendency (now changing) to see family and religion as limitations on individual freedom
 - e) a suspicion of local community initiatives as promoting parochialism or detracting from the priority of governmental programs
 - f) a predisposition (among some on the left) to see America as a collection of oppressions instead of a complex mix of liberating and oppressive forces.
- Students must learn clinical skills first before doing social justice and citizen work. This belief assumes that a therapist is fundamentally a service provider to individuals and that the public dimension is an add-on. The same mistake was made decades by medical schools who trained students in anatomy and physiology, including dissecting cadavers, before they learned to interact humanely with patients. The template for professional identity is set from the first day of training. For those of us who came to a citizen perspective later in our careers, it is tempting to see our own developmental path as necessary for the next generation. But just as a physician can embrace a humanistic, biopsychosocial model from the first day in medical school, so too our students and trainees can develop, from the start, an identity as a personal healer and community activist.

Having delineated some of the barrier to therapy being a civically engaged profession, I turn next to a description of my own work in this area.

THE FAMILIES AND DEMOCRACY PROJECT

Beginning with ideas in the mid-1990s and then actions in the later 1990s, I have used the public work model and mentoring of Harry Boyte and Nancy Kari (1996) to develop a model of civic engagement for therapists and the related profession of family life education.

As a family therapist, I have been particularly interested in working with parents and couples—hence, the name “The Families and Democracy Project”—but the elements of the model can be used with any population. Here is an overview: My colleagues and I have been engaging families in the process of democratic public work, viewing ourselves as citizens with knowledge skills working alongside other citizens with knowledge and skills. We self-consciously avoid the provider/consumer dynamic. We use an explicit model and we have honed a set of “craft” skills in public arena. Families and democracy work is related to the community psychology and community social work traditions, but is less expert-driven and more oriented to sustained initiatives. It is closer to the community organizing tradition of public action, but unlike that tradition, it sees an important role for therapists and other professionals in providing catalytic leadership in communities. The families and democracy model has the following tenets:

- Strengthening families in our time must be done mostly by families themselves, working democratically in local communities.
- The greatest resource for strengthening families is the knowledge, wisdom, and lived experience of families and their communities, supplemented by professional knowledge.
- Professionals are catalytic partners in this movement, not the drivers of it. The traditional professional program approach to working with families does not adequately engage families as full partners in identifying challenges, mobilizing resources, generating plans, and carrying out initiatives.
- If you begin with an established program, you will not end up with a citizen initiative. But a citizen initiative might create or adopt a program.
- Action steps emphasize grass roots planning, family-to-family outreach and mutual learning, a sense of larger purpose, opportunities for leadership, selective use of professional expertise (“on tap, not on top”), and public visibility (no “lights under bushel baskets”).
- Bringing the model and developing community leaders are the two key tasks for professionals, more important than any specific action initiatives.
- A local community of families works to retrieve its own historical, cultural, and religious traditions, and to bring these into the contemporary world. No two initiatives should be identical because no two community traditions are identical.
- No one is involved only as a consumer of a service or a spectator at a meeting; everyone is called to be a producer and contributor as well.
- No groups look only inward; all groups have an external mission as well.
- Families and democracy initiatives have a bold vision (a BHAG—a big, hairy, audacious goal) while working on focused, specific goals.

Next I describe how the families and democracy model has been translated into practice. Note the diversity of issues and communities. Each project came about because of a fit between a community’s concerns and my interests. In each case, I led the process for the first year or more, and then moved into a consulting role while coaching the new leaders, sometimes students and sometimes community members. I did not charge for my time, seeing this as my citizen work and outreach from the University. The descriptions outlined below use the language developed by citizens involved in each initiative.

Family Life First

Parents in Wayzata, Minnesota have mobilized to take back family life from overscheduled hyperactivity and competitive parenting that depletes family time and family connections. Wayzata is an upper-middle class suburban community outside Minneapolis.

Mission: Family Life 1st is a group of citizens building a community where family life is an honored and celebrated priority.

Actions: At a large community meeting, a steering group came forward to guide the process. This group generated a desired future, a vision and a mission, conducted interviews throughout the community, sought and received intense national and local media attention, created a "Family Life First Seal of Approval" for organizations that partner with families in creating balance between family life and outside activities, developed a small group process for parents and a web-based discussion forum, and is now working on a family consumer guide for community activities and a faith community partnership initiative.

BHAG (big, hairy, audacious goal): communities committed to family life first.

Partners in Diabetes

A group of individuals with diabetes, family members, a physician, a diabetic nurse, and other professional staff working democratically to create a diabetes support partner program in two urban St. Paul clinics. This project is based in a low to moderate income, mixed ethnic urban community.

Mission: A community of people working together to promote the well-being of patients and families at our clinics who are touched by diabetes.

Actions: A planning group came forward from a public meeting to develop and launch a Diabetes Partner Support Program in which individuals and family members dealing with diabetes offer in-home support and peer coaching for those who are newly diagnosed or struggling with their illness. Support partners democratically plan every aspect of the initiative with staff professionals.

BHAG: to create a democratic model of health care that unleashes the capacities of people in community to become stakeholders in one another's health and health care.

Marriage Matters

An initiative at Pax Christi Catholic Community in Eden Prairie, MN, to create a community deeply nurturing of marriage. Marriage Matters was initially sponsored by the Leaven Center, an ecumenical center promoting incubator projects. It is based in an upper middle class suburban community; the model has now spread to two smaller communities and across denominational lines.

Mission: A community of people at Pax Christi working together to support, strengthen, and celebrate the sacred relationship of marriage.

Actions: After a large public event, a coordinating group came forward to generate a desired future, vision and mission; conduct interviews in the community; and generate action projects, which have been put on the ground by action groups responsible for each of the following initiatives.

1. Anniversary Celebration Circles: intergenerational groups of couples married the same month who jointly celebrate their re-commitment each year, bear witness and assist at other groups' celebrations, and perhaps take on additional projects.

2. Better Spouses, Better Partners: groups of husbands and wives, sharing separately and together, seeking to become more loving spouses, to support one another's marriages, and to engage in outreach to the larger community.
3. Couples Connected: couples who jointly plan enrichment activities and connect with one another to enhance their relationships and build peer connections for mutual mentoring.
4. Date Night Network: a group for sharing babysitting among couples who want to have regular marital dates. There would be an expectation for the co-op to share with the community what it means to nurture their marriages in this way, and to continually expand the reach of the co-op to more couples.

BHAG: A community of faith where every marriage flourishes, and where every couple is a giver and receiver of support.

ECFE AROUND THE BLOCK: A CITIZEN ACTION PROJECT

A project with parent educators and parent leaders to learn how to put public issues into the heart of everyday parent education. "ECFE" is Early Childhood Family Education, a program that involves 260,000 families with children ages 0-4, in every school district in Minnesota, with families from every ethnic group and social class.

Mission

- 1) To engage the energy, wisdom, and talents of parents to work together in public ways for the benefit of all children and families in the community.
- 2) To engage parent educators to make public democracy building a core part of their professional identity and work with parents.

Two Models of Action

- Public Issues in Everyday Parenting: classroom discussion of the interconnection between private parenting concerns and public/cultural issues. The group has developed, and is piloting, skills for interweaving the public and private dimensions of everyday parenting concerns. It's core idea is that every parenting issue has public dimensions that can be brought to the conversation.
- Collective Action with Families: program-level, collaborative action projects with parents, using the families and democracy model and process. Several small-scale projects have already occurred, and a larger one (on child safety) is in the planning stages.

In the first three of these projects, my colleagues and I have been involved in direct community action with families. In the ECFE Around the Block project, we have been working to develop a model for professionals, who in turn engage in the direct action. After developing the theory and craft skills for bringing public issues into parent education, we are now developing a mentor system to spread the model. This experience is likely to prove valuable for learning how to make the model work among psychotherapists. Finally, we are beginning to use Participatory Action Research (Reason & Bradbury, 2001) as a research tool to study families and democracy projects.

We have only begun to explore the settings where citizen action by therapists can be useful. For instance, we are now exploring the feasibility of a project in a subsidized housing community. Another area of promise for community-oriented mental health centers is to develop models for

identifying leaders among former clients and actively partner in activities to promote the welfare of current clients and the wider community. Ramon Rojano in Hartford and narrative therapists in Australia and the U.S. have done pioneering work in this area (see Doherty & Beaton, 2000).

KEY LESSONS LEARNED THUS FAR

Some three years into this form of public practice, a number of lessons stand out for me that were not as apparent when I began, even though my mentors emphasized them from the outset. As in any area of practice, the more you do it, the more the first principles become clearer.

- This work is about identity transformation in the professional as a public citizen. It's not just about adding a new interest area or set of skills.
- It's about identifying and developing leaders in the community more than about a specific issue or action. The issues and action possibilities abound; it takes leaders to mobilize communities around them. An American Indian woman in the Partners in Diabetes Project has used this experience as a springboard to develop community health fairs for people with diabetes in her community.
- It's about sustained initiatives, not one-time mobilizations. The history of community organizing is filled with brief, shining successes followed by return to disengagement. The challenge is sustained action.
- Therapists have much to offer, including process and relational skills and credibility on health and familial issues. But we must learn new ways of thinking and new skills in the craft of public work.
- Citizen initiatives are usually slow and messy at the outset, but powerful when the time comes for action. Part of my job is to instill confidence that the "inefficient" democratic process of conversation, mutual influence, and consultation with other citizens will pay off for everyone involved.
- Citizen initiatives have to engage people personally. Social change develops momentum when we harness self-interest and public interest; just exhorting people to do good work is not enough. For professionals, this work has to feel personally rewarding and professionally expansive, not like yet another obligation.
- A therapist who is putting too much time into a project is not using the model. This therapist is probably over-functioning, doing work other citizens should be doing. None of my projects took more than a half-day per month of my time to get off the ground. A classic motto of community organizing is to "never say what someone else can say, and never do what someone else can do."
- External funding for projects at the outset can be a trap. Funding generally means hiring staff who do the work. Funders require "deliverables" on schedule, which can force the process. And well-funded exemplar projects generally cannot be replicated without the funding, which by definition was a one-time resource. Our approach is to "build it" with citizen effort and then attract institutional buy-in (as in Partners in Diabetes) or external funding (as in Family Life First).
- You can't teach it if you are not doing it. Before training programs expect students to do this kind of work, faculty will have to get involved first.
- You can't learn it without mentoring. This work is like learning to be a therapist; you have to have a coach.

- You need a team to do it with. A breakthrough for me was when I gathered my students into a team and invited other professionals to join us. It became more than my personal project and it became more integrated into the life of my department and university.

FUTURE DIRECTIONS

I am convinced that psychotherapists can make important contributions to the movement for civic renewal, and that we can do this without making the historic mistake of disconnecting the work of personal healing and democratic action. We can engage with the communities where we live or work, rather than think we have to migrate to communities who might not want our help. We can develop the theory behind citizen work by therapists--Isaac Prilleltensky's (1997) work is taking the field in that direction, along with efforts of my colleagues and me in Families and Democracy Project (Doherty, 2000; Doherty & Beaton, 2000). We can develop research approach to study the process and outcomes of catalytic community partnerships. To do this, we need think tanks, training centers, and peer support groups. We are considering developing these through the Families and Democracy Project at the University of Minnesota.

The National Commission on Civic Renewal (1998) offered a challenge to our democracy that I believe therapists can respond to:

“Democracy is neither a consumer good nor a spectator sport, but rather the work of free citizens engaged in shared civic enterprises....Within the neighborhoods, the towns, the local communities of America are the stirrings of a new movement of citizens acting together to solve community problems. It is a nonpartisan movement that crosses jurisdictions and operates on a shoestring. It is a movement that begins with civic dialogue and leads to public action. It has gone largely unnoticed, unappreciated, and unsupported.”

It's time to notice, appreciate, and support this civic renewal movement by training a generation of citizen therapists to work alongside other citizens in the great task of returning our nation to its citizens and renewing our democracy.

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