Beyond the Consulting Room

Therapists as Catalysts of Social Change

by William Doherty

As you read this, the 2008 presidential election is behind us, and we therapists must decide what to do with our civic-minded impulses, which seem to peak and then subside every election cycle. Many of us have talked politics every day for a year. Some have hosted fundraisers; others have devoted long hours working on candidate's campaigns. (This being the therapy field, I leave it to you to guess which candidate received more empathy and support.)

In the recent past, once the votes had been counted, many of us retreated to our practices and hoped that our worst fears for the country wouldn't be realized. Like Chicago Cubs baseball fans, we consoled ourselves with a lame "Wait till next season!" But this time, something more seems to be stirring in the country and among discouraged therapists, and it isn't just anchored to the outcome of the election.

As I think back to the presidential contests of my adulthood, beginning in the late 1960s, it's clear that I've placed too much importance on who gets elected. With many of my therapist-friends, I've been on a bipolar ride between idealization and cynicism, sometimes reversing affectively within a given administration, and always hoping that the next election cycle will bring the great new leader. This election year at first seemed no different: the first choice was between a superhero and a superwonk (both good people; don't get me wrong), followed by a choice between the superhero and a war hero tethered to supermom. But as with any idealization, it's a setup: these leaders will always disappoint because we expect them to do work that only we can do for ourselves.

Too much is at stake these days for us to take refuge in our practices after elections. It's time to create for ourselves a new professional role: the citizen-therapist for the 21st century--an agent of change, not just a critic of what isn't changing. Unfortunately, this is something that our training has done little to prepare us for.

Like most therapists, I went into this profession not just to help my own clients, but to make the world a better place. When I trained, in the 1970s, I thought that therapy was the number-one untapped source of social improvement. I believed in a kind of "trickle up" psychological dynamic, whereby therapy would make enough people healthier to tilt the social order toward justice and harmony. Yes, I actually believed this when we sang "All You Need Is Love" under the moonlight in Bethel, Maine, during summer encounter groups. I even entertained the idea that national transformation would begin when everyone in Congress and the White House got into therapy--or at least a good personal-growth group.

In my own journey since then, I've moved from unrealistic hope to unnecessary despair--and in the last decade, to learning a way to work as a local citizen-therapist, no matter who's running the government in Washington. One of my favorite lines from a superhero movie is the title of Lois Lane's Pulitzer Prize-winning editorial in Superman Returns: "Why the World Doesn't Need Superman."

I believe the challenge for us who profess the possibilities of change is to re-imagine ourselves as citizen-therapists while keeping our day jobs and not abandoning our families for long

junkets to distressed regions of the world. When considering the role models I know who do this type of work, I think of my friend and colleague Bill Allen, who, after seeing too many African American children placed outside their families, began building relationships with Minnesota state officials so as to make policy about foster-home placements. He has credibility with these policymakers, and with others in the community who care about children, not because he majored in public policy, but because, as a family therapist, he knows firsthand what happens to these children, and he knows that many families can hold together with the right kind of professional and community support.

I think of psychologist and family therapist Jack Saul, who works on the aftermath of war, torture, and political violence in his backyard of New York City. What makes him part of the new breed of citizen-therapists is how he uses public testimony, media, and performance arts to engage community members as healers.

When it comes to bridging social divisions, I think of Boston family therapist Laura Chasin and her colleagues at the Public Conversations Project. After being disgusted by a televised shouting match on abortion, Laura decided to bring the principles of respectful dialog to the public sphere, beginning with a discussion of abortion and moving on to many of the polarizing issues of our time.

These citizen-therapists use their relational and systems skills in broader environments, but unlike previous generations, who tended to see their mission as bringing powerful professional know-how to under-resourced communities, today's citizen-therapists believe deeply in the capacities of communities to change and heal themselves. Such therapists are catalysts more than direct-change agents--facilitators more than teachers. They differ from an earlier generation of preventive mental health professionals, who disdained therapy as a Band-Aid. Today's citizen-therapists practice the healing art of therapy in their offices, but they don't believe we're going to treat our way out of the social problems affecting our communities and nation; they know we must be actors on a bigger stage than that offered by our practices or clinics, and that our clinical knowledge and skills carry over to community work, even if we aren't the most important actors on that stage.

There's one other difference. The new breed of citizen-therapists operates with a 21st-century consciousness of nuance and collaboration, instead of the 1960s consciousness, which saw the world starkly in terms of oppressors and victims, with classes of people assigned to each category. In a more complicated century, the Ã"60s perspective offers two dead-end paths to community solutions: the confessional approach, in which oppressors admit their privilege and guilt (which they aren't inclined to do outside of diversity workshops and graduate school courses), and the advocacy approach, in which professional elites lobby political elites on behalf of non-elites. But now, as we invite everyone to the work of public problem-solving without ideological litmus tests, may the Ã"60s--a decade of activism that accomplished major social changes and started a needed cultural revolution in our field--rest in peace.

I count myself in the small but growing community of committed citizen- therapists, and I've begun training others. Perhaps the following pointers from my journey--some of them carryovers from a Networker article I wrote after the 2004 election and some of them brand-new--will help you on your own journey.

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Discover Your Passion and Connect It to the Larger Picture

The reason we therapists are so well situated to be change agents is that we hear real stories of personal pain in a troubled world. We don't get our material secondhand from newspapers and academic research articles. So the first step of getting involved is to ask yourself which clinical issues in your practice grab your interest most and then start seeing the personal problems you treat within their larger social context--what C. Wright Mills called the public dimensions of personal discontents.

For example, the problem of "over-indulgent parenting" can be viewed strictly as a matter of personal habits and parenting skills, or as part of a larger social issue--in this case, a generation of educated but anxious parents worried about their children's success in a competitive world. Depression in an immigrant African community is more than a clinical problem. It's connected to the perennial challenges of immigration and the enduring impact of war and trauma--events that the community can't speak about. Eating disorders and self-image problems among young women go beyond DSM diagnostic categories into the social fabric of modern commercial societies.

As you think about the issues raised in your practice, here's an axiom to remember: all clinical problems treated by therapists are thoroughly interconnected with larger public issues--all of them. But the public dimensions of psychological problems and the civic action that could be appropriate to take don't appear in our treatment manuals.

My own first foray into community activism emerged from my concern that we're turning middle-class childhood into a rat race of over-scheduling and overachievement, and that parents have come to see themselves as service providers to their children. I saw this disturbing development in my practice and everywhere in my local community. The desire to get involved came when I began to see this problem as not just a particular family's issue, but as organically connected to larger social forces (the invasion of competitive, market-driven individualism) and to community institutions (the sports leagues and ballet schools that have increasingly taken over children's lives). Once we look outside our windows, it's easy to see how the problems we treat in our offices are integrally connected to broader community issues.

Connect with Fellow Therapists

Once you've identified an issue you care deeply about and have connected it with the public sphere, you're ready to join with a community. The first community I recommend is at least one fellow therapist with whom you can share your journey. Start conversations on what each of you feels passionate about and see whether you get charged up about the same issues.

For me, this process began with a series of conversations with my colleague Patrick Dougherty. Over numerous lunches at a local cafe, we brooded, brainstormed, and hatched ideas about how to engage with the world outside our offices. Patrick then introduced me to two political scholars and community organizers: Harry Boyte and Nan Kari, who became my mentors. Eventually, I pulled together several colleagues and students into an ongoing group for mutual support and mentoring. Like most therapists, I'm not a good Lone Ranger: I do community work only with buddies behind or alongside me.

Connect with a Community

The next step is pivotal: finding a community to work with outside your professional world. This isn't as hard as it sounds. Ask yourself what communities you're already connected to. It might be the neighborhood you work in, the schools your kids attend and where you've given talks to PTA groups, or your faith community.

For me, finding a community was initially difficult because of my assumption, common among therapists, that community work is needed only in low-income neighborhoods. As I saw it, my problem was that most of my contacts were in middle-class communities, so it was mostly suburban and well-off urban folks who invited me to speak on my favorite topic-- overscheduled kids and reclaiming family time. People in struggling urban neighborhoods didn't seem to have overscheduled kids. Feeling stymied, I felt tempted to revert to save-the-world strategy number 1: stay in your office and support the best candidates and causes, venturing forth every four years to get out the vote.

I finally realized that the suburbs have plenty of troubles of their own. My work could start with whichever community cared about the issue I cared about and was open to working with me. (It's a little like how you operate when you're a new therapist: you don't so much choose your clients as you're grateful that they'll see you.) An opportunity emerged soon afterward. I was invited to give a talk to a group of parents in Wayzata, Minnesota, a middle-class suburb of Minneapolis-St. Paul, on reclaiming family time. Following my talk, many parents spoke up about feeling out of control regarding their kids' schedules and feeling helpless to restore a semblance of family life. Afterward, a middle-school principal confided in me, "We school leaders are part of this problem: we offer so many activities to kids that if parents agree to even half of them, they're not going to have much family life left." This brief exchange both startled and energized me. It drove home the reality that over-scheduling wasn't just an individual family issue. In a hypercompetitive world, where parenting has become a form of product development, family time is a public issue.

Listen for Public Stories

With my newfound insight into the public dimensions of this problem, I moved to the next essential task of the citizen-therapist: talking with people in the community about the issue. Whenever I expressed curiosity about hockey schedules and missed family dinners and traveling leagues and cutthroat competitive dance, I was flooded with stories from exhausted, discouraged parents. When I asked my clients about their daily schedules (a topic IÃ•d previously avoided as "too superficial"), they told me at length about their harried lives.

I learned to start conversations with parents in my community by passing on stories from previous conversations, which elicited vigorous nods and even more outrageous stories to pass on--like the 4-year-olds who practiced hockey at 5:00 a.m. on nursery school days (true story). Whenever I got myself invited to speak to PTA groups and church forums, I asked for more stories and invited attendees to reflect together on what's happened in our culture to bring this craziness upon us. Virtually every parent I talked to was eager to engage with this as a public issue.

Link the Personal to the Communal--in Public

It's relatively easy to get people talking about problems that bedevil their own families; it's a bigger challenge to help them connect their own stories to the community's story and to the work that lies ahead. At a town meeting in Wayzata for the launching of the Putting Family First project, I decided to address this challenge head-on. I put four questions to the 80-some parents, school board members, and community officials present: "Is this problem we're talking about here--overscheduled kids and under-connected families--only an individual family problem? or is it also a community problem? Are the solutions only individual family solutions? or are they also community solutions? Do you think this community is ready to take action? What actions should we take?"

The group was charged up, shouting out answers to the first three questions: "Yes, it's a community problem! Yes, the solutions must come at the community level as well as the family level! Yes, we're ready to take action!" The noise level grew intense as people discussed the final question in small groups. When they all reassembled, hands flew in the air as people vied to speak. Parents said they were fed up with the rat race, and they were thrilled that we were going to do something about it. One mother stood up and said: "I could use something like a Good Housekeeping Seal of Approval for organizations I'm signing my kids up with--something that would show me that this organization will work with me in my efforts to have a balanced family life."

The Putting Family First leadership group came into being that night. A dozen parents, representing a wide swath of the community, went on to develop a Putting Family First Seal of Approval for local organizations that offer activities for kids, and a Consumer's Guide to Kids' Activities, a handbook that rates all the community and school sports programs on the family friendliness of their schedules. The key to launching this initiative was the public event that captured the energy of the community and got them working together creatively.

Use Your Clinical Skills

During the night of the public launch event for Putting Family First, I learned how to combine my skills as a therapist with my new citizen-professional role in a public forum. When the discussion veered toward bashing coaches and community leaders, I interrupted with the speed of a family therapist witnessing a session heading south. "I don't think anybody is setting out to hurt kids," I said, "and I know that there are a lot of competitive pressures on coaches and parents alike. In my view, we're all part of this problem, and we can all be part of the solution." This made sense to most parents and became a mantra for the Putting Family First initiative: no villains.

Another key moment for a quick intervention came when two parents uttered a couple of classic energy deflators for a public meeting. A woman sitting in the front declared self-righteously, "This is all well and good, but we're preaching to the choir. It's the parents who aren't here who are the problem." Then somebody added, "There should have been three times as many people here tonight." As I watched heads nodding, my heart sank momentarily.

As a family therapist, I'm used to working with families when somebody in the room gets anxious and tries to pull the plug on a moment of courage or connection. I responded, "I think

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it was Margaret Mead who said that it only takes a small group of committed people to change the world, and indeed that it's never been changed in any other way." After letting this sink in, I piggybacked on the language of the first speaker. "Every social movement begins with a choir," I said. "And we have a lot of people already in this choir." I saw people sit up straighter in their chairs and I could feel the energy flowing back into the room. Then I brought it home: "If only 12 people with the passion and energy I see in this room had shown up here, I'd have been happy."

Later, I began teaching citizen-professionals and parent-leaders how to anticipate deflating lines in public gatherings and how to counteract them. Part of my job as a citizen-therapist is to work with my colleagues Tai Mendenhall and Jerica Berge to help other citizens learn public skills.

Invite Recipients of Services to Become Citizen Activists

I got involved with the Father Project when its staff leaders heard about my community work. It's a program that helps low-income, mostly minority, single fathers reconnect with their children, land jobs, and get right with child support. Like most human services agencies, the Father Project had no role for successful "graduates," the people who were doing well now and no longer needed services.

The executive director, Andrew Freeberg, asked me to coach him and his colleague Guy Bowling in how to involve the successful men as citizens with a larger mission. I met several times with them to develop criteria for which men we'd invite to deliberate with us about whether this was an attractive and feasible project. This small group then generated a larger list, and we began to meet as the Citizen Father Project.

These men, mostly low-income and African American, are the kind of people that Reagan-era conservatives scapegoated as the purveyors of social breakdown and that Ã"60s liberals viewed as victims of forces beyond their control, but these men see themselves as neither scapegoats nor victims. They know they once weren't good fathers, but now are committed to their children and invested in improving their community through a mission "to support, educate, and develop healthy, active fathers and to rebuild family and community values." I've documented the group's work and the powerful ideas and language that come up in our conversations: "We have no father's backbone from our own fathers." "I am tired of being a statistic; I want to be part of the solution." "We are citizen fathers, and what we do will live after us in our community."

These men are no strangers to the enduring legacy of racism in America, but they see no margin in being angry victims. They hold themselves morally responsible for lapses with their children and for getting right by them and the children's mothers. Our meetings are intense, sometimes rambling, often warm and funny, and always proud. Coached by citizen-professionals, these men are doing community outreach to make a difference in a problem that they see as holding their community back. Andrew and Guy, the process leaders, are learning the craft of citizen-professional work: how to guide the men as they go deeply into a personal and public issue and then develop strategic actions.

Go with the Flow

Once you get involved with community concerns that overlap with your clinical concerns, you'll find yourself drawn to new issues that you couldn't have envisioned at the outset. Kids' birthday parties weren't on my radar screen as a national problem, but the Birthdays Without Pressure Project came my way via two converging paths. As a new grandfather, I was paying attention to the pressure that my daughter Elizabeth was experiencing to become a hyper-parent and specifically to hold a big bash for her 1-year-old son William's birthday party. Having inherited her mother's practical streak, Elizabeth would respond to her friends, "Why would I throw a big party for him at age one? He doesn't even know he exists!" Then I visited a party store, where I found an aisle devoted to 1-year-old birthday paraphernalia. While there, I overheard a young boy telling his mother that he liked a party product in nearby aisle and receiving this rebuke: "That's not your color scheme." Clueless boy!

I was on the hunt then for whether other parents were feeling pressure about birthday parties. I asked every parent I knew, including my clients, and brought up the question when I gave talks to parents about other topics. If when I mention an issue, individual parents say "Oh, yes!," I begin to think it's a pressure point that parents might organize around. When I bring it up during community talks about other issues, and the audience responds with a collective "whoo!" that's another sign of a community pressure point. In this case, parents and audiences were oh-yessing and whooing all over town. They were telling me stories of parties with limos and hired entertainers, of 30 guests at 2-year-oldsÃ• parties, of entitled little ones complaining that the take-home party bags weren't up to expectations, and of "starlet" parties at the Libby Lu party store, where 6-year-old girls get tarted up and dance in public like Britney Spears.

Earlier in my career, I would have seen this as an individual parent problem, but now I see it mainly as a cultural problem: average parents responding to a competitive and supersizing culture by upping the standards for birthday celebrations. Once the arms race takes off, it's exceedingly hard for most parents to pull back. We raise our children in packs or herds, and herds generally aren't changed one member at a time. What's needed is a leader of the pack to start the countertrend. One day, I received an e-mail from a parent-educator colleague who'd heard me talk about out-of-control birthday parties and knew that I was looking for a lead parent to co-organize a project. He said he thought he had the parent: Linda Zwicky, who'd lit up a parent class by saying she wanted to start a boycott of party bags, those junky gifts that every guest must be awarded for showing up.

Linda, her parent-educator colleague, and I had coffee. We invited others to the next coffee, and then to a couple of house meetings. Before long, we'd organized Birthdays Without Pressure, with a mission to start a local and national conversation about out-of-control birthday parties and to offer alternatives based on parents' experiences. We did one-to-one interviews in the community with parents, professionals, even party-store owners. I talked to my media connections from the overscheduled kids project and found quite a lot of interest. After a year of meeting every two to three weeks to analyze the problem and develop our message, we held a public rally in January 2007, which was attended by 180 parents and covered by USA Today, ABC, and local media. We launched our website that day too.

The response was so strong that our server had to be upgraded to handle the volume. For the next month, the parents and I did hundreds of media interviews with journalists and TV and radio shows all over North America and three other continents. We were on message and working our mission to raise awareness and pass on strategies that worked for real parents who wanted to resist the competitive culture of childrearing today. When it was over, we had a small party and ended our project, which now exists as a website where parents get information and contribute to the message board. And we still do a media interview or two each week. Recently, the Tehran Times in Iran ran a story about out-of-control birthday parties and our citizen-parent project in Minnesota.

Projects like Birthdays Without Pressure have an afterlife through the development of citizen-leaders--again, a classic principle of community organizing. Linda Zwicky and her fellow parent-activist Julie Printz from the birthday group went on to start a project dealing with the problem of the sexualization of young girls in today's culture. For this project, which will go public in 2009, I'm coaching a local community professional to lead the process with Linda and Julie. Stay tuned for what a group of empowered St. Paul mothers will do and say about what's happening to our daughters in a Bratz Dolls world.

The Path Ahead

Now that I've learned to do this citizen-therapist work, my mission is to teach other therapists (and like-minded professionals) to become involved in their local communities. It requires focused effort and coaching, but it's a lot easier than learning to be a therapist in the first place.

The new Citizen Professional Center at the University of Minnesota is supervising professionals in 13 projects on healthcare issues (diabetes, smoking, depression), cultural change (over-sexualization and the excesses leading to childhood obesity), school-community disconnect among new immigrant groups, and even loss of group identity within faith communities in the face of rampant consumerism. Wherever there's a social pressure point in a community, there's the making of citizen initiatives catalyzed by a citizen-professional.

This work doesn't require that the therapist have expert knowledge of the problem area being addressed, at least at the outset, because his or her expertise is primarily in bringing to bear a process and working style. I knew less about diabetes than anyone else in the room when I began my diabetes work, and my kids were raised in the era before traveling soccer teams. But I learned as we went. I knew nothing about the experiences of sub-Saharan African immigrants, but I could still coach local professionals, African and non-African, to catalyze a community initiative that accesses the knowledge, wisdom, and experience of the African community.

A downside of this work is that it rarely involves financial compensation for the citizen-therapist in the early stages, although funding has come at some point for 7 of the 13 projects. For instance, our Family Education Diabetes Series with the American Indian population and our Hmong Women United Against Depression project are now supported by grants.

On the upside, citizen-therapist work doesn't require a large time commitment; it can be done in about six to eight hours per month over an extended period of time. Working much harder than that means you're over-functioning and doing things that other citizens should be doing. Many therapists contribute this amount of time to community service work or pro bono therapy, and could shift their time to citizen-professional work.

I've learned that, to be successful, community engagement must meet the needs of therapists as well as communities. When this kind of public practice outside the office fits within therapists' values and vision, therapists experience an expanded sense of professional contribution and enjoy a much closer relationship to their community. They take on a new identity--citizen-therapist--and feel part of something larger: the movement toward a renewal of our democracy.

As parent Jael Weere from Ghana said in a meeting, "Back in Africa, we knew about pseudo-democracy; what I am seeing here is real, empowered democracy." Her citizen-action group, led by a marriage and family therapist, is tackling the challenge of the ongoing impact of war and trauma on children and families in the African immigrant community of Northwest Hennepin County, Minnesota. Their chosen path is to break the silence via improvisational theater performances that'll begin early in 2009. This isn't something that therapists would dream up in their offices!

Citizen-therapist work calls on our professional heritage of sensitivity to complex human needs and our ability to connect with people. Though I believe that any kind of therapist can learn to do this work, systems-trained therapists have special advantages at the outset. They know how to work with groups. They know how to connect with people who often begin with different needs and agendas, and have the skills needed to forge a common purpose across diverging viewpoints. They know how to create processes in which everyone has a voice and powerful individuals don't dominate the dialog. They know how to be central to the process when it's necessary to keep it productive, and how to be peripheral when they're getting in the way. They know how to inspire and be inspired.

All therapists committed to this great profession believe deeply in the human capacity for self-healing and constructive change. The world needs this faith and set of skills to bring renewed life into the public sphere, not just into the private sphere. The renewal of our commonwealth won't come from supporting a candidate and waiting for miracles. Nor, I might add, will it come from a "60s-style polarizations between us good guys and the purveyors of "isms" that oppress people. We have to invent a new breed of public actor with great interpersonal skills: citizen-therapists for a new century. I'm betting we can do it.

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Experiences Reflexes Accountability Outcomes Social Norms and Abnorms "Rocking the boat" Attitude PRAXIS = FACILITATOR Core Ingredients Competencies Skills Assumptions Understand the central roles of power in the social world; frame problems in terms of power inequities; challenge victim-blaming assumptions; focus on strengths Values Clarify the vision and values on which interventions are based; advocate for values that promote liberation from oppression and. Tips and Tricks for Facilitating Social Change 1. Who's in the room? What kinds? Types? therapists are curious about our social life. The issue becomes messy when it is the therapist and her family, whose photos are on display on social media. The pictures inspire all kinds of reactions, from her clients. our transferential feelings may weaken or change, when the details of our therapist's life are posted online. We might feel envious or angry, and then worried. our transferential feelings may weaken or change, when the details of our therapist's life are posted online. We might feel envious or angry, and then worried. Though I'm not a therapist, I work with therapists as a life coach, and because of all the questions I see on Quora about this very topic, I've decided to address this issue in my agreement. I'm pretty much following the same framework the therapists follow. Yet, Ms. Kakudji explains that beyond these specific initiatives has been the unfoldment of a process in which people of diverse belief systems are working together, consulting through challenges, and relying on the process of action, reflection, and consultation to make systematic progress. Slideshow 2 images. Hundreds of people attended an interfaith march in Kinshasa last month. Bringing together religious, academic, and student speakers, the recent seminar focused on a diverse range of topics, for example how economics can promote collective well-being, how good health is a dimension of a culture of unity, and how education is central to development. Leaders of the faith communities organizing the space spoke about the centrality of spiritual principles to social progress. Family Social Science. Doherty, W. J. (2008). Beyond the consulting room: Therapists as catalysts for social change. Psychotherapy Networker, 28-35. Beyond the consulting room: Therapists as catalysts for social change. / Doherty, William J. In: Psychotherapy Networker, 2008, p. 28-35. Research output: Contribution to journal › Article › peer-review. Doherty, WJ 2008, 'Beyond the consulting room: Therapists as catalysts for social change', Psychotherapy Networker, pp. 28-35. Doherty WJ. Beyond the consulting room: Therapists as catalysts for social change. Psychotherapy Networker. 2008;28-35. Doherty, William J. / Beyond the consulting room: Therapists as catalysts for social change. In: Psychotherapy Networker. 2008 ; pp. 28-35.