Challenging Mental Health Professionals to Look Beyond the Consulting Room

A Review of *Becoming a Citizen Therapist: Integrating Community Problem-Solving into Your Role as a Healer* by William Doherty and Tai Mendenhall, Washington DC: American Psychological Association Press, 2024. 231pp. ISBN 9781433839863 (paperback). $45.99

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Abstract

William Doherty and Tai Mendenhall's work on the "Citizen Therapist" model bridges psychotherapy with social engagement, emphasizing the interplay between mental health and societal factors. Their book critiques hyper-individualism in therapy, advocating for therapists to address systemic issues such as political polarization, racism, and culturally sensitive healthcare. In addition to outlining the rationale and practical guidelines for mental health professionals to collaborate with their fellow citizens, the book provides examples of programs aimed at addressing community conflicts, promoting healthy lifestyles, and enhancing family life. The model emphasizes community-driven solutions while maintaining professional boundaries, highlighting the connection between individual well-being and societal health.

Keywords: Advocacy; Social Justice; Promoting Equity; Macrosystem Interventions; Community Organizers

In 2017, family therapist, William Doherty began a speech at the Psychotherapy Networker conference, crediting President Donald Trump as instrumental in highlighting the connection between democracy and psychotherapy: "In some sort of paradoxical way, Trump did us the favor of removing an illusion. Our country was already divided and Trump symbolized it" (Doherty, 2017a).

Therapists have a role in fostering "personal agency" within their clients' lives, and Doherty (2017b) acknowledged the crucial role that therapists can play in reinforcing the social fabric essential for a thriving democracy. In his book, co-authored with Tai Mendenhall, a medical family therapist on the faculty of the University of Minnesota's Family Therapy program, they challenged the conventional approach of addressing mental health issues like Major Depressive Disorder solely within the confines of individual therapy sessions or pharmacological consultations This sole focus on the individual overlooked the social determinants influencing mental health conditions. While neurotransmitters and cognitive distortions are factors contributing to Major Depressive Disorder, economic inequality (Patel et al., 2018) and inadequate housing (Rautio et al., 2018) also significantly affect mental health. Doherty and Mendenhall's book while directed to psychotherapists, resonates with other related larger systems perspectives including community psychology (Boursaw et al., 2021) and behavioral public health (Halkitis, 2020). Examples of these perspectives, consistent with the Citizen Therapist model, are included throughout this review.

The book is structured with an introductory section describing the Citizen Therapist model and its background. It concludes with guidelines for mental health professionals interested in implementing this framework. In between, multiple examples of citizen therapist programs addressing contemporary social challenges are introduced—all of which impact mental and physical health. Case studies include projects focusing on healing the divide between African-American men and a metropolitan police department, citizen-based programs to improve patient-centered care in local health clinics, addressing the "red--blue" divide among politically polarized community members, and overscheduled children and families. Some of the programs have developed into national initiatives such as the "Braver Angels" that promotes dialogues between politically liberal and conservative citizens as well as legislators.

Doherty invoked Robert Bellah et al.'s (2007) critique of psychotherapy for supporting what they term the "therapeutic self," an extreme form of individualism. In *Habits of the Heart*, Bellah et al. (2007) highlighted how therapeutic culture emphasizes individual development at the expense of social responsibility and the public good.

Another critic of the decline in civic life is Robert Putnam (2000). In *Bowling Alone*, Putnam tracked the history of this decline in civic organizations in the United States (U.S.). He referenced Alexis de Tocqueville's (1898) observations that Americans were prone to creating organizations to address social issues. Putnam noted a significant decline not only in membership in social clubs such as Rotary, Elks, and Kiwanis but also in involvement with faith-based organizations like churches and synagogues, as well as sports leagues. Given Donald Trump's election, Doherty (2017a) encouraged therapists to consider using their interpersonal skills to facilitate a re-emergence of the "social glue" that connects citizens with one another.

The Journey to Becoming a Citizen Therapist

For Doherty, the development of the citizen therapist represents, in many respects, a culmination of a career that began with family therapy and evolved into addressing the hyper-individualism of American culture and its neglect of communal responsibilities. Doherty, a faculty member at the University of Minnesota for over 35 years, has charted a varied professional path, commencing with family therapy in health care settings (Doherty & Baird, 1986). Alongside other innovators, such as Susan McDaniel, he emerged as a pioneer in the field of medical family therapy (McDaniel, Hepworth, & Doherty, 1992).

By the late 1990s, Doherty began to challenge the prevailing focus on individual growth and development in psychotherapy. He argued that ethical responsibilities and values are significant aspects of the issues clients bring to therapy, yet these moral dimensions were often neglected due to the profession's preoccupation with personal

development (Doherty, 1995). For example, he provocatively highlighted scenarios where personal choices, such as a recently divorced father remarrying and subsequently neglecting children from a previous marriage, have broader implications on others. He contended that individual duties and responsibilities to others often conflict with therapy approaches centered solely on personal growth.

This value-driven critique influenced Doherty's (2002) perspective that divorce had become an overly convenient solution to marital discord. One of his more provocative viewpoints underscored the ambivalence many couples experience regarding divorce, particularly concerning its impact on children. Doherty also has been critical of the therapeutic community for inadvertently perpetuating harm to couples through hyper-individualistic values. For instance, he highlighted how therapists might focus on a client's partner's individual psychopathology as a rationale for ending the relationship — often based solely on one partner's account.

This perspective informed the development of a marital discernment process for couples contemplating or undergoing divorce (Doherty & Harris, 2017). Research supporting this approach noted that in 40–50% of marriages progressing toward divorce, at least one partner expresses ambivalence about ending the relationship (Doherty & Willoughby, 2013). By the time Doherty began his work as a citizen therapist, he had recognized that marital difficulties were often exacerbated by broader societal stressors, including unemployment, economic distress (Higginbotham & Doherty, 2017; Lichter, et al., 2002), and the challenge of finding affordable housing (Klein, 2017).

Tai Mendenhall, a professor of Family Social Science at the University of Minnesota, received his Ph.D. from the same program. With William Doherty serving as his advisor, Mendenhall's graduate work focused on medical family therapy. As a clinical intern, Mendenhall worked in a primary healthcare setting, treating patients with chronic health conditions. He reported being drawn to this setting because of its variety, interdisciplinarity, and unpredictability. Mendenhall observed that the clinical training he received before specializing in medical family therapy focused largely on office-based, one-on-one sessions and did not align with the fast-paced and dynamic environment of a primary care clinic.

Mendenhall also recognized that he lacked the lived experience of someone dealing with a chronic illness, such as Type II diabetes. However, he encountered patients who were exemplary models of successful self-care. He realized that one valuable resource, fellow patients, was being underutilized in helping those newly diagnosed or struggling with disease management. One of his earliest social action projects addressed Type II diabetes among the Native American community in St. Paul, Minnesota. Through his work in medical settings, Mendenhall identified that patients effectively coping with diabetes could serve as mentors for others who were newly diagnosed or struggling with disease control. This realization was a foundation for his early work as a citizen therapist, including the development of programs to address Type II diabetes among the local Native American population.

Mendenhall also collaborated with the local Job Corps in Saint Paul to address the problem of nicotine and tobacco addiction among students. The Job Corps staff noted that smoking not only made students late to class but also raised concerns about how potential employers might perceive their habits. Rather than imposing a predesigned program, Mendenhall engaged the students themselves to help design the intervention. Notably, he discovered that, in contrast to traditional lecture-based smoking cessation programs, successful initiatives often incorporated physical activities like dancing and basketball, with reduced smoking as a positive "side effect."

Mendenhall's professional interests are broad and diverse. In addition to medical family therapy, he has published extensively on topics such as healthcare teams, systemic trauma, the mental health of police officers, and behavioral healthcare in rural settings.

What is a Citizen-Therapist?

The book authors intentionally chose the priority of "citizen" before "therapist" to highlight the fact that when working collaboratively on social problems, citizenship takes priority over the therapist role. While therapists

may have valuable skills in conflict resolution and fostering productive communication, the predominant role is that of a fellow citizen addressing social or health challenges, particularly in the local community.

The authors noted that prior to the 1930s, professionals across various disciplines, including mental health, were expected to contribute to the broader public good (Cohen, 1983). The early 20th century mental hygiene movement exemplified this dedication to societal well-being. Over time, however, the focus shifted, with mental health professionals concentrating increasingly on providing therapy to individuals addressing personal challenges, including the adverse effects of social forces like racism and discrimination.

One of the central tenets is the need for mental health professionals, despite their potentially beneficial skills in community organizing, to deliberately eschew the expert role. For instance, Doherty recounted an experience with a group facilitator who assumed the conventional role of posing questions to a large group for discussion. The facilitator placed themselves in this central position as the major force for directing the group discourse.

Doherty and Mendenhall contended that for therapists to be effective, they must engage and collaborate with their fellow citizens as equals. Although there are occasions within the process where therapeutic skills can be advantageous, the predominant role of the therapist should be that of a fellow citizen, collaboratively addressing social issues. To uphold this citizen-centered approach, Doherty and Mendenhall suggested that the ratio of citizens to professionals in a working group should be at least 3 to 1. In reflecting on this model during a recent presentation, Doherty used the term "glue maker" to describe the therapist's role in these community settings. Instead of acting as an expert, the therapist functions as a connector among members.

The authors identified several misconceptions regarding therapists' public involvement. One prevalent misunderstanding is that social action primarily targets low-income communities or that therapists fulfill their social obligations solely through occasional pro bono work. They also challenged the assumption that becoming a citizen therapist inherently required adopting a liberal political stance. Instead, the authors proposed a balanced role: therapists continue providing services to individuals, couples, and families while engaging as proactive citizens in their communities. This dual role is complementary to therapy, enabling therapists to use their professional skills to support broader societal engagement.

Aligned with the principles of positive psychology (Compton & Hoffman, 2019), the citizen therapist model emphasizes promoting human flourishing rather than merely addressing dysfunction. The authors encouraged therapists not only to consult with pre-existing programs but also to take the initiative to recruit fellow citizens to address personally relevant social problems. For instance, they discussed engaging in local efforts to improve police-community relations based on their experience with longer term projects. The authors also suggested that therapist-citizen coalitions progress through a series of stages. The first generation identifies the problem and plans interventions, the second leads program implementation, and the third wave consists of community members who have benefited from the program and assume leadership roles themselves. The authors acknowledged that many of the initiatives that were described were in their early stages, focusing on program development rather than long-term sustainability.

Sustaining these programs often requires partnerships with local institutions such as hospitals and clinics. However, it should be expected that leadership within these organizations tends to be transient, and new administrators may deprioritize citizen-driven programs. This variability highlights the importance of finding committed institutional partners to provide consistent support, including access to meeting spaces and part-time staff.

For mental health professionals considering the citizen therapist role, Mendenhall highlights several prerequisites. In primary care settings, he adapted his approach to chronic illness management, diverging from his traditional therapy training. While he successfully built connections with healthcare providers, he faced challenges in integrating patient and peer support systems for issues like chronic pain. Mendenhall discovered that patients and families who had developed effective coping mechanisms were a valuable, yet underutilized, resource. He also stressed the need to be attuned to the unique challenges faced by specific communities, such as racism, gun

violence, and other forms of trauma. These issues often present natural opportunities for citizen therapists to initiate community-driven projects.

Finally, it is important for therapists to set realistic boundaries while balancing professional and community roles. The authors recommended limiting community work to no more than eight hours per week to prevent overextension. Without sufficient time or concrete support such as access to resources and committed community partners, they argued these projects were unlikely to achieve long-term viability.

Examples of Community Problem-Solving

While there are broad general principles to guide the newly engaged citizen-therapist, the approach taken will likely require a flexible repertoire that can adapt to both the program and its chronological development and eternal historical forces. At least two-thirds of the book is dedicated to describing community programs aimed at addressing specific needs. Programs selected for summarization in this review were based on several factors: illustrating the program's breadth ("Over the Top Birthday Parties") and citizen--therapists' responsiveness to contemporary social-political conflicts (African American men and the Police: The "red-blue" political divide in the U.S.). Psychotherapists, both as citizens and professionals, experience the challenges of the health care system including access to care, satisfaction with interactions with health care professionals, and obtaining culturally sensitive care.

The Family Education Diabetes Series

Mendenhall participated in developing a program to address Type II Diabetes in the urban Native American population in Saint Paul, Minnesota. Within the U.S., Native Americans are nearly three times as likely to develop Type II Diabetes compared with white individuals (Centers for Disease Control, 2024). At the outset, Mendenhall was aware of the distrust many Native American communities had toward the predominantly white, European-dominated healthcare system. This distrust was justified. For example, in the 1970s, many Native American women underwent sterilization procedures, often without their consent. Additionally, female children and adolescents had full or partial hysterectomies performed without parental consent or notification. Many of these procedures were conducted by the Indian Health Service. Estimates cited include 25% to 50% of Native American women having undergone sterilization between 1970 and 1976 (Lawrence, 2000).

Mendenhall spent several years learning about local Native American culture by attending powwows and participating in talking circles. He gradually developed relationships with community elders before embarking on a collaborative program to address factors associated with the high rates of Type II diabetes in the local Native American community. While the program itself focused on health, it is important to recognize that within Native culture, physical well-being is viewed more holistically than in the Western biomedical model.

In this regard, the Family Education on Diabetes Series (FEDS) held bi-monthly meetings, during which a range of topics were discussed. These meetings often began with a prayer said by one of the elders, followed by a smudging ceremony for each attendee and a shared meal. Talking circles also served as a venue for addressing health-related concerns.

Over time, the program became quite popular, with presentations co-led by a mental health or medical professional and an Indigenous community member. Topics included nutritional presentations aligned with Native American food preferences, which also emphasized healthy eating. Other topics covered included stress management and parenting. After the program had been running for several years, Mendenhall noted that a disproportionate number—around 70%—of those in attendance were women. Concerned about neglecting the male Native American community, Mendenhall and the coalition developed a program called the "Men's Group." This group was much less formal than the initial FEDS group and included outdoor activities.

As more years passed, it was recognized that young people were not actively involved in the program. Mendenhall informally learned that the project was viewed as one for "older people." To address this, a youth-

oriented program was developed, which included cultural ceremonies and a medicinal garden. As the program continued, there was interest in securing more sustainable financial support through grant funding. Formal evaluations of the FEDS program were also conducted and published. Notably, the FEDS program has been in place for over 20 years—making it the most enduring program described in this volume.

Over-Scheduled Children and "Over the Top" Birthday Parties

Another distinctive program addressed the phenomenon of overscheduled children and the consequent reduction in quality family time. This initiative, known as "Putting Family First," comprised parent groups that convened monthly. Key community stakeholders, such as coaches and sports leaders, participated in the discussions, recognizing that extracurricular activities were a significant scheduling challenge detracting from meaningful shared family time. The authors highlighted the risk of parents feeling vilified for supporting such activities. It was crucial to ensure that parents did not feel blamed.

The group's efforts to communicate their message were accepted within the community, recognizing the diversity of children's engagements. This program gained national attention and was featured on shows like The Today Show and Oprah Winfrey. During an interview on The Today Show, Doherty was asked whether parents' desire to live vicariously through their children contributed to overscheduling and if limiting activities to one per week was a viable solution. He tactfully refrained from agreeing, emphasizing that families could approach the issue in various ways. In one of the parent education groups, the topic of children's birthday parties was discussed.

Doherty's university developed a website for parents to share their experiences and perspectives on birthday celebrations, which had become extravagant with rising expectations for entertainment and costs. Since birthdays are annual events, parents often felt pressured to exceed the previous year's celebration. The outcomes of this project received media coverage, even attracting satirical mention by Jay Leno on The Tonight Show. Raising public awareness of this project was noteworthy because, rather than addressing health disparities and other areas disproportionately affecting marginalized communities, it focused on a festering issue impacting the experiences of many middle class families. The media coverage, while not a goal of these programs appeared to be triggered by the intuitive appeal –a long-festering tension or division is being addressed at the community level yet, when featured in national news or talk show resonates with a variety of citizens.

The Police and African American Men

Prompted by conversations with the Minneapolis police chief, Doherty participated in the development of a program aimed at fostering regular dialogue between police officers and local African American men. The relationship between these two groups has a long history of antagonism and distrust, dating back at least a century (Searight & Johnson, 2022). Doherty noted that the emotions involved in these encounters were often particularly intense, and he frequently had to draw upon conflict resolution skills honed from working with married couples.

The officers in the program were nominated by a community liaison and the deputy chief. The African American men who participated were drawn primarily from another project called "Citizen Fathers." The group began with seven community members and six officers, holding bi-weekly meetings. In an early session, Doherty initially experienced some difficulty when a senior officer dominated the conversation, which led to an unproductive debate between the police officers and several community members. One particularly powerful exchange involved discussions about fatherhood. While most of the officers shared their experiences with their own fathers, many of the community members described the impact of absentee fathers on their lives.

Over the course of the group's meetings, external events, including police shootings of civilians impacted the group's interaction. While potentially inflammatory, Doherty noted that these discussions allowed officers to move beyond the question of whether the shootings were justified and instead focus on how these events had impacted both the police officers and the community members over time. It became evident that both police officers and African American men were often perceived through the lens of stereotypes. The dialogue also touched on the underlying issues associated with crime in African American neighborhoods, such as poverty and

housing insecurity, which were found to be relevant to the discussions. With some early success, the program led to broader community engagement.

A newly installed police chief, who recognized that issues like housing security and safety were directly tied to public safety. However, around the time this book was written, George Floyd's death sparked large-scale demonstrations, not only in Minnesota but also globally. Even Pope Francis weighed in on the tragedy stating that racism and respect for human life were incompatible (Chapell, 2020). The protests and unrest brought the issue of police brutality and systemic racism into the death of George Floyd, resulting from Minneapolis police officer Derek Chauvin kneeling on his neck. This presented a particularly challenging and unexpected episode during the project. Chauvin, known among some colleagues for his authoritarian demeanor, also served as a field training officer. Two rookie trainees were present during Floyd's death, both of whom had recently completed Doherty's training which emphasized respect and partnership. Notably, one of the officer's present during the incident mentioned "excited delirium" as a possible factor in Floyd's behavior. This term, though not a formal medical diagnosis, has been invoked to explain the behavior of African American men perceived as resisting arrest (Walsh et al., 2023).

At Chauvin's trial, several experts from both the prosecution and the defense addressed the issue of agitated delirium in relation to Floyd's death. Some have argued that the diagnosis is given primarily to African American men as a rationale for law enforcement to use significant force (Walsh et al., 2020). The subsequent rioting and destruction of a police station, triggered by the incident, deeply challenged the group's continued existence. One of the officers in the group was at a police station when rioters descended on it; the officer confessed that he thought he was going to be killed.

Braver Angels and Political Polarization

While the relationship between the police and the African American community was challenging for Doherty in his role as a citizen therapist, perhaps even more demanding was his involvement in co-founding Braver Angels (originally known as *Better* Angels). This initiative focuses on fostering dialogue between President Trump's Red State supporters and Blue State liberals (predominantly identifying with the U.S. Democratic party). Given Doherty's own politically liberal orientation, maintaining neutrality in these conversations proved personally demanding, as it required balancing his liberal value system with a commitment to impartiality.

The initial meeting of Braver Angels, held after the 2016 election, included 10 Trump and 11 Clinton supporters. Drawing upon techniques used with married couples in conflict, Doherty and his co-collaborators established basic ground rules: speak for yourself using "I" statements, avoid assuming what others think or feel, and actively look for commonalities. Early discussions encouraged participants from both sides to describe the stereotypes others held about them. The process then progressed to a structured format familiar to group therapists and educators, the fishbowl. The smaller group (inside the fishbowl) responded to a series of questions designed to reveal members' value orientation while the remaining representatives formed a concentric circle around the smaller group and listened. These discussions eventually turned to areas of shared understanding between the two sides.

Doherty noted that one particularly valuable element of these exchanges emerges when group members describe their personal life struggles and how these challenges shaped their political positions. For example, in one group, both a red and a blue participant shared experiences of growing up in foster care. Although this experience ultimately led them to distinct value positions on issues such as the government's role in addressing social problems like poverty, the concept of *multifinality*—where similar initial conditions lead to different developmental outcomes—was evident (Mash & Wolfe, 2010). This framework aligns with developmental psychopathology and research on resilience.

Since its inception in 2016, the Braver Angels project has grown substantially into a national organization. It has conducted group interventions, including sessions with legislators, which qualitatively appear to reduce

polarization. Researchers have identified that a critical factor in fostering perspective-taking is the sequencing of the agenda (Baron et al., 2021). Allowing participants from blue and red groups to initially meet separately with their in-group provides a safe space to explore their viewpoints. This approach helps them engage more effectively with individuals holding opposing perspectives. One study, which involved undergraduate students participating in red/blue workshops, underscores this finding (Baron et al., 2020).

The early implementation of the Braver Angels project highlighted key ideological differences between liberals and conservatives, as described by Haidt (2012) in his *Moral Foundations Theory*. Haidt, who serves on the Braver Angels board, explained that liberals often interpret fairness as "equality," advocating for wealth redistribution that supports the vulnerable, while conservatives emphasize "proportionality," favoring distribution based on effort or merit. Similarly, liberals adopt a global perspective on loyalty, whereas conservatives focus on a strong in-group/out-group dynamic and prioritize domestic issues in government policy. Regarding authority, liberals frequently view it as coercive power, while conservatives see it as a way to maintain order and uphold traditions (Haidt, 2012).

Conclusion

Particularly in today's socially and politically divisive climate, becoming a citizen therapist, requires therapists to step outside their comfort zones and "step up" by addressing the systemic forces impacting mental and physical health. To their credit, Doherty and Mendenhall have avoided theoretical conflicts or overly abstract explanations, instead presenting pragmatic principles based on "lessons learned." Much of their work highlights specific examples of citizen therapist initiatives, including insight into the systemic obstacles these efforts face.

As the authors emphasized, successful initiatives often rely on partnerships with community organizations such as hospitals, neighborhood health centers, police departments, or social service agencies. These partnerships provide critical resources like meeting spaces and administrative support. For example, programs involving police officers depend heavily on the goodwill and support of local law enforcement administrators. However, as Doherty recounted in his work with the Como Health Club, changes in administrative leadership within community organizations can lead to reduced support for these programs.

Many of the initiatives described in their book began on a small, community-based scale. However, some, like *Braver Angels* and *Overscheduled Children*, have achieved national recognition. For instance, *Braver Angels* evolved from a modest project involving a small group of "red" and "blue" citizens into a national organization that has hosted over 1,500 presentations and workshops including work with legislators.

While the citizen therapist model avoids placing therapists in a top-down hierarchical leadership role, Doherty and Mendenhall illustrated how therapists' skills can add value to community projects. A key "meta-skill" is the emphasis therapists place on reflection and recognizing the meaning behind strong emotions, which often point to important underlying values. This focus on self-awareness and emotional insight contributes positively to being an effective collaborator Additionally, modeling this type of reflection can benefit other citizens in the group.

Doherty reflected on how the citizen therapist's role has influenced his own perspectives. Despite holding a strong liberal orientation, he found merit in some conservative critiques, such as concerns about government bureaucracy and overregulation. Notably, Doherty's skill in managing polarization—honed through his work with couples in conflict—allowed him to maintain neutrality effectively. Doherty's self-awareness regarding neutrality was so successful that group members were unable to guess his political affiliation, even when directly questioned.

Doherty and Mendenhall conclude their book with practical guidelines derived from their experiences. They advised therapists to align their initiatives with personal interests and passions, while building upon existing community connections. They also recommended limiting involvement to a maximum of eight hours per week, recognizing the emotional and logistical demands of community organizing. Despite these practical tips, they

acknowledged that such efforts can often be frustrating. However, they emphasized that collaborative ownership among a diverse group of citizens can help reduce the burden therapists may feel.

Even for therapists who do not actively adopt the citizen therapist role, Doherty and Mendenhall's book serves as a reminder of the complex world outside the consulting room that profoundly impacts clients' lives. Adopting a citizen therapist perspective, even without directly participating in grassroots programs, can enrich a therapists' understanding of the broader social issues affecting their clients.

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Declaration of Interest Statement

The author declares no conflicts of interest in relation to this work.

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