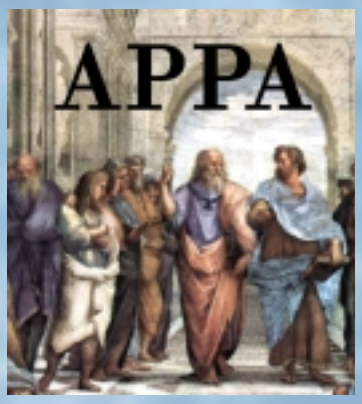

PHILOSOPHICAL PRACTICE

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Nemo Veritatem Regit
Nobody Governs Truth

Would Socrates be Diagnosed as Mentally Ill? Observations on our Mental Health Philosophy Café

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Abstract

This report documents an important new development in practical philosophy: a philosophical discussion café whose primary focus is on mental health and mental healthcare related issues. Discussed are the benefits of this group to so-called mental healthcare 'consumers,' family members, friends, mental healthcare professionals and administrators. Also considered are concerns raised about the advisability of training senior university students to facilitate this type of café. Endorsement for the program is included in the form of feedback from various participants and students.

Keywords: *philosophy café, mental healthcare 'consumers', facilitator training, mental illness, psychotherapy, university students, feedback effect, charitable understanding, metaphysical shift.*

Introduction

Can you imagine sitting around some large tables, sipping a cup of fresh coffee or tea, nibbling on a chocolate chip cookie, and having a philosophical discussion about the meaning of life with a group of so-called 'mentally ill' people?[1] That's exactly what we do in our monthly philosophy cafés. And it's changing a lot of people's minds.

One of the biggest problems for individuals who have been diagnosed with a mental illness is a loss of personal autonomy. Once you've either given yourself over to, or been placed by others into the mental health-care system you have little if any control over what is done for you and to you. Your right to decide what you need ends when the mental health-care professionals take over. Other people—medical doctors, nurses, psychologists, psychoanalysts, psychotherapists, counsellors, case workers, and family members—will all be making decisions as to what's best for you, regardless of what you think or how you feel about it. What you think doesn't really matter very much, it's irrelevant once you're labelled 'mentally ill'. What you feel is only of interest if it supports the favourite treatment theory of the practitioner assigned to you. And if your doctor says the medication he's giving you has improved your condition it doesn't matter if you feel it really hasn't done you any good. In fact he doesn't even want to hear about it.[2] This is, in general terms, how the mental health care system treats sufferers in North America. Our mental health philosophy café has been established to change all that. Here what you think and feel matters.

This café program was initiated by Teresa Spurr, on the board of the Tri-Cities Mental Health and Addictions Advocacy Group in Coquitlam, British Columbia, Canada, and was initially intended to be a moderated analysis of some of the board's immediate administrative and political concerns. But during our first conversation Teresa and I soon came to the realization that such a meeting could do far more good if we invited the entire mental healthcare consumer community to participate in an open discussion in a café environment. We also agreed that this could be a wonderful opportunity for students at the University of the Fraser Valley (UFV) philosophy and psychology departments to learn about mental health issues at first hand, and to practice their skills at facilitating respectful discussion among so-called consumers.

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I spent the first six weeks, in a two hour session each week, teaching eight volunteer students the art and science of café discussion facilitation. During this time the philosophy department generously offered to grant these students course credits for their hard work, by giving our café program a formal course designation. The administration of the University also offered two of them work-study funding, which amounted to a salary for their work in the café's development and documentation. After six weeks of classroom seminars the students and I attended the first public café on Saturday, February 23, 2008.[3]

Some administrators of a neighbouring mental health region, who have now become interested in what our group is doing, wondered in an e-mail to me whether it's really a good idea to have students facilitate a mental health café. After all, students, even senior ones such as ours, are not experts in dealing with so-called 'mental health care consumers.'[4] My response was that it makes perfect sense for students to facilitate these kind of groups precisely because they're not experts with biased, pre-conceived notions. Our students are quite capable of helping participants to develop their self-confidence and discover their ability to think through difficult personal, medical, financial, metaphysical, spiritual, and political issues. They help members of the group find their own answers, free from the inflexible perspectives of experts and the dictates of opinionated authority figures which are both so pervasive in the mental health care field. In fact, because the facilitators are students, the café participants themselves generously offer them whatever assistance they can to keep the discussion on topic, to maintain an appropriate level of respect and courtesy, to welcome newcomers into the discussion, and so on. This has led to the participants seeing the group as *their* group, and to put a greater effort into making it a success than if it were strictly controlled by some professional. Not only does this develop the group's autonomous functioning, free from any healthcare agency's agenda, it also advances the self-confidence and autonomy of its individual members by helping them to go beyond the typical North American paradigm for mental health care. Furthermore, it's when the members identify with the group as their own that points of view and ideas begin to emerge out of the discussion that are far beyond any one participant's personal opinions.

This discussion café is not at all like a patient support group—which are typically sustained by patient empathy for each other's unfortunate lot in life. I've attended various support groups, and they all seemed to me to be rather pointless. There is a lot of altruistic concern for each other's misery, but in my experience not much happens; there are not many concrete changes. While some people might benefit somewhat from them, support group discussions seemed to me like the blind leading the blind. On the other hand, our mental health philosophy group focuses on making something happen: movement toward greater insights into personal problems and issues; the realisation that many personal problems are in fact caused by social environs; the discovery of alternatives to the medical model of mental illness; an investigation into treatment methods beyond the typical pharmaceutical alchemy; the enhancement of self-esteem and self-confidence, and so on. Discussion is guided by university educated facilitators and takes place on a number of different theoretical levels: neurochemical, sub-personal or unconscious[5], personal, familial, social, spiritual, and political.

But, again, it could be argued that a mental health philosophy café can't be helpful to participants because there is no one with any specific expertise in the treatment of mental illness to lead the discussion; it's exactly like the blind leading the blind! This group's discussions can be no more therapeutic than a discussion with a bunch of friends. In fact, it could be argued that research

has shown that even talking with a trained counsellor or psychotherapist is no more effective therapy than talking with a friend, so this café klatsch couldn't possibly do anyone any good.[6]

But this argument—and the research it's referring to—ignores an important fact: while they are trained in a variety of therapeutic methodologies, most counsellors and psychotherapists have very little, if any, training in philosophy. I have spoken with counselling students who have learned the method of existential therapy but can't explain what existentialism is. Philosophy is at the heart of all so-called talk therapies, but most universities don't require their students of therapy to study philosophy. The psychotherapists who developed the various talk therapies in the mid-twentieth century, such as Albert Ellis (R.E.B.T.), Aaron Beck (CT), and Viktor Frankl (LT), all had extensive training in philosophy. Even Sigmund Freud, the father of psychoanalysis, was very well-read in philosophy, and thoroughly experienced in its practice. What the student facilitators of our mental health café have, which most of today's counsellors and psychotherapists don't have, is a solid education in philosophy. Their philosophical skills allow them to do a much better job than psychologically trained counsellors and psychotherapists at helping the café participants recognise that much of their emotional suffering is in fact not the result of chemical imbalances in the brain, and, more importantly, is not their fault, but is instead often precipitated by what others have said and done to them. The students also help participants avoid the many fallacies, or mistakes in reasoning, at the root of so many life problems, whether they be moral, political, religious, or simply logical.

Developments

There have been a number of noteworthy developments in our café. And while these developments are certainly interesting to my students and me, they are in fact sometimes life-altering to the participants.

Depth Philosophy

The most important thing that has happened over the months since the first mental health café is that the group's discussions have become increasingly more philosophical. What I mean by this is that members of the group have gone from simply accepting statements of opinions and beliefs at very superficial levels to encouraging and expecting more in-depth responses from each other. For example, early on discussion went something like this:

Participant #1: "I don't think we should just do as we're told by authority figures, such as mental healthcare workers."

Participant #2: "I agree."

Participant #3: "Yes, so do I."

Facilitator: "OK. Any other thoughts?"

But now discussion goes more like this:

Participant #1: "I don't think we should always just do as we're told by authority figures, such as mental healthcare workers."

Participant #2: "Well what about the opinion of your doctor? Don't you listen to him?"

Participant #1: "Sure, most of the time. But sometimes I'm not sure I should. I mean I think we have a right to question our doctors' opinions."

Participant #2: "Really?"

Participant #1: "Yes."

Facilitator: "But aren't doctors experts at knowing about what ails us, and on the various treatments such as medications? Why question their judgement?"

Participant #1 "Because they don't always listen to what we tell them about how the medications they're prescribing are affecting us. I don't mean just whether the meds are making us feel better, but the side effects that are making us feel worse. Their minds are already made up about how good this or that drug is, without ever having tried it themselves. They may want to do the right thing but they're not always right. My doctor acts like he knows what I'm feeling. But how could he? And if he's wrong about what I'm feeling, then what about other things, like his diagnosis? …."

And so on. Participants are getting progressively better at following a specific discussion thread, of going deep into the heart of an issue or topic to its very foundational beliefs and assumptions. And they're gaining the self-confidence that enables them to do so. In fact the participants are getting very good at functioning as a group, and keeping themselves on topic with very little direct intervention from the facilitator. As with teaching, the ultimate aim of a facilitator is to work him or herself out of a job by developing the competence of the members of the group.

Role Models

Another development is that participants, especially those who have been diagnosed with a mental illness—those so-called 'mental healthcare consumers'—but also others, look to the UFV student facilitators as role models. So many of these people have grown up and lived among people who have questioned, criticized, and even ridiculed their suffering. They have had to defend themselves against accusations of everything from faking their diagnoses to being at fault for their own distress. In the café many of the participants who were, understandably, defensive early on have come to recognize the fact that defensiveness is not required for their survival in our discussion group. They have learned to develop the open responsiveness and respectful inquiring tone demonstrated by the student facilitators. I give full credit to the students for this, because they have come into this project with a totally selfless ambition: to help the café participants improve their own lives.

Feedback Effect

In our group discussion setting participants can avoid what has been called the 'feedback effect' or the 'looping effect' of their diagnosed mental illnesses.[7] This is when the diagnosed individual adopts, lives up to, and even exaggerates typical behaviour that is deemed symptomatic of the diagnosed mental illness. In a conventional support group setting, where members are urged to accept their diagnosed illnesses, and where they are then helped to endure it, the feedback effect can serve to escalate subjective affect, thereby reinforcing and often even substantiating the diagnoses. But in our group—which has been clearly publicized as a philosophical discussion group, not a support group—participants find themselves taking a questioning stance toward their diagnoses.

They have developed a healthy skepticism toward claims made by the so-called experts who are, or have been, their case workers about what they 'ought to be feeling' when they have been diagnosed with depression or schizophrenia or whatever. This has resulted in a recognition by several participants that they don't have the expected symptoms typically associated with their various diagnoses. In turn it has led to questioning the diagnoses themselves. Interestingly, the feedback effect does not only exert a negative effect, in the sense of reinforcing a diagnosed mental illnesses. It also works in a positive direction: when the facilitator commends a participant for his or her original insight or informative comment that participant feels more competent, helpful to others, and perhaps even more intelligent.

Control

Although the students facilitate the discussion, the group is now taking ownership of their discursive activities. The locus of control has shifted noticeably from the facilitators to the members of the group. For example, participants are becoming more and more confident in their doubting and questioning of the (devil's advocate) arguments offered by the group's facilitators. This is a good thing! It has led them to see their relationship with the so-called experts who have been diagnosing and treating them in their everyday lives from a new, more empowered perspective. They are now questioning the customary doctor/patient relationship most of them have become conditioned to, in which they are simply expected to accept what they are told to believe, and obey what they are told to do. Instead, many of them are now establishing a working partnership with their care givers, based on the same sort of collaborative model they have come to trust in our philosophy café

Another development is that discussion topics for the first three or four months of cafés were those I had made up since there had been very little response to my initial request for suggestions from the fledgling group. But my later requests have brought enough topic suggestions from the participants to last the group for at least the next twelve months.

Beyond the philosophical activities, the group has also taken charge of other matters. For example, Teresa had been bringing drinks and snacks for everyone at every café. When it became known that she had been paying for it all out of her own pocket some of the members of the group protested, and it was quickly decided to hold a vote, which resulted in a unanimous agreement to set up a contribution box to help her cover her expenses. These kinds of decisions made by the entire group are instrumental in helping to build the self-confidence and self-esteem of the individuals within it.

Charity

Individuals who have been diagnosed as having a mental illness or being mentally ill often find that other people are less likely to be charitable in their understanding of them.[8] When a person speaks to us we normally identify with them and their situation; we mentally fill in their meaning when their sentences are incomplete or perhaps their explanation lacks consistency or coherence. We do this because we assume they have the same level of competence in conversation as we do, and we are therefore charitable in our interpretation of what they are trying to say. But with someone who is known to have been diagnosed with a mental illness people typically take a more objective stance; they adopt an analyst's impersonal listening style, a detached "medical gaze" as Gadamer called it.[9] People certainly do not identify themselves with those diagnosed as mentally ill, and they refrain from filling in that mentally ill person's meaning when their sentences are incomplete

because it is assumed they lack the rationality necessary to carry on a logical conversation. It is taken for granted that their speech lacks coherence and consistency because of their illness. It is expected that their meaning will be contaminated by their 'condition' even before they begin to speak.

For example, a colleague at work says the following: "People look at me kind of funny when I tell them that cell phones baffle me, and computers scare me." We are charitable in our understanding of what this colleague is telling us: the younger generation thinks you're a bit old fashioned for not feeling comfortable with the astonishingly rapid technological developments we've all been experiencing.

But something very different happens to understanding when a psychotherapist's patient says the same thing: "People look at me kind of funny when I tell them that cell phones baffle me, and computers scare me." In this case understanding goes something like this: new technology doesn't frighten most adults in our society, so this person is clearly abnormal. Also, this patient seems to have a persecution complex, and is probably suffering from paranoid delusions.

The charity most people show to 'normal' conversation partners is not given to those known to have been diagnosed as mentally ill. But in our mental health philosophy café this is not the case at all. Charity is extended to everyone by everyone. Both the facilitators and the participants are charitable when listening to each other, and this has changed the self-confidence levels of even the most reserved so-called 'mental health care consumers' in the group.

Charity doesn't apply only to conversation. An interesting example comes from our third café. We were discussing the topic "Can self-esteem be bought and sold?" I facilitated the first hour, a UFV student led the second. During the course of the discussion one of the participants, let's call her Gail, said she was thinking about getting 'Botox' injections to get rid of frown lines between her eyes. Most of us assumed she meant to do this in order to improve her looks and thereby increase her self-esteem. But she surprised us all by explaining that she began thinking about getting the injections when she was in hospital with a diagnosed mental illness. She said she had been in recovery, on a program of medication reduction, when a nurse made a casual observation one day about her concerned expression. The nurse noticed some lines between her eyes when she frowned, and, to Gail's horror, wondered aloud if the doctor should perhaps increase her medications again. Gail said this taught her that for most 'normal' people lines between their eyes simply means they're frowning. But the lines between the eyes of a person diagnosed as mentally ill means that person needs to have their drugs increased. Of course at this point we all noticed the frown lines between her eyes. Suddenly one participant jokingly assured her that none of us assumed her frown meant she needed to increase her medication. We all laughed at this, and with a chuckle of relief Gail told us that this kind of (charitable) attention she receives from the members of our philosophy café is one of the main reasons she continues to be a regular participant.

Metaphysical Shifts

There has been a subtle but significant metaphysical shift in some of the café participants. From seeing themselves as being victims of a mental illness they have come to see themselves as being the victims of social or family circumstances, of stereotyping, and of permanent labelling by a mental health care system that is working under inconsistent and contradictory paradigms. In other words they see themselves as no longer being under the control of a biological brain disease

fitting some vague medical model. Furthermore they no longer see themselves as being patients but rather as activists; from being in someone's care and control to being self-determining; from being disturbing to others to being persistently curious about others; from being both internally and externally ugly to being totally beautiful; from being mentally and physically weak to being acceptably strong; and most importantly from being strange and abnormal to being well within the wide range of normal.

They have also moved from seeing others as viewing them with a critical eye through a diagnostic lens, to being comfortable with questions asked by café participants in the understanding that there is only a desire to learn from them. This feeling of being perpetually evaluated by others is common among devoutly religious people, even among those who have left their formal religious organizations. It's a feeling initially generated by the belief that an omniscient and critical God is always watching and judging their every thought and action. And it often grows to include the conviction that some people in their community are in fact spies for a vengeful God. For those who have been diagnosed as being mentally ill this is the not-unjustified feeling that family, friends, coworkers, and acquaintances are constantly assessing their state of mind by scrutinizing everything they say and do. It's a feeling that others are endlessly looking for signs of mental illness. But in the philosophy café environment there is only the respectful examination of the participants' arguments, not their state of mind. So participants find themselves in a very different reality from the one within which they are obligated to struggle on a daily basis: a more accepting reality.

Participant Reactions

Here are some of the wonderful comments and insights from the café participants when the discussion topic was "Is life worth living if you have a mental illness?"

> "Why am I so concerned about what others say about my life, and whether it's been a worthwhile life or not? I'm the one who's living it, and I'm the only one qualified to judge whether it's worth living it or not."

> "When you've been diagnosed with a life-threatening illness, such as cancer, like I have, it's amazing how that can bring you to notice all the things that are good about the life you've been living."

> "If Socrates had lived today he wouldn't have had to choose to drink the hemlock over not examining life. He would have left the city and put his thoughts on the internet. He would have invented long distance learning."

> "Socrates killed himself? Do you think he would be diagnosed as mentally ill today?"

From an anonymous participant:

> "The café has increased my confidence in speaking in a group. It has allowed me to interact with individuals with whom I would normally not have had the opportunity. It helps me to be with 'regular' persons who have not personally or professionally dealt with the mental health system, as have the bulk of my social contacts."

From Judy Jackson:[10]

> "Regarding the Community Cafés, I love them!! I am the Chair of the Board of New View Society. Several of our members and staff regularly attend as well.

I find the Cafés are a very relaxed, safe setting in which persons with a mental illness can actually have a real conversation with other people. No judgment by others, no intimidation—most of the stigma is eliminated—which ultimately is our idealistic goal. A world free of stigma. We're starting to achieve the shorter range goals of blurring the boundaries. So many different types of mental illness—so many different needs of those who are ill. I think persons who are living a pretty independent, active lifestyle crave conversation with others who do not have a mental illness. It feels great to be accepted. Loneliness is often the greatest battle a person with mental illness faces.

I hope that in the future more persons will start participating—slowly but surely. In the meantime I think we have a great group. Lots of very open, sharing and caring people. It is so vital for persons with or without mental illness to have a safe, non-judgmental environment in which they can express themselves. The Cafés lend us that opportunity.

Thank you and your students for your involvement in this project. I hope it only continues to grow in to the future. Together we can start to make change."

***From Teresa Spurr*:**

"In terms of our cafes so far, I think that participants are demonstrating enthusiasm for the gatherings by their consistent attendance and willingness to contribute to the discussions and topics. I think that it is refreshing and liberating for some members, mental health consumers, and their families, to speak in a non-therapeutic setting. I think is has been equally liberating for non-consumers to sit in a relaxed setting with a good moderator and share ideas, feelings, and information around topics that are almost always avoided or are very painful to discuss in any productive way and are certainly never talked about when 'mentally ill' people are around.

The moderator leads individuals away from the dead-ends that these discussion are prey to because of their sometimes sensitive nature and the general lack of experience the average person has in talking about mental illness and especially talking about mental illness in public among strangers. By challenging perceptions and beliefs in a productive way and by occasionally affirming assumptions or impressions this forum allows sensitive material to get the 'airing' that is long overdue.

Certainly this is what I'm getting from the cafe, as the granddaughter, daughter, sister, and mother of mental health care consumers I know that I am long, long overdue for being able to talk openly about 'just stuff' related to society's and my understanding or lack thereof of issues impacting mental health and how mental health impacts society.

The people in the group that I've spoken with afterwards have expressed similar thoughts and feelings. All seem to be energized by the discussions and want them to continue."

Some Student Facilitator Reactions

Rochelle Hannon: "My purpose for being part of this was to learn how to facilitate (as a teacher in a classroom). And, I have to be completely honest, it was not necessarily an interest in helping mental health consumers per se. My goal and motivation were strictly self-serving. Today's discussion focused on how the mentally ill are often misunderstood. Peter said a statement that re-

mains vivid in my mind. He said, "If you're poor you're crazy. If you're rich you're eccentric." This statement made me think of all the rich celebrities and their antics that are always posted in the tabloids. This café has sparked me to want to bring the issue of mental illness to the public. I want to help be a voice for 'mental health care consumers'."

Bobbi Dombrowski: "What was particularly interesting to me was that we had no idea who were parents, mental healthcare consumers, or workers. I loved that. It set us off on the right foot, seeing everyone as people and not falling into stereotyping."

Linda Davies: "Participants started to straggle in and I inwardly chided myself for trying to pick out those with mental health issues. ….I remember how surprised I was to hear one lady tell how important it is for her to hear someone affirm that she looked normal—her hair done and her make-up professional looking. I thought also about the term 'consumer' as this café was an open invitation to people either suffering with mental health issues, or those friends and families who have been affected by someone's suffering. Consumer, consuming—sponges sucking up whatever they can to survive their mental and emotional pain. I don't like the term 'consumer'; I don't like the image it brings up for me, and yet I cannot think of a better term to use. All of the labels and terms for mental/emotional suffering seem inadequate, unable to properly define the very human experience of living in distress, and having that distress undermine one's ability to perform to society's expectations."

H. Kim Morden: "Peter said depression and anxiety are the end result of other causes, they are not the cause of the suffering. I think about that sometimes. What if we started treating other things like that? Instead of saying that you can't walk because you have a broken leg we just talked about lack of walking as though it were the cause of your suffering. When you look at it like that it seems so ridiculous. But when we are earnestly told that depression is an illness, we buy it. Several people's behaviour altered throughout the afternoon's café. Clearly you could see people becoming more confident in having their voices heard, surer of what they had to say and how to say it."

A Final Word

From a 'mental health care consumer': "We want to tell our stories, we want to be heard—in some way we want our lives to be witnessed by others, our existence recognized as valuable. That's what's happening in our philosophy café, and it's powerful."

Afterword

In October, 2008 the student facilitators and I were approached after the end of the Coquitlam café by the director of the Chilliwack Mood Disorders Group, a community-based mental health support group. He asked if the students and I could facilitate a second mental health philosophy cafe in their area. We did, and in early 2009 it's already very popular and well attended by mental healthcare consumers, family members, friends, and even several psychiatric nurses.

Thank you to the student facilitators Linda Davies, Kim Morden, Tori Steeves, and Amber Sandhu for their good/hard work. My appreciation also goes to Moira Kloster for her valuable assistance as faculty advisor and mentor at our newest café in Chilliwack.

Notes

1. I'm not suggesting that all of our café participants are in fact mentally ill, just that some of them have been diagnosed as such. Please note that the diagnoses of any mental illness is a very contentious issue even among diagnosing professionals themselves.

2. These claims about the mental healthcare system are based on a number of experiences related to me by participants of this group and private counselling clients of mine.

3. For a more detailed report on the founding of the group and our first café see my essay "Our Mental Health Philosophy Café" in *Practical Philosophy* Vol. 9, No. 2, July 2008. 102-04.

4. One of the on-going projects for participants in our mental health philosophy café is to come up with a less unwieldy and evocative term to replace 'mental health care consumers.'

5. I don't mean "unconscious" in the Freudian sense. I'm referring to ignored, forgotten, or unexamined beliefs, values, and assumptions.

6. See for example *Philosophy and Psychotherapy* by Edward Erwin. London: Sage, 1997. 158-60.

7. Ian Hacking discusses what he calls 'looping' in a series of essays. See for example "The Looping Effect of Human Kinds." In *Causal Cognition.* D. Sperber, D. Premack, and A. Premack eds. Oxford: Clarendon Press, 1995. 351-94.

8. For a discussion of the effect of a diagnosis of mental illness on charity between conversation partners see Rachel Cooper's book *Psychiatry and Philosophy of Science.* McGill–Queen's University Press, 2007, 22-27.

9. Gadamer differentiates between the medical doctor's objective stance opposite the patient and the understanding of the hermeneutical stance. See *The Enigma of Health* by Hans-Georg Gadamer. Stanford: Stanford UP, 1996.

10. All names are used with permission.

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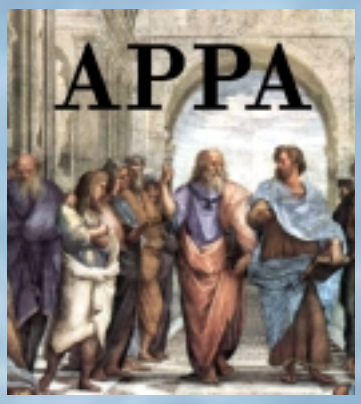

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Aims and Scope

Philosophical Practice is a scholarly, peer-reviewed journal dedicated to the growing field of applied philosophy. The journal covers substantive issues in the areas of client counseling, group facilitation, and organizational consulting. It provides a forum for discussing professional, ethical, legal, sociological, and political aspects of philosophical practice, as well as juxtapositions of philosophical practice with other professions. Articles may address theories or methodologies of philosophical practice; present or critique case-studies; assess developmental frameworks or research programs; and offer commentary on previous publications. The journal also has an active book review and correspondence section.

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