

The Recovery Dialogues

A Personal Reflection and a Cautionary Note

By Darby Penney

In 1992, the New York State Office of Mental Health (OMH) began an innovative project which brought together nine consumers/survivors/ex-patients (c/s/x) with seven psychiatrists for a series of structured dialogues about the concept of recovery. During a two-year period, this group met on five different occasions, four of which were videotaped. Two training videotapes were produced using footage from the first two dialogue meetings.

The goal of the project was to create shared understandings between the two groups about the process of recovery from a diagnosis of "mental illness," resulting in recommendations for the public mental health system on how these understandings could be used to promote recovery. There was a sense that the consumer/survivor/ex-patient movement had valuable experiential knowledge on this issue that wasn't being adequately heard by clinicians and administrators, and the dialogues were seen as a tool to build consensus on the importance of system reform.

On the face of it, the dialogue process seems like an ideal way to bring together two groups of people with disparate positions in order to converse on difficult topics. As envisioned by the project organizers, dialogues bring "groups together as equals and provide a structured opportunity for people to explore and reflect on their own experience and their own belief systems. . . . They allow the integration of diverse perspectives, resulting in a more complex understanding . . . [and] result in a shared vision rather than a vision imposed from the outside."

The dialogue process was painstakingly planned to reduce barriers to communication due to power imbalances between psychiatrists and c/s/x. For example, the

c/s/x outnumbered the psychiatrists, and the particular c/s/x participants were selected because they were seen as strong, articulate individuals who would not be easily intimidated. Skilled, neutral facilitators used a carefully sequenced series of focus questions to guide the discussion. People used first names, not titles; we were seated in the round and the two groups were interspersed; informal time for socializing was built into the schedule.

Over the course of the five meetings, we covered a wide variety of sometimes controversial topics in a fairly collegial manner. After an initial period of polite tenseness, we were able to speak frankly and freely among ourselves. As we got to know the psychiatrists as individuals, some of the distance created by our very different statuses were narrowed. While much of what the c/s/x had to say about our treatment in the system was difficult for the psychiatrists to hear and acknowledge, many of them clearly struggled to understand views that were foreign to them. There was a shared sense that what we were doing was important and valuable. And, yet.

And yet something really didn't feel quite right. While the experience of speaking truth to power was liberating at first, I felt a surprising undercurrent of unease and even resentment associated with the process. Naturally, as a good ex-patient, I blamed myself: somehow, I wasn't feeling the "right" emotions in this process. Here I was with a group of my peers, having the opportunity to explain our views to people who could have an impact, and instead of feeling pleased and excited, I felt very uncomfortable.

During a break, I learned that I wasn't the only c/s/x in the group feeling ill at ease. As we talked among ourselves, several themes emerged that seemed connected to our ambivalent reactions. First, there was a sense that

we were putting out a tremendous amount of emotional energy, talking about difficult personal experiences in the hope of making important points about what was wrong with the mental health system and what would be preferable. Our emotional efforts (and the resulting vulnerability we felt) were not being reciprocated by the psychiatrists. Despite all the steps taken to reduce the power imbalances and to create a level playing field, the process did not feel "equal."

There was a feeling that, while we were finally being listened to, it wasn't really in the spirit of mutuality. Rather, we were being used as teaching tools for the professionals, and in the end, they got much more benefit from the experience than we did. While we spoke from the heart about experiences that had defined our lives and our sense of ourselves, they were still able to listen from their "doctor" roles. They learned some new ideas, rejected others that made them uneasy, and went away with their professional roles intact. We, on the other hand, felt emotionally spent, slightly patronized, and decidedly unfulfilled by the experience.

For me, the emotional strain of the process reached a crescendo at what turned out to be the last structured dialogue between the two groups. During the discussions, it came out that all eight of the c/s/x's around the table that day were trauma survivors. This was a startling revelation to the c/s/x, as we had never discussed this among

ourselves, and we were eager to pursue the subject in the context of discussing recovery. The psychiatrists, to a person, almost immediately shut down, and the discussion was quickly steered to a less threatening topic. At that moment, it finally became crystal clear to me that this was not a process of exploring beliefs and experiences in search of a shared vision. Even in this structured process which worked so hard to be egalitarian, the psychiatrists continued to define reality for us. It brought back all those old feelings of being subordinated, of having one's life discounted, of being seen as "less than." It didn't feel equal, it didn't feel like progress, and it sure as hell didn't feel safe.

In February 1998, more than four years after our last meeting with the psychiatrists, eight of the original nine c/s/x came together again to talk about trauma issues. This time, we did not invite the psychiatrists. We came together to have a dialogue among ourselves, to learn from each other, and to share our experiential knowledge in a safe place. It felt remarkably productive, and we came away with consensus on a number of steps that could be taken to make the mental health system less re-traumatizing for people, as well as hours of videotape with which to make training tapes from our perspectives. If I learned one important thing during this long, multi-stage process called the Recovery Dialogues, it is this: Communication is only possible between equals.