The New Age of Advocacy:
Civil Discourse and Negotiation

Patrick Hendry
Senior Director, Consumer Advocacy

MHA
Mental Health America

Introduction

As the political climate in the United States has become more polarized, so has the advocacy arena for social services. There is an extensive amount of pressure from the conservative movement to cut services and limit the social safety net. This is particularly true in behavioral health. Additionally, there is a strong movement towards limiting the rights and freedoms of persons living with psychiatric disorders. Despite evidence that less expensive front end services keep people out of crisis and result in higher quality of life, the limited dollars that are available are being targeted more and more towards hospitalization and crisis services.

Even people with the same overall goal of helping individuals with psychiatric problems often look at the problem from opposite extremes, and cooperation between the factions has become increasingly difficult. Our traditional methods of advocacy, education and the publicizing of social injustice, are no longer adequate to bring groups with similar goals but strongly opposing points of view together. Advocacy must evolve using the tenants of civil discourse, negotiation, conflict resolution, and the principles of dialectical thinking. In this paper we will examine these techniques and the underlying need for their implementation. We will call for a change in the ways that we approach advocacy issues.

"Honest disagreement is often a good sign of progress."

-Mahatma Gandhi

The Issues Facing Us Today

In the hyper-aroused atmosphere of disagreements over the calls for increased involuntary treatment and greater use of medications to control the symptoms of psychiatric disorders versus the increasing demand for compassionate engagement and support coupled with alternative methods of treatment, there often seems to be no common ground. During recent negotiations over proposed congressional legislation that would have required states to mandate Assisted Outpatient Treatment (AOT) or by its' original name, Involuntary Outpatient Commitment (IOC), in order to receive federal block grant funds to support mental health services, an interesting alternative was proposed. Advocates representing the consumer/survivor community suggested that each state provide either AOT and/or enhanced engagement techniques based on non-invasive practices for assisting people through emotional crisis in order to meet the requirements for the federal block grant funds. This either/or solution held the potential for opening a meaningful negotiation on the comprehensive bill, but unfortunately the conservative sponsors of the legislation held out for extreme positions that were not acceptable to more liberal congressional leaders and the bill was stalled.

Currently there is tremendous debate over the appropriateness of the medical model with its reliance on medications and maintenance when decades of research show that recovery is often an inevitable outcome of psychiatric disorders and that emotional, economic, housing, and employment supports produce better quality of life outcomes as well as lower costs. The two camps have made progress over the last three decades at transforming the system of care to accommodate both positions, but that progress has been slow and uneven in its distribution around the country.

For the past ten years massive budget cuts across social services have in many states wiped out the progress we've made towards implementing relatively low cost "front end" recovery based services that have helped keep people out of the more expensive "deep end" crisis services and hospitalizations. On average it costs approximately ten times as much to hospitalize an individual as it does to provide a full range of community based supports and services. Much of the original reason for these cuts was the deep recession throughout the country, but more recently it has been the conservative movement's drive to cut taxes and to eliminate all but the most essential social services. Ironically, these tactics do not achieve the kinds of savings envisioned by their sponsors, and in fact increase costs. Most people denied "front end" services and supports ultimately end up in one of four places; in the hospital or crisis center, homeless, in jail or prison, or on long term disability. All of which result in becoming a non-income producing member of society, requiring expensive services, and contributing nothing to the tax base, not to mention the overwhelming toll on the quality of human life.

So faced with the triple threat of adherence to the medical model, recession, and the conservative belief that the government should not provide any but the most basic supports to vulnerable populations, how do "peer" advocates (people with lived experience with psychiatric disorders), approach policy change with the hope of success? *It's time to step up the game.*

> "In order to carry a positive action we must develop here a positive vision."
>
> -Dalai Lama

Civil Discourse

The fact that we are in social tension is clear, the hard part is engaging in civil discourse. All sides have participated in labeling, vehement protest, and confrontation; in fact, these traits have characterized the debate. Digression into ugliness and personal attacks are sad components of uncivil discourse. Bossart, D.E., (1996)

To be civil can mean many things, but in our context it means politeness, courteousness, and openness to hearing and considering the points of view of others who may differ with your own opinions. It should mean that all parties are afforded equal respect in the "conversation". "Civil discourse breaks down when rightness of position is paramount" and outcomes are placed second to winning. Bossart, D.E., (1996) Civil discourse is described as "the language of dispassionate objectivity, and suggests that it requires respect of the other participants. It neither diminishes the other's moral worth, nor questions their good judgment; it avoids hostility, direct antagonism, or excessive persuasion; it requires modesty and an appreciation for the other participant's experiences". Gergan, J.G., (2001)

Is a call to civil discourse a call to censorship and is it antithetical to the vigorous discourse essential to a free society? In the heat of debate about highly emotionally charged ideas about the treatment of people living with psychiatric disorders, what would civility even look like? Civil discourse is actually the furtherance of vigorous dialogue in that it enables hotly charged issues to be openly addressed by opposing sides with the idea that compromise may be best for all. In no way does it imply that highly held principles should ever be set aside but rather that rarely are things just one way or the other. Calls for more civility in public discourse are not pointless, the prevalence of trash- talking does not make it impossible to moderate, analyze, condemn, or change it. Massaro, T. M., Stryker, R., (2012)

A case in point is reflected in the significant divide between the interests of individuals living with mental health disorders and the interests of their families. For many years there was often open hostility between the advocacy organizations representing these two factions, yet over the last twenty years they have frequently come together to join forces in advocating for change in the behavioral health care system. Referring to the early 1990's Scheid and Brown wrote, "In spite of apparent gains, opponents continued to challenge the ideologies and goals of consumers. The most vocal opponents included extremist but dominant voices within NAMI and psychiatrists E. Fuller Torrey and Sally Satel". Scheid, T. L., Brown, T.N. (2010). Today NAMI includes consumer voices at multiple levels of leadership.

In many ways it is seemingly paradoxical that the need for civil discourse is more deeply rooted in conservatism rather than liberalism. Traditional political liberals will strongly argue that the need for civility represses freedom of speech and that tolerance of extremism is a hallmark of a free society. Traditional conservatives have long held that the need for order and adherence to rules are essential to a successful society. Presently we are confronted by a new type of conservatism that demands that the freedom of the individual and their point of view trumps protocol and civility, and conversely liberals argue the abiding need for respect and recognition is the path towards movement in policy. Massaro, T.M., Stryker, R. (2012)

It is true that we each have the right to speak our minds about any subject, and we can do so with passion and vigor, but obstructionism, hate speech, and ridicule have gridlocked society's ability to openly discuss some of the most pressing issues facing us. Fortunately, in the world of people living with psychiatric disorders and who are engaged in advocacy for better services and supports, there is a gradual movement towards abandoning rhetoric and bringing opposing parties together to discuss reasonable solutions. The science of mental health and decades of research into the phenomenon of recovery have provided solid ground for discussion. Now we just need to figure out how to conduct meaningful negotiations between opposing points of view without sacrificing essential principles.

Interestingly, in the wake of the shooting of Congresswoman Gabrielle Giffords in Tucson Arizona in 2011 by an allegedly mentally disturbed young man, the University of Arizona created a "National Institute for Civil Discourse (NICD) devoted to exploring issues that divide us and seeking ways to promote meaningful civic engagement across these divides". Massaro, T. M., Stryker, R. (2012). Out of the horror of violence involving psychiatric disorder grew a center for envisioning new ways to discuss these very types of issues. In recent years, a series of such events have, seemingly, inextricably associated the public image of mental distress with

violence, even though statistics show a relatively low correlation. Stuart, H. (2003)

Discord in mental health policy occurs when individuals and organizations who may agree on the need to improve behavioral health services disagree over fundamental concepts, such as:

- involuntary treatment,
- a medical model approach towards treatment versus a recovery focused one,
- inpatient treatment as opposed to community based treatment,
- self-determination compared to state or personal guardianship,
- consumer participation in the provision of services, often referred to as peer support.

Additionally, there is tremendous dissension in political society about the responsibility of government to pay for all but the most minimal of services for people living with these distressing issues. Currently more people receive their first mental health services, such as they are, through the criminal justice system than through the public community mental health system.

Dialectical Thinking and Zen

The problem seems to lie in the tendency of people and organizations with strongly held convictions to see their positions as right and all other opinions as wrong. The world is not that clear cut. Most things are both this and that, both true and false, good and bad. It is a matter of perspective, a world of dialectics. If I stand on this side things appear one way, but if I stand over there it is something else. It is more; it is all of these things. Which doesn't mean that you must abandon your unique perspective, it means that it is important to acknowledge that others may have a different perspective, and in order to achieve solutions to problems you have to understand their point of view. The nature of the world outside ones perspective is interconnected, contradictory, and dynamic. Relational dialectics refers to "an obligation to critique dominant voices especially those that suppress opposing viewpoints ". Griffen, E.A. (2003) This means that both sides of a dialogue are equal. It doesn't mean that the dialogue is free of competing discourses. Relational Dialectics (2014)

There is a certain amount of Zen in the realization that all things exist in the world simultaneously, including all perspectives. The purpose of civil discourse is to rationally debate the various perspectives or opinions and attempt to find an approximation of the truth. It is strongly based in the thoughts of Heraclitus, Socrates and early Indian philosophers – essentially it is dialectical thinking, finding the truth between contrasting thoughts, finding the space between the words. This is accomplished through frank open discussion of opposing ideas. It is "dynamic, progressive, and evolutionary (as opposed to being static, reactionary, and revolutionary)". Through the clash of opposing ideas and beliefs a synthesis arises, a combination of thesis and antithesis. Wilman, J. (2003)

The crux and evolutionary aspect of dialectics is that this synthesis becomes the new thesis, and, thus, the process starts all over again from a stronger position . Unfortunately, negotiators, scientists, philosophers, and advocates find it hard to:

*   Learn from their mistakes,
*   Admit that they've made mistakes
*   Admit that someone with an opposing view may be right,

And they find it too easy to:

*   Talk when they should be listening
*   Spot other peoples' mistakes, and
*   Point out to them what they are doing wrong.

All of this works against progress being made through rational debate. Wilman, J., (2003) While we may appreciate the tenants of Zen, in that "we are all perfect and complete, lacking nothing", however, "most of the time life is a struggle to get something, or get more, or keep it once we've got it". Generally "it" is not enlightenment, rather it is power, security, autonomy, cooperation, or the successful achievement of a position we have advocated for, but it is not necessarily the correct answer. Schaub, T., (1998) Rational, open minded negotiation is the way towards progress.

Another Zen concept that applies to successful advocacy is to bring your mind to a state of balance that counteracts the fight or flight reaction we are prone to in contentious negotiating. That stress reaction sets us up to react in two non-productive ways, to wage battle against the opposition and risk losing our openness to the possibilities of meaningful compromise, or to give in to positions we may not agree with just to ease the stress, to flee the confrontation. We call this appeasement.

Zen, or any number of reflective ways of thought, provides us with an alternative way of dealing with the potential for stress, bringing yourself to a space where your reflective mind dominates your reflexive mind, a Zen space, or mindfulness. The reflexive mind reacts largely based upon our emotional state, while the reflective mind is calm, thoughtful and possesses a clarity of vision of the world around us in the moment. Marcus, P.L., (2010)

Conflict Resolution and Negotiation

Conflicts arise from differences. It occurs whenever people disagree over their values, motivations, perceptions, ideas, or desires. Even though these conflicts may sometimes look trivial, when a conflict triggers strong feeling, a deep personal and relational need is at the core of the problem.

The questions to ask when you are stuck in conflict are:

* What do I really need here?
* What are my desired outcomes?
* What are my alternatives if I withdraw?
* Does impasse mean that we have to forget about the other issues we need to discuss as well as other solutions we have already negotiated?

In an Interest-Based Relational Approach the following rules may be helpful:

* Make sure that good relationships are a priority
* Keep people and problems separate
* Pay attention to the interests that are being presented
* Listen first, talk second
* Set out the facts
* Explore options together

Manklelow, J., Carlson, A. (2014)

When faced with conflict, step back and analyze what is creating the situation, what are the triggers, emotions, and motivations that are driving the conflict. Try to deal directly with the conflict itself aside from ongoing negotiations. Sometimes it is useful for both parties to ask the four questions listed above.

A major key to effective advocacy is negotiation. "Negotiation is a transaction-based form of relationship management. It is something you do." The thing that distinguishes it from political science or psychology is its' focus on the day to day application and practice of influencing other people towards some ends. "As long as there is you and me, self and other, there are my needs and yours, my perspectives and yours." Whenever there are people in the mix, there is difference, dependency, exchange, and conflict. In our working relationships the times we label as cooperation and mark with agreements are moments when conflict is in balance, but conflict always remains. Schaub, T. (1998) Thus, we come together with opposing perspectives but some fragment of a common goal and negotiate towards the goal, knowing that once resolution is met, conflict generally remains.

To move beyond polarization in public discourse we have to change tactics. We have to move beyond the rhetoric of division, we must stop using language that divides us. In the early history of the consumer/survivor movement, people coming out of inhumane asylums and psychiatric hospitals banded together in groups like the Insane Liberation Front and the Network Against Psychiatric Assault, with publications like The Madness Network News. They used the language of anger and they verbally attacked those who supported the status quo. They were justly angry, they had been assaulted and they had been brutalized, but after years of raging against injustice and the deplorable quality of mental health services they realized that they had two real choices. They could completely drop out of the system and withdraw from any type of services, or they could evolve to work within and around the system.

Leaders began to work with state, local, and federal government, and providers to adopt services that attempted to treat people as real human beings. Even leaders who had railed against injustice began to come to the table to discuss change. Leaders like Joseph Rogers, who would never hesitate to stage a protest campaign and march against poor quality services and negative ideology, sat down at the table with government officials and providers to negotiate funding for recovery services. Joseph, along with other Philadelphia advocates built a multi-million dollar advocacy and service organization, Mental Health America of Southeastern Pennsylvania. Dan Fisher, MD, Ph.D., a survivor of schizophrenia, along with Judi Chamberlain, Laurie Ahern and Patricia Deegan, Ph.D. formed the National Empowerment Center, funded in part by the federal government, to carry a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and/or extreme states. Dan was the sole representative of the movement to participate on The President's New Freedom Commission on Mental Health, which issued a comprehensive and often scathing report on the state of the mental health system in 2003.

The same language has historically been used by the other side ; insane, mad, madness, even psycho and lunatic. Today the language has changed but it still is divisive, terms like non-compliant, chronically mentally ill, and the mentally ill, and phrases like she/he is a

schizophrenic, bipolar, or borderline. This is the language of labels and it diminishes people as being "other", "different", or "less than." When used by the people living with mental health disorders it is "in your face," and confrontational. In either case, it divides us and hampers any efforts towards arriving at real world solutions to real world problems.

Much of conflict in negotiations arises from misinterpretation of the positions of the other side; people are prone to hear what they expect to hear. It is important to continuously clarify what the opposition is really saying. Because of the differences in language used by politicians, medical professionals, mental health care administrators, families, and peers, we are easily prone to misinterpret the various positions. Arising out of the prejudice and discrimination imposed by much of the language used to describe mental health disorders and the people living with them, peers have become very sensitive to language and frequently this sensitivity produces assumptions about the opinions of people using this language. In many circles it is considered improper to use the term mental illness or mental health consumer, these are perceived by some as pejoratives, and yet the person using them may be totally unaware of the message received by the listener. Medical language or terms frequently used in the mental health care system can be offensive to many people, whether that is the intent or a matter of convention. To conduct an effective negotiation it is critical to understand the intent of the opposition and listen beyond the words. Try to respond to the actual position the person is taking and not just what it sounds like to you.

It is also our expectations that are often at the root of conflict. Whether it is our expectation of the meaning of the language used, or the expectation that the other side will not relent or compromise, our expectations color the outcomes. Sometimes it's our expectations of our own victory or righteousness that sets negotiations up for failure. Rarely is "not giving in" a true victory. It is a principled stand but if it doesn't produce an acceptable outcome it really isn't a victory. Sometimes such stands take the ultimate decision out of our sphere of influence and the decision is made at a level out of our reach.

The emotions of anger and disgust can be useful, in that they are often the spark that draws us towards advocacy, but in order to move into effective advocacy we must set anger aside and be inclusive, and yet assertive with clear lines for debate. Anger, disgust, and fear operate in ways that can make the lines between positions harder to see, let alone to draw those lines in a thoughtful manner. Excessive incivility in discourse poses a problem for democracy. We must "enlist the aid of our better angels,

even in political contexts, when we believe that the harm our vitriolic speech (causes) vastly outweighs the potential benefits". Massaro, T. M., Stryker, R., (2012)

In the middle of all of this, voices are rising up in defense of a truce in order to carve out a wider space for solving problems. This requires a change in the social-norms of discourse and a societal move towards reason. In advocacy this "reason" can be arrived at by creating new methods for diplomacy and discussion. The peer movement holds tolerance and inclusion as one of its most dear principles, yet often when faced with vehement opposition we either disengage or strike out in moral anger. To be truly inclusive we must use the skills of inclusion to draw our opposition into conversation, and meaningful, goal oriented discussion. In some cases it may require the assistance of a neutral facilitator (an honest broker), but at our best we should learn to listen for those spaces between the words, the truth between contrasting thoughts, and examine our own positions as well as those we oppose. In most cases the solution lies somewhere between the two.

Some basic principles of effective diplomacy, which is essentially the art of dealing with people in a sensitive and effective way, are: credibility, clarity, comprehensiveness, understanding, perceptiveness, confidence-building, decisiveness, and perseverance. Kreutzer, P. (2014)

- The ideas set forth in advocating for mental health policy and transformation must be convincing, credible, and convey the attitude of the presenter, backed by clear, realistic rewards or costs. They must be backed by the reputation of the advocacy group and a credible diplomatic presentation must maintain the clear prospect for compromise in favor of the presenter's position.

- Effective diplomatic advocacy requires the clear exchange of views and concepts to weave an agreement from the different strands of interests. "However nuanced in presentation, communication must be precise and without ultimately detrimental ambiguity. The diplomatic approach, informed by clear communication of the objectives and constraints of the situation, means to unravel misconceptions and determine whether or not agreement can be reached." Kreutzer, P. (2014)

- A comprehensive diplomatic approach seeks to engage and resolve often complex issues and to account for the effects on multiple parties. Such an approach should incorporate public and social media diplomacy and multiple appropriate tracks of

engagement. It requires a variety of skills, disciplines, and methods to be employed to advance the policy objectives, and it encompasses "flexibility and anticipation of variable consequences so that goals may be achieved through evolving, alternative and opportunistic courses of action". Kreutzer, P. (2014)

- It is critical that the presenter fully understand the nuances of their own position, the position of the opposition, and the overall subject matter. Perception requires "applying insight to distinguish issues, motives, interests and positions in negotiating a mutually acceptable solution". It is essential to perceive key moments and points of debate, and potential pitfalls and consequences, and to maintain awareness of stakeholder interest in the discussion. Kreutzer, P. (2014)

- For successful negotiation to take place all parties must take the risk of trusting that an agreement will achieve mutually acceptable objectives. Confidence building is the means for bridging from disagreements to a consensus on which progress can begin. Establishing a diplomatic process and dialogue between the parties, and reaching incremental agreements lays the groundwork for a successful negotiation and the possibility of unforeseen future exchanges. Kreutzer, P., (2014)

- Advocates must possess the judgment, capacity and understanding of possible consequences to make decisions at the appropriate moment. Decisiveness enables the negotiator to take advantage of uncertainty and hesitation in their opposition which subtle and dynamic negotiation can create, increasing the opportunity for a favorable outcome. Effectively applied decisive advocacy can affect significant outcomes and change. Kreutzer, P. (2014)

- Perseverance is an essential ingredient in successful advocacy. Rarely are closely held opinions changed or even significantly modified quickly. When faced with issues that affect the quality of life of millions, perseverance in the face of seemingly intractable opposition is necessary to successful negotiation.

Paul Kreutzer, a Department of State Foreign Service Officer lists eight attributes to a diplomat or in our case, advocate. They are:

- A remover of obstacles
- An achiever of objective
- An effective cross-cultural communicator
- A reliable representative
- A proactive learner
- An illuminating analyst
- A principled decision-maker
- A positive team builder

Kreutzer, P., (2014)

Increasingly we are faced with political obstructionism in trying to change state, local, or federal policy. When people think that things are too large, cumbersome, complex or burdensome it is possible to bring them around by identifying the common ground. People have trouble obstructing when what you are asking for is small or reasonably easy to test. If you can provide a relatively simple test for the positions you propose, the obstruction gets smaller. When there is success from a small test you may be able to move things forward and the obstructionist may become an ally. Parsons, T., (2014)

As with the cooperation between peer groups and family organizations, another approach to obstructionism is to rally allies to your cause. The I Ching says:

> "In the midst of the greatest obstructions, Friends come."

> "Here we see a man who is called to help in an emergency. He should not seek to evade the obstructions, no matter how dangerously they pile up before him. But because he is really called to the task, the power of his spirit is strong enough to attract helpers whom he can effectively organize, so that through the well-directed co-operation of all participants the obstruction is overcome."

I Ching 39 (1000 BC)

As mentioned earlier, historic rivals can find common ground by understanding the areas of agreement that lie between their opposing positions. By uniting around these issues they gain strength to move obstructionism. In order to make change you don't need the agreement of all parties on each issue, you just need agreement to abide by the will of the majority. In previous peer and family led advocacy there was a trend to not accept piecemeal change but rather to fight for large scale changes or nothing. The mutual goal was to transform the system of care to a recovery based model and while that is still the overarching goal it is clear that this can only be accomplished incrementally in today's policy environment. Change is made by finding the space between the words and building on commonalities. Hannah Arendt stated that "political power corresponds to the human ability to not just act but to act in concert". Ahrendt, H., (1970)

Conclusion

In the polarized political climate currently rampant in the United States, advocacy for progressive behavioral health policy has become increasingly difficult. Supporters of a recovery oriented system of care and increased self-determination for those of us with lived experience with psychiatric disorders face opposition on multiple fronts. Recent incidents of violence linked to individuals with mental health problems have strengthened the erroneous stereotype that mental illness equates to violent behavior. Cuts in state behavioral health budgets have resulted in a shortage of "front end" recovery oriented services and supports, which have led to increased incidents of crisis, leading policy makers to believe that the required solution is increased involuntary treatment and in-patient services. Conservatives have pushed for major reductions in government supported social services in order to reduce budgets but resulting in increased costs to society through increased incarceration rates for people with psychiatric disorders, increased use of emergency room and crisis services, and increased unemployment and greater reliance on disability income. Foremost, these issues have resulted in decreased quality of life and poor outcomes for people in the public behavioral health system of care. The average life expectancy for a person in the public mental health care system is 25 years less than for the average American citizen. SAMHSA, (2010)

Meaningful dialogue has become more difficult and advocates need to view their efforts through a new lens. Advocacy must evolve using the tenants of civil discourse, diplomatic negotiation, conflict resolution and the principles of dialectical thinking. All sides have participated in labeling, vehement protest, and confrontation, and in fact these traits have dominated the debate.

It is time to re-introduce civility and mindfulness into our conversations. It is time to realize that civil discourse does not need to stifle free speech but rather open the process so that not only does each person have a right to voice their opinions, but that they also have a right to be heard.

The application of dialectical thinking, that of finding a "truth" between contrasting opinions and the Zen quality of finding the space between words and realizing that all things, including all thoughts exist in the world simultaneously and that things are rarely, if ever, just this or that but some combination of the multiple possibilities, creates a new way of bringing together opposing points of view.

Opposition is stressful and stress often leads us to either take hard, intractable stances on controversial issues or to withdraw from the conflict. The fight or flight response. Using the techniques of mindfulness takes us away from this reflexive mind state to a reflective alternative that aids us in slowing down our reactions and considering all options and making reasoned responses.

Adopting the techniques of diplomacy and conflict resolution is highly beneficial in achieving our advocacy goals. The diplomatic principles of:

- Credibility;
- Comprehensiveness;
- Understanding;
- Perceptiveness;
- Confidence building;
- Decisiveness; and
- Perseverance

are effective in contentious advocacy. The eight attributes of an affective diplomat or advocate outlined by Kreutzer are critical tools in modern advocacy. The gathering of allies, especially those who have traditionally been viewed as opponents coupled with initially setting relatively small, provable goals, are our strongest tools when faced by the type of obstructionism so prevalent in today's policy making.

The peer and peer supporter community, through its' strong beliefs in social and cultural inclusion is best poised to evolve as conveners and effective policy makers. On a national level many of our leaders have already shown the way to rational negotiation and problem solving. They are ready to usher in the new age of advocacy.

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