

*'The Context of People's Lives...'*  
**Social Justice and Advocacy in Counselling and Psychotherapy**

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## ABSTRACT

As counsellors and psychotherapists, we operate in a vastly different world from that in which our profession originated. This raises a number of identity issues for our industry, which include the specificity of the field within the landscape of psychological services, the implications for health rebates, and even the relationship between counselling and psychotherapy *per se*. Many such issues are currently being addressed by the relevant professional bodies. Yet the implications of rapid expansion of a profession which has its roots in white middle-class norms are less considered, notwithstanding frequent calls for cultural sensitivity.

Many of the foundational frameworks within the field of psychotherapy are themselves challenged by the growing diversity of our client base. This is in ways which the profession as a whole (and training programs and curricula in particular) have yet to reflect clearly. The widespread anxiety generated by rapid social change also raises issues which bear directly on engagement with client groups, but which are outside the scope of the profession as it is familiarly defined and as it has traditionally operated. Some researchers (eg. Toporek et al, 2006:2) regard it as 'critical that more counseling psychologists (sic) develop a sophisticated understanding of social justice, social action and advocacy'.

How important is it for the profession of psychotherapy to engage with sociopolitical dimensions and the principles of social justice? And with what implications for professional identity at both theoretical and clinical levels? Drawing on challenges to key paradigms within the field, this paper considers the case for systematic review of counselling curricula and practice in light of the changing context in which therapists now operate.

The proposition that the profession of counselling and psychotherapy should engage more directly with sociopolitical contexts - and specifically with principles of social justice<sup>1</sup> - is likely to meet opposition. This is particularly if the claim is that such engagement should be at both academic *and* clinical levels. The problematics of such a claim are many. They range from the nature of our professional terrain (the 'private' subjectivity of individuals) to our training and skill base (where the focus, including in systemic and group approaches, is traditionally micro and small-scale) to questions of logistics and identity (how would it even be possible to embrace social as well as psychological contexts; how would we distinguish ourselves from, say, community advocates and social workers?) Since such concerns represent the tip of the ice-berg of problems at issue, abandoning the proposition at the outset may seem the appropriate response.

Yet problems also represent opportunities, and premature dismissal of the claim is itself problematic. This is because the above objections are predicated on distinctions that only make sense in the context of the dimensions from which they are detached. While we cannot address everything, failure to recognize our profession and daily practice as *part* of the social world is itself untenable. Counselling and psychotherapy are practices (and *industries*) within a social context which in western societies is liberal, individualist and capitalist; the values of which inflect our practice whether we choose to focus on them or not. For all our disinclination to be 'political', attempts at neutrality are inflected by values we may not even recognize, much less examine. As counsellors, we are not, and cannot, be immune. How such values inflect the teaching and practice of therapy, and where our approaches may need to be fine-tuned in the light of this, is a legitimate and even urgent question to pose, particularly at a time of rapid socioeconomic and technological change.<sup>2</sup>

The first part of this paper presents the case for systematic addressing of social context within our profession. It does so with reference to the acknowledgement of prominent therapists that the fields of counselling and psychotherapy have shown a traditional 'blind spot' regarding the role of social context. With particular reference to the influence of individualism, it then considers reasons why social, cultural and political dimensions have long been neglected and de-emphasized both in western society generally and the professions of counselling and psychotherapy in particular. The stakes of rectifying this omission, particularly at this point in the development of our profession, are discussed with reference to several key arenas.

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<sup>1</sup> Drawing on Webster's Dictionary (2004), Toporek et al define social justice as 'the distribution of advantages and disadvantages within a society' (a definition which embraces more attributes and opportunities than those of material resources alone). See Rebecca L. Toporek et al, ed. *Handbook for Social Justice in Counseling Psychology: Leadership, Vision and Action* (CA: Sage, 2006). As explained by the editors, the impetus for this text came out of the National Counseling Psychology Conference held in Houston, Texas, in 2001, and the Handbook specifically aims to provide a comprehensive and detailed introduction to a topic which is rarely engaged within the counselling field.

<sup>2</sup> Indeed, in the reading of the editors of the Handbook cited above, '[g]iven the widespread increase in societal problems and the systemic root of such problems, it is critical that more counseling psychologists (sic) develop a sophisticated understanding of social justice, social action, and advocacy' (Toporek et al. ed. *Handbook for Social Justice in Counseling Psychology*, p.2).

## **The heritage of our profession: uneven development**

*'...maybe, just maybe understanding context might help us to understand the individual. This was an antidote to the Freudian notions of needing to delve into the individual neurosis. Perhaps instead we could look in a different direction. We could broaden out our approach to look at the context of people's lives...'*

Olga Silverstein, Margaret Newmark & Chris Beels, 'Glimpses of history and current concerns', in David Denborough, ed. *Family Therapy: Exploring Past, Present and Possible Futures* (Adelaide: Dulwich Centre Publications, 2001), p.60.

The above quotation goes on to describe how, in the wake of Freudian legacies, social context as illuminative of individual pathology was 'a new idea' for therapists.<sup>3</sup> Today it has lost its novelty. Few contemporary clinicians would deny the significant, and even constitutive, role of social context in and to individual functioning. But *reference* to social context is not the same as *engagement* with it. The belatedness of such recognition in a profession long shaped by the premises of individualism should give us pause for thought.

The recently published (2001) book from which this quote is taken is revealing here. In this edited collection of interviews, luminaries from the field of family therapy speak frankly and disarmingly of how deeply they were challenged by the social dimensions of client distress, which they had largely ignored in their models,<sup>4</sup> and to which social critics (feminists, people of colour, gay and lesbian) had drawn their pained attention. These largely asocial models and their legacy - whether or not supplemented by more recent perspectives - are with us still.

Insoo Kim Berg attests that many in the west seem to regard culture as a separable dimension, rather than as deeply pervasive (*'culture is so much a part of you, I don't think we even realize the ways it affects our thinking and breathing'*).<sup>5</sup> In describing the evolution of her own professional practice, she tells how she began to experience a disjuncture between what she had learned and taught, and what she was observing. A dramatic catalyst in this regard was a supervisor who asked about her countertransference to Vietnam veterans, when her own ethnicity is Korean (*'He thought that everybody over*

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<sup>3</sup> Silverstein et al. 'Glimpses of history and current concerns', ch.7 in Denborough, ed. *Family Therapy*, p.60. As is elsewhere acknowledged, for much of the twentieth century models of counselling and psychotherapy focused on assisting individuals, 'without taking into consideration the ecological context that affects individuals' (Regine Talleyrand, Rita Chi-Ying Chung & Fred Bemak, 'Incorporating Social Justice in Counselor Training Programs', ch.4 in Toporek et al. ed. *Handbook for Social Justice in Counseling Psychology*, p.44).

<sup>4</sup> Interestingly, this represented a departure from the advocacy principles of such pioneering American counsellors as Frank Parsons and Clifford Beers in the early 1900s (Talleyrand et al, in Toporek et al, ed. *Handbook for Social Justice in Counseling Psychology*, p.44).

<sup>5</sup> Insoo Kim Berg, 'Looking towards solutions', ch.1 in Denborough, ed. *Family Therapy*, p.4.

*there' was all the same. I was absolutely shocked at first, and then profoundly devastated').*<sup>6</sup> Her devastation comprised part of the impetus for her movement away from psychoanalytic theory and therapy towards the domain of family therapy.

Yet ethnocentrism - product of lack of attentiveness to social context - has likewise been a feature of family therapy, and its founders have been graphic in describing their shock on recognition of this. No less a figure than Salvador Minuchin is open about both the realization which led to the emergence of family therapy, and the subsequent challenges with which the subfield has had to deal. He relates that *'[a]s child psychiatrists of the time [ie prior to the emergence of family therapy] we were concerned only with the internal story of the individual'*.<sup>7</sup> To the extent that internalization was so emphasized, *'it was possible to dismiss the current context of someone's life as mere disturbance'*.<sup>8</sup> Yet even when attempts were made to reconcile these domains, significant omissions remained. Minuchin describes his 'confusion' in the face of the mounting challenges of social critics in relation to gender in particular:-

*In the beginning I thought the feminist group was into using ideas that were contrary to family therapy. But over years I began to realize that this was a blind-spot for me and that I needed to look at the ways in which I described families.*<sup>9</sup>

Understanding gender as *political* was, he says, a new experience for him. The result was that he was forced to revise key concepts such as 'complementarity' (which assumed social equality between the sexes) and 'enmeshment' (which implicitly pathologizes mother-daughter relations, and which, in light of feminist criticism, he came to see more accurately described as 'affiliation').<sup>10</sup> It is telling that while feminist critiques are now themselves part of counselling curricula and practice, they are not routinely drawn upon, and the teaching of family therapy proceeds in some instances without reference to the feminist revisions which Minuchin himself came to see as necessary. To this extent, and in this way, gender, like culture, is still implicitly regarded as a 'specialization' or 'optional extra' within the profession, rather than as pervasive, constitutive and structuring.

The admissions and concessions contained in the interviews of Denborough's edited collection on family therapy are important. This is because it is rare for the voices of 'first generation' figures in the counselling field to be brought together in a single volume which surveys past, present and future directions of the field. In the comments therein are a number of salutary admissions about the selective biases of our professional history,

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<sup>6</sup> Insoo Kim Berg, 'Looking towards solutions', p.2.

<sup>7</sup> Salvador Minuchin, 'The inevitable journey from individual to family therapy', ch.2 in Denborough, ed. *Family Therapy*, p.11.

<sup>8</sup> Minuchin, 'The inevitable journey from individual to family therapy', p.12.

<sup>9</sup> Minuchin, 'The inevitable journey from individual to family therapy', p.20.

<sup>10</sup> Minuchin, 'The inevitable journey from individual to family therapy', p.20.

which have not been fully ventilated and corrected, and thus the continuing implications of which we need to be aware.

Monica McGoldrick admits the challenges of gender awareness to have been both 'personally revolutionary' and 'very upsetting'; they signaled the need 'to re-think all the theories which [she] had learnt...[and] every aspect of [her] family life'.<sup>11</sup> Her comments are both poignant and emblematic in this regard: -

*It has only been in the past few years that I have been realizing how oblivious I have been to matters of white privilege and just how wrong the social set-up is. This has significantly affected how I understand my life... I feel like I'm just crawling out of a cave and beginning to say, okay, what on earth is happening here?*<sup>12</sup>

### **Challenging legacies**

So what was, and is, happening? The terrain of culture, and the axes of gender, ethnicity and class (as indeed the whole social context from which they derive) have represented powerful challenges to the profession of counselling and psychotherapy in all its facets and activities. As the recency of the previously noted admissions attests, the legacy of these omissions and biases remains, with particular significance for our field as we confront the changed world of 2010. It is wishful thinking to suppose that the biases of foundational frameworks, products of an earlier era, can be rectified by simple acknowledgement (even where this occurs) and that they do not continue to be reproduced in contemporary incarnations of our major paradigms. To assume this would be to discount the roots and history of our profession, which cannot be dislodged at will, and which we also rightly want to celebrate.

The challenge of simultaneously acknowledging *and* critiquing our intellectual and clinical heritage is difficult. But doing so is as important for our evolution as teachers, writers and clinicians as it is for the profession - and the potential contribution of the profession - as a whole. High stakes attach to the extent to which we are serious about attuning our frameworks and approaches to social context, and to the clinical implications of so doing. For example, in relation to family therapy, reference was made above to how foundational concepts such as 'complementarity' and 'enmeshment' require significant revision in light of feminist analysis. But this is far from the only case of the need for ongoing critique of key concepts and premises which inform the field of therapy as a whole. The foundational maxim of 'speaking for self' itself requires calibration at both theoretical and clinical levels when its inextricable relationship to the 'norms' of individualism are borne in mind. How comfortable are ethnically diverse students and clients of counselling with key concepts which, however laudable and even necessary at

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<sup>11</sup> Monica McGoldrick, 'Creating home', ch.3 in Denborough, ed. *Family Therapy*, p.25.

<sup>12</sup> McGoldrick, 'Creating home', p.25.

one level, may be subtly discriminatory of contrasting social and cultural experience at another?<sup>13</sup>

Too often the challenges of social critics, both internal and external to the field, are presented as optional 'ex post facto' perspectives, rather than as insights which need to be incorporated and engaged with in an ongoing way. Even today, it is as possible to teach family therapy without concurrent consideration of the challenges of gender critique as it is to teach anger management as if the same mechanisms apply similarly to diverse client populations and relate solely to individual coping mechanisms. I am not suggesting that counselling curricula should merge with that of politics and sociology. But rather than presented ahistorically, as is still often the case, the teaching of counselling and its range of modalities and conceptual approaches *should be firmly located within the social context from which it emanates*. This would allow simultaneous exposure of the extent to which the social omissions of an earlier era (ie the 'foundational' period of the 1950s and 1960s, in which white, individualist and middle-class premises were largely unquestioned) remain to be redressed. Unless our paradigms and approaches consistently speak to diverse social experience, they will be insufficiently attuned to the range of contexts which shape and influence our clients.

How, though, as counsellors and psychotherapists, do we begin to think about the role of social context(s), and the 'large' related domains of politics and social justice? The challenges here are two-fold; the first deriving from the nature of the society in which we practise (western, liberal individualist) and the second and more specific from the nature of the professions of counselling and psychotherapy themselves. Both need to be confronted if the dimensions of contemporary challenges are to be understood and addressed.

### **Liberal 'norms' and their shadow: the problematics of individualism**

In western democratic societies like our own, it is the principles of liberalism which most shape social values and norms. Liberalism, in this sense, refers to the broad ideology, philosophy and set of ideas which dates to the eighteenth century European Enlightenment (and which is summarized in the slogan of the French Revolution – *liberty, equality, fraternity*). The concepts of 'freedom', 'equality', 'rationality' and 'individualism' are well understood within western societies, and routinely defended as ideals. Less understood is that such ideals also have more problematic dimensions, which sole focus on their positive aspects obscures.

Celebration of 'the individual' is a case in point. To contend that our culture shows a bias towards individualism may initially seem anomalous. How can focus on, and respect for,

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<sup>13</sup> A recent article in the mainstream press by an American therapist described his initial disorientation in working with a client from a Quaker community, for whom the notion of 'speaking for self' was quite literally alien. Thus he (the therapist) was forced to 'totally reverse' his familiar way of working, by beginning with community attitudes and 'working back' to those of the individual client. While this is a particularly striking illustration of the limits of individualist assumptions, the point applies to a range of contexts in which group identity is striking and formative.

the individual be anything but good? The principle of individualism provides the bedrock from which many of our societal values stem, and the very concept of rights – so coveted when they are absent – is dependent upon a context in which the individual is respected.

But an individualist emphasis is not unproblematic. Classical liberal individualism was predicated upon notions of *autonomy*, *independence* and *detachment from social context*; the ‘individual’ was a non-relational being.<sup>14</sup> Far from being ‘universal’ (or even typical of many *within* western societies) it was also a *particular type* of individual which was envisaged. Recent scholarship shows unequivocally that contrary to the claim that ‘man’ stood for everyone, the ‘individual’ was clearly assumed to be a white male.<sup>15</sup> This sheds corresponding light on the initial liberal emphasis on ‘autonomy’, ‘independence’ and detachment from social context (characteristics which were always less available to women). The rights to which the ‘individual’ was held to be entitled were initially inaccessible to those who did not show these features. Liberal rights were long accessible only to white males, as the struggle for the female suffrage testifies to. Only much more recently and belatedly have they applied to those who did not conform to this implicit ‘norm’.

Major distortions stem from the classical liberal conception of the individual, which though now widely critiqued and partially amended, have been transmitted to the contemporary period. Insufficient recognition of the vital importance of social connectedness – and a bias towards seeing individuals as *separate from* rather than *constituted by* social relationships – is a key one. Today we are much more likely to see ourselves as ‘relational’ than ‘autonomous’, and to rightly emphasize the importance of social connectedness. But as the consistently negative connotation of ‘dependence’ underlines, assumptions of autonomy and separateness have far from faded away, and exist in uneasy confluence with the realities of relationality and *interdependence*. Celebration of individualism is also double-edged in another way. Young argues that liberal ideology has never dealt well with the reality of group life, and that a bias against collective forms of identity continues to characterize contemporary western attitudes.<sup>16</sup>

The pervasiveness of liberal values in our society is so great that we generally fail to see them *as* values. They are taken for granted ‘norms’ which are seen as both ‘the way things are’ and the way they should be. But such a mindset also blinds us to the

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<sup>14</sup> Western notions of an ‘autonomous’ self – in contrast to and detached from society – reached their most overt expression with the emergence of liberal individualism in the eighteenth century. Yet the assumption of a self radically separate from social context has a long lineage in *pre-modern* western tradition. For pertinent discussion of this point in the context of its implications for therapy, see Robert Lee & Gordon Wheeler, ed. *The Voice of Shame: Silence and Connection in Psychotherapy* (Cambridge, MA: Gestalt Press, 2003).

<sup>15</sup> While feminist critics, in particular, have established and elaborated this fact, it is also now acknowledged more broadly. As Baumeister points out, it is a matter of historical record that white males have constructed accounts of ‘human’ experience which have reflected a clear masculinist bias - ‘[t]he further back one goes in our history, the more exclusively the evidence is based on white, upper-class, Christian, educated males’ (Roy Baumeister, *Identity: Cultural Change and the Struggle for Self*, New York: OUP, 1986, p.10).

<sup>16</sup> Iris Marion Young, *Justice and the Politics of Difference* (Princeton, NJ: Princeton University Press, 1990), pp.59-60.

experience of those - including those within our midst - for whom such principles are *not* taken for granted, and who undergo forms of discrimination that we may literally be unable to recognize.

The possibility that oppression may exist *within* western countries remains challenging for many of us. As Iris Young argued in a pioneering text,<sup>17</sup> citizens of liberal democratic cultures invariably locate oppression as external to their own societies. Belief within western 'democracies' that liberalism and oppression are antithetical is tenacious. As Young argues, a major challenge for social movements of the 1960s (feminism, black power and so on) was to foster realization that oppression can and does occur '*within the everyday practices of a well-intentioned liberal society*'.<sup>18</sup>

When we think of racism, for example, we are likely to envisage the actions of marginalized individuals who lack formal education rather than to immediately focus on our own attitudes. Still less are we likely to consider the possibility of *institutionalized* racism within western societies, perpetrated by such organizational entities as the bureaucracy, the education system and the church. But as many national inquiries in this country have now formally established,<sup>19</sup> discriminatory treatment *within* liberal societies of various groups of its 'own' citizens has long been practised by *the major institutions of western liberal society itself*. Seen in this light, intolerance directed towards those who are perceived to be 'other' than ourselves cannot be read as purely 'individual'. Rather, it represents a longstanding ambivalence within western societies about how to relate to 'difference', and divergence from perceived 'norms'.

Cultural, political and administrative practices - from the operation of bureaucracies to the circulation of images and stereotypes - can be oppressive in contributing to a climate in which discrimination flourishes. Yet the contribution of such practices to a climate of oppression for those seen as divergent from anglo-celtic 'norms' is not widely recognized even today. The individualist emphasis of liberalism, and the long counterposing of 'public' and 'private', imply that oppression relates to the 'personal' actions of individuals, rather than being the product of wider societal practices. Realization that liberalism and oppression are not mutually exclusive was and remains confronting to liberal sensibilities, and to the subjectivity on which they are based. This is because in western societies discrimination is seen as aberrant, exceptional and individual, rather than routinized, structured and often culturally sanctioned.

Many exclusions on the basis of gender, class, ethnicity and sexual orientation (to cite just a few examples) are now ostensibly being rectified. It is common to point to the 'progressive' nature of liberal reforms, which in time redress 'past' practices. But this fails to account for the need for such redressing in the first place (the 'individual' was

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<sup>17</sup> Young, *Justice and the Politics of Difference*.

<sup>18</sup> Young, *Justice and the Politics of Difference*, p.41.

<sup>19</sup> See, for example, *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (Human Rights and Equal Opportunity Commission, Sydney, 1997). Other such national inquiries include 'The Adoption Practices Inquiry' and 'The British 'Migrant' Children Inquiry'.

not, after all, 'everyone'). It also fails to account for *the structured nature of exclusion*, in that some *groups* of people are more likely to suffer rights violations in a liberal society than others. Depending on the group to which you belong, the status of 'individual' can be a luxury. As Young points out, if you belong to a 'non-norm' group in liberal societies which are still divided in various ways along race, class and gender lines, the chances of being the recipient of *group* prejudice remain high.<sup>20</sup> Some people are more 'individual' than others, and the initial conception of individuals as white, male, public sphere and market-place producers remains resilient at less obvious levels.<sup>21</sup>

### **The parameters of counselling and the changing landscape of therapy**

As counsellors and psychotherapists who practise *within* liberal societies, the premises and biases of our culture permeate our operation within it. But they are also lent a more specific inflection by the nature of our profession and the type of work that we do. Our characteristic 'one on one' work, and focus on the subjective inner world of our clients, means that we occupy an invidious position as far as the role of social context is concerned. At one level, our awareness of internal complexity, and ability to reflect on ourselves ('the person of the counsellor') as well as our clients means that we are well situated to embark upon the reflection which needs to take place. Our professional practice is predicated on cultivation of awareness and examination of our biases. The challenge is that while familiar with this process at individual and interpersonal levels, we tend to take the biases of *our culture* for granted.

In attempts to rectify 'blind-spots' concerning the role of social context, we are also not necessarily assisted by what are otherwise important tenets of our professional practice. For example, self and supervisory reflection typically attend to individual and interpersonal interplay at the expense of the social and cultural. 'Speaking for self' is of little immediate utility when trying to apprehend the wider realms of culture, politics and socioeconomic structures, and the effects of these *on* individuals. Here, too, the double-edged nature of individualism becomes apparent, in that assertive self-expression is not equally rewarded by all cultures, or even, depending on the particular dynamics at issue, in our own.

To the extent that therapy has been and remains highly individualistic, there are senses in which collective forms of identity are particularly alien to the field of psychotherapy. Many of our key concepts (most notably 'speaking for self') explicitly devalue the social constituents of identity, and the foundational premise that we can only change ourselves risks, in its unqualified form, serious underestimation of the role of social context. If the individualist bias of liberal democratic societies inflects much of what we do and how we approach things, this particularly applies to the 'micro' world of counselling.<sup>22</sup>

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<sup>20</sup> Young, *Justice and the Politics of Difference*, pp.59-60.

<sup>21</sup> I provide discussion of this point, and its implications for emotional well-being, in my book *Living Under Liberalism: The Politics of Depression in Western Democracies* (FL: Universal, 2008).

<sup>22</sup> While counsellors frequently locate individual clients within the social group of the family, and while 'systemic' approaches and group work are both popular and prevalent, such approaches are rarely extended to consideration of the impact of wider societal influences on individuals. For a trenchant critique of the

The demands and implications of what I'm proposing (ie. systematic attunement to social context, at both theoretical and clinical levels, of the profession of counselling and psychotherapy and the range of modalities within it) are considerable. For this reason, further support for this claim may be warranted. After all, and even if its advisability is accepted, it is clearly easier to recommend than to undertake. Whether from purism, pragmatism or both, scepticism from some quarters is likely to be strong. But it is also arguable that contemporary developments – from a range of sources – are now intersecting in ways which make this task increasingly urgent.

Interestingly and perhaps surprisingly, support for the claim that the social world needs to be taken more seriously can be found in the subfield of depth psychology. (Here I am also mindful that notwithstanding areas of overlap, 'counselling' and 'psychotherapy' cannot be conflated, and that there are major differences between short-term problem-solving and intensive personal work). Jungian theorist and clinician Andrew Samuels is a skilful and articulate exponent of the links between the inner and outer worlds. He takes issue with assumptions about 'the seemingly opposite realms of psychotherapy and politics'.<sup>23</sup> Therapists, he says, tend to split off their own social analysis and critique from their clinical knowledge,<sup>24</sup> whereas work with clients (via dreams, fantasy and the range of material which emerges in the clinical encounter) testifies to the limits of the 'public'/'private' divide.

From the mid 1980s, Samuels began to observe that clients seemed to be introducing political themes into their therapy sessions more frequently.<sup>25</sup> Accordingly, he undertook an international survey to test this proposition, which in several ways substantiated his perception.<sup>26</sup> A striking and moving illustration from his own practice is the case of Ricardo, an Italian businessman who presented to therapy with a dream of a mountain lake with clear, crystalline water. In working with this image, Samuels relates how Ricardo moved from immediate 'personal' concerns to wider questions about public access to scarce resources, and the need for protection of the lake from pollution ('*Can one's soul remain deep and clear while there is pollution in one's home waters?*')<sup>27</sup> Careful charting of the lake image revealed its collective no less than 'personal' dimensions; Samuels relates that 'the public/political and private/subjective dimensions were both thoroughly alive'.<sup>28</sup>

That more clients may be expressing political concerns in clinical settings<sup>29</sup> likewise posits a challenge to classical models of psychotherapy. For all their diversity, therapeutic

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counselling field on this ground, see Richard House & Nick Totton, ed. *Implausible Professions* (Ross-on-Wye, PCCS Books, 1997).

<sup>23</sup> Andrew Samuels, *Politics on the Couch* (New York: Karnac, 2001), p.ix.

<sup>24</sup> Samuels, *Politics on the Couch*, p.8.

<sup>25</sup> Andrew Samuels, *The Political Psyche* (London: Routledge, 1993), p.209.

<sup>26</sup> See 'Political material in the clinical setting: replies to an international survey', ch. 10 in Samuels, *The Political Psyche*, pp.209-266.

<sup>27</sup> Samuels, *Politics on the Couch*, p.13.

<sup>28</sup> Samuels, *The Political Psyche*, p.64.

<sup>29</sup> In the survey noted above, the definition of what is 'political' was deliberately left open-ended in order to facilitate respondents' own perspectives and views (Samuels, 'Political material in the clinical setting...',

modalities traditionally frame client concerns as symptoms of the individual within immediate relationships (specifically the family) rather than as revealing of the social world *per se*. But even in the context of therapy, where the focus is legitimately 'micro', should individual issues and problems be read only in this way? If increasing numbers of us are presenting with depression (my own area of interest) isn't it one-sided and reductionist to see the social concerns of individuals as 'private' preoccupations or projections which shed light only on the individuals themselves? To the extent that this is the perspective of therapy – for all its internal diversity – we are back to the (liberal) individual who lacks a social context.

### **Implications from neuroscience: subjectivity and its social correlates**

Another and extremely important impetus for increased attentiveness to social context within our profession comes from the burgeoning field of neuroscience. Recognition that individuals are embedded within social and cultural contexts which affect them is one thing. This is a 'truism' now widely acknowledged (even as its manifold implications have been undercut by universalizing frameworks and models). But as neuroscientific findings are establishing, it is now possible to go further. What can now be shown is the extent to which cultural and social factors impact *brain development and functioning* – hence increasing references to 'the social brain'.<sup>30</sup>

That selves develop in interaction – with significant others and with their environment – is not a new understanding. But what we now know is that such experience becomes 'a physical reality in the brain' via organization of neural networks - '*In a very real sense, the sociocultural environment becomes physically structured in the brains of individuals*'.<sup>31</sup> As Castillo describes, 'people walk around with their culture and their personal history literally inside their heads'; 'the organization of culture' literally has 'psychobiological correlates' in the organization of our brains.<sup>32</sup>

The recency of such findings means that they have yet to be comprehensively assimilated within the counselling and psychotherapy fields (to which they have striking and direct application). While clinicians and theorists such as Schore,<sup>33</sup> Cozolino<sup>34</sup> and Doidge<sup>35</sup> are at the forefront of such efforts, their work currently comprises an implicit subfield within the profession, even as the impossibility of quarantining its implications is also

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p.213). My usage of the term (discussed in detail in my book *Living under Liberalism*) likewise encompasses far more than the traditional reading of politics as about governments and parliaments. While not excluding the importance of these domains, it rests on more recent and expanded conceptions in which the 'political' refers to power dynamics in a wide range of institutions and settings, including the interpersonal and even the *intrapersonal* (see subsequent discussion).

<sup>30</sup> See, for example, 'The Interpersonal Sculpting of the Social Brain', ch.9 in Louis Cozolino, *The Neuroscience of Psychotherapy* (New York: Norton, 2002), pp.172-214.

<sup>31</sup> Richard Castillo, *Culture and Mental Illness* (Pacific Grove, CA: Brooks/Cole, 1997), p.268.

<sup>32</sup> Castillo, *Culture and Mental Illness*, p.268.

<sup>33</sup> Allan Schore, *Affect Dysregulation and Disorders of the Self* (New York: Norton, 2003) is one of several works in which Schore elaborates such themes. With particular reference to attachment, he provides detailed explication of the process of right-brain development and functioning.

<sup>34</sup> Cozolino, *The Neuroscience of Psychotherapy*.

<sup>35</sup> Norman Doidge, *The Brain that Changes Itself* (Melbourne: Scribe, 2007).

increasingly apparent. Recognition that the brain itself is 'social' has enormous implications. It directs attention not only to the particular sociocultural contexts in which individuals are located ('from which we come') but to the varying ways in which these are *actively incorporated and sculptured into the brain* ('who we are'). The latter goes to the core of affect regulation, identity and even survival.<sup>36</sup> Thus the advent of neuroscience – and of the recently emergent field of affective neuroscience<sup>37</sup> – promises to leave few areas of our profession untouched; ensuring, among other things, that 'cultural and social context' assume a newly salient significance at the heart of subjectivity *per se*.

To view the interior realm of subjectivity as, in this sense, itself collective (ie as a microcosm of the social world, albeit simultaneously recognizing the distinctive 'individual' dimensions of personality, temperament, and family and life experience) is to broaden our conceptions considerably. It also evokes the previous point about the *structured power relations* which exist within society, and the inequality which stems from these. If social and cultural organization have 'psychobiological correlates' in brain organization, does this mean that power dynamics, too, are part of subjectivity and self-organization? To the extent that sociocultural organization is not itself neutral, this would certainly seem to follow. Thus wider asymmetries of power within society might likewise be expected to become 'physically structured in the brains of individuals'.<sup>38</sup>

In his research into culture and mental illness, Castillo is quite explicit that this is the case. He contends that it is 'clear that some types of culture-based socioeconomic stressors affect particular groups differentially within dominance hierarchies',<sup>39</sup> in ways which likewise figure in the construction of subjectivity. His suggestive comments regarding the existence of 'cultural schemas',<sup>40</sup> and the effects of inequitable social structures on individuals *from particular groups* indicate that our interior worlds are no less subject to broader societal – not just familial – power dynamics. *Subjectivity and social inequality are not separable realms either*, which is another and extremely compelling reason why questions of social justice are highly pertinent to the practice of therapy.

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<sup>36</sup> As Schore elaborates, effective right-brain functioning (which is heavily dependent on attachment experience in the first years of life) is not only crucial to self-recognition and maintenance of a coherent, continuous and unified sense of self, but 'centrally involved in the control of vital functions supporting survival' (Schore, *Affect Dysregulation and Disorders of the Self*, p.86; also p.240).

<sup>37</sup> Affective neuroscience focuses especially on development of self and identity in the context of early right-brain attachment relationships. In addition to Schore, *Affect Dysregulation and Disorders of the Self*, also see Diana Fosha, Daniel J. Siegel & Marion F. Solomon, ed. *The Healing Power of Emotion: Affective Neuroscience, Development and Clinical Practice* (New York: Norton, 2009).

<sup>38</sup> Castillo, *Culture and Mental Illness*, p.268.

<sup>39</sup> Castillo, *Culture and Mental Illness*, p.264.

<sup>40</sup> Castillo, *Culture and Mental Illness*, p.269.

## **What is to be done? Rectifying the omissions and the implications for practice**

In terms of the teaching of counselling and psychotherapy, the long omission of social context by formative paradigms, and implicit assumption that the 'individual' was white and middle-class, raise obvious and ongoing challenges. The task of curriculum reform is to embed all models and frameworks in the social contexts from which they locate. It is also to scrutinize key and recurring concepts for residual traces of bias, whether of culture, gender, class, sexual orientation and/or others. This is not an abstract exercise in 'political correctness'. Rather, it is a necessary remedial reform which needs to occur on a wide scale if we are serious about claiming that our methods are inclusive. It is not enough to contend that current approaches more accurately reflect changed mores and realities. By their very nature, foundational paradigms continue to exert influence, in problematic as well as positive ways. In the absence of contextualization, biases of an earlier era continue to be reproduced.

More contentious, perhaps, are the clinical implications of such reform, or rather the extent to which we are able and willing to act on them. It goes without saying that our clients present as individuals (including when part of couples, families and groups) and that while shaped by a wide range of sociocultural dimensions and contexts, cannot be reduced to these. How, in attuning more closely to the wider social dimensions traditional models have tended to gloss over, do we avoid the corresponding risk of broadening our focus too far? It is also the case that however significant the multiple contexts of our clients, and however strong the power dynamics in which they are caught up, the nature of therapy is necessarily to empower and expand agency at a personal level, rather than to focus on sociopolitical reform and change *per se*.

Framed in this way, the tension between 'therapy' and 'advocacy' in the sociopolitical sense of the term is stark. Yet it is also unhelpful in artificially counterposing 'private' and 'public'; 'individual' and 'social'. Such counterposing of alternatives risks re-enshrining the very notion of the asocial, decontextualized individual that we are attempting to move away from (faced with the choice of fostering personal agency and social change, what therapist, in the context of the clinical encounter, would emphasize the latter?) But if sociocultural dimensions impact interactions not only between individuals but, as neuroscientific findings now show, *within* them, 'either'/'or' is no longer an option. Social, cultural and political dimensions of life are operative and pervasive in the 'inner', no less than 'outer' worlds of individuals, and *themselves part of the construction of subjectivity*. To this extent, it is not a matter of *whether* to engage with these clinically, but *how*.

Potentially helpful here is a more nuanced discussion of 'advocacy' than is generally offered. Of course at one level we necessarily advocate for our clients, in the sense of wanting and facilitating their emotional well-being. But to the extent that the social construction of emotion is a dimension we are less attuned to, I suggest that more may be required of us. At the very least, attunement to *the social constituents of identity* needs to be cultivated. Beyond this, distinction between a 'soft' and a 'hard' version of advocacy may be useful, where the former describes active acknowledgement of social

contingencies and their ongoing role in identity and functioning, and the latter entails movement of this acknowledgment into the realm of practical action.

The differences between the 'soft' and 'hard' positions on advocacy can be illustrated with reference to the issue of *anger*. Anger is an emotion common to all peoples, and is not the preserve of any particular culture or group. To the extent that focus on our circumstances serves to rationalize our anger, rather than as incentive to examine it, 'standard' therapeutic emphasis is on our *handling* of feelings of anger rather than on the contexts from which it has arisen.<sup>41</sup> Conceptualizing anger in purely personal terms, and isolating it from the context to which it relates, leads to a focus on individual coping styles, and to the 'anger management' techniques which are so prevalent today.

But however necessary at one level, such an approach can also be discriminatory in failing to account for the varied and often highly inequitable contexts which different individuals and groups must mediate. How, for example, can it begin to be adequate in cases of historic injustice or systematic social prejudice, where the individual suffers not because of their *personal* characteristics, but because of the social, cultural or ethnic *group* to which they belong? (which is not to say that individuals are necessarily the same in their responses). In such instances, sole focus on 'personal coping' and 'anger management' (ie without location of feelings of anger in the specific context from which they have emerged) misses key dimensions of the client's social experience. Even more, it risks development (or furthering) of client self-estrangement, by implying anger to be their 'personal' problem, rather than a legitimate and healthy response to the unjust social context in which they find themselves.<sup>42</sup>

By contrast, a 'soft' advocacy position does not assume a level playing field, or that the axes of gender, class, ethnicity and so on have little impact on personal circumstances and functioning. It proceeds from awareness and acknowledgement that people are differently situated within the wider society – not in a fixed, deterministic way, but in ways which nevertheless circumscribe the contours of 'personal' perception and action. It might be objected that good therapists are already aware of this, or that standard counselling skills (empathy, curiosity, open-ended questions) are sufficient to apprise us. But viewing the client in their social context is broader than the familiar 'family, work and friendship' dimensions. It also relates to *societal structures and power relations* which may be less visible to us, but highly pertinent to the issue/s with which a client is struggling.<sup>43</sup>

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<sup>41</sup> Which is not to imply that the claiming of anger is not seen as having important therapeutic potential.

<sup>42</sup> As Toporek et al similarly affirm, 'counseling psychologists who work with clients experiencing distress due to external structural forces run the risk of conveying the belief that the individual is at fault for the injustice he or she is experiencing' (Toporek et al, *Handbook for Social Justice in Counseling Psychology*, p.23).

<sup>43</sup> And which may problematize some of the more standard interventions with which we are familiar. For example. Toporek et al discuss how, in the context of structural inequity, class inequality implicitly challenges notions of 'speaking for self' and self-advocacy (Toporek et al, ed. *Handbook for Social Justice in Counseling Psychology*, p.29).

The continuing heterosexist bias of mainstream counselling is a(nother) case in point. Here I recall the account of a (straight) counsellor who was working with a (lesbian) client.<sup>44</sup> The client was highly anxious about her safety, and engaged in extensive checking rituals which the therapist was tempted to regard as the product of OCD. Only in supervision, and the attendant uncovering of her own heterosexist assumptions, did the therapist come to see such behaviour as quite rational within the context in which the client was operating (in this case not only the wide societal privileging of heterosexuality, but the more specific homophobia of a small country town).

African-American therapist Kenneth Hardy tells of a Russian couple who were recent immigrants to the US, and who were finding it difficult to feel accepted. Rather than focusing on communication style and anger management (which would have implicitly located the problem in *them*) he focused on what it was like to be Russian living in America.<sup>45</sup> Once again, it may seem that we are already engaged in such reframing. Belief that 'the person is not the problem' is implicit in many therapeutic modalities. But it rarely extends to focus on the *structural* relations of power affecting individuals within society, and the contrasting perspective – and potential for healing – this suggests. As Hardy asserts, '*In society, race, class, gender, sexual orientation and other dimensions of diversity are always a part of our interactions. There should be some opportunity to talk about these issues in the therapy room because otherwise the conversations may not be acknowledging realms of experience*'.<sup>46</sup>

I take 'acknowledging' of such dimensions to be a hallmark of a 'soft' advocacy position in therapy. Such acknowledgement is not a passive recognition of the obvious (because, as in the example of heterosexist bias, such dimensions may not be immediately apparent). Rather, it needs to be skilfully gleaned and worked with (by self-questioning regarding our own societal, occupational and personal position and attitudes as well as in relation to our clients). By contrast, a 'hard' advocacy position would envisage the therapist as an active agent on the client's behalf in ways which may extend beyond the therapy room.<sup>47</sup> In my reading, Kenneth Hardy encapsulates this position in seeing it as the responsibility of the therapist to actively map *and practically act upon* societal injustice and prejudice ('*It is our responsibility to make the links between the issues families are facing and broader relations of power. And it's our responsibility to take some action in relation to redressing injustices in the culture in which we live*').<sup>48</sup>

How far we can and should go as therapists in advocating for our clients in the context of inequitable power relationships in society is a question on which we can – and will –

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<sup>44</sup> For a helpful article on this and similar points, see Sally Hunter & Jeffrey A. Kottler, 'Therapists are Socially Constructed Too', *Psychotherapy in Australia* (Vol.13, No.2, 2007).

<sup>45</sup> Kenneth V. Hardy, 'African-American experience in the healing of relationships', ch.6 in Denborough, ed. *Family Therapy*, p.53.

<sup>46</sup> Hardy, 'African-American experience in the healing of relationships', p.53.

<sup>47</sup> The rationale for this can be pertinent in relation to class and/or ethnicity, where it may be unrealistic to assume the same access to resources as is likely to exist for white middle-class clients. For a sensitive exploration of how such advocacy may be mediated in the context of therapy, see Toporek et al, *Handbook for Social Justice in Counseling Psychology*, pp.28-30.

<sup>48</sup> Hardy, 'African-American experience and the healing of relationships', p.54.

disagree. Certainly the 'hard' advocacy position would take many of us further not only than we might want to go, but than we feel to be desirable, necessary and /or possible. 'Therapist as social critic' will have an heretical ring to many (the suggestive work of Andrew Samuels notwithstanding). But in a world of multiple and growing asymmetries, and in light of the reality that counselling and psychotherapy are part of, not separate from, society, it is not unrealistic to contend that questions of social power and justice need to be addressed across the profession in ways that have not occurred to date. A 'soft' advocacy position (in which axes of power, marginalization and exclusion are routinely referenced rather than routinely ignored) is less radical in this context. In any case, my purpose is not to endorse one particular perspective over another when the parameters of the necessary debate have yet to be formulated. Rather, it is to claim that such conversations need to be had.

At a time of rapid social change and the many challenges this generates, it is imperative that our profession not only 'keeps pace', but actively attunes to the implications for our practice and pedagogy. Counselling and psychotherapy have insufficiently attended to the role of social context and societal power relations, as consideration of the history of our profession makes clear. Serious and systematic redressing of this is necessary at both theoretical and clinical levels. Multiple sources now attest to the pervasive and constituent influence of sociocultural dimensions on individual functioning, including on the construction of subjectivity *per se*. The ways in which this occurs need to become a high research, teaching and practical priority for our profession, not as a subfield but as a mandatory requirement for the kind of work that we do.

While such a goal has yet to be reflected in any uniform way across counselling training and curricula in this country, there is now a rich reservoir of material on which to draw and many ways in which it might be engaged. For example, extension of feminist and multicultural critique would be one obvious way to begin to redress deeply-rooted assumptions about societal 'norms', and neuroscientific findings about brain plasticity and the implications for human development are relevant in a wide range of respects and to otherwise diverse approaches and modalities. Beyond this, the motivation and will to redress the traditional limits of our profession regarding the social field opens up numerous possibilities and tasks, from systematic experiential work and consciousness raising to scrutiny of the terms and language of ethics codes.<sup>49</sup>

In a culture so saturated with the norms of individualism, and in light of the more particular evolution of the fields of counselling and psychotherapy, there is still the risk that the collective dimensions of experience remain minimized. It is for this reason that the task of rectifying omissions must be concerted and comprehensive, and endorsed and

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<sup>49</sup> For an interesting and challenging discussion of the extent to which counselling ethics codes may require amendment in light of social justice concerns (and how such key principles as boundaries, 'do no harm' and informed consent may look different in the light of this) see Toporek & Williams, 'Ethics and Professional Issues Related to the Practice of Social Justice in Counseling Psychology', ch.2 in Toporek et al, ed. *Handbook for Social Justice in Counseling Psychology*, pp.17-34.

promoted in and by key forums of the profession. Systematic engagement with the challenges this represents must take place at all levels if the important goal of rectifying 'social blind-spots' is to be met, and if the pertinence of social justice concerns to effective practice of therapy is to be appreciated and acted upon.

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