Social Justice and the Word:
Keeping Diversity Alive in Therapeutic Conversations
La justice sociale et le discours :
assurer la diversité dans les conversations thérapeutiques

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ABSTRACT

The question of social justice is gaining attention in examinations of the scope of counselling and psychotherapy practice. There is a growing recognition that persons seeking therapeutic services are not merely manifesting individual personalities, but dealing with social inequities that help to illuminate the problems they describe. An outgrowth of this insight is the call to expand the therapist's role into advocacy by extending the practice of counselling beyond the consulting room. Although celebrating these developments, this article makes a case for how social justice and injustice not only unfold in the broader social arena; they also play out, utterance by utterance, in therapeutic conversations. After demonstrating how therapeutic conversations can be understood as sites of identity construction, the article offers a range of questions for aiding practitioners in "doing justice" in their exchanges with clients.

RÉSUMÉ

Une attention accrue est accordée à la question de la justice sociale en regard des pratiques en counseling et en psychothérapie. On admet de plus en plus que les personnes qui recourent à un soutien thérapeutique ne se manifestent pas uniquement en tant que personnalité individuelle, mais qu'elles font face à des inégalités sociales qui contribuent à la mise au jour des problèmes qu'elles décrivent. Ce phénomène exhorte le thérapeute à s'engager dans un plaidoyer pour le client qui s'étend bien au-delà de la salle de consultation. Cet article souligne cette évolution de la pratique tout en démontrant que les enjeux associés à la justice/injustice sociale ne se manifestent pas uniquement dans le domaine social au sens large, mais s'applique aussi dans les conversations thérapeutiques. Après avoir démontré comment les conversations thérapeutiques peuvent être considérées comme des occasions de construction identitaire, l'article propose une série de questions permettant aux praticiens d'« exercer la justice » lors des échanges avec leurs clients.

In recent years, a number of related but distinct threads of therapeutic practice have foregrounded the need for attention to social justice in relation to counselling and psychotherapy. These include feminist therapies (cf. Brown, 1994; Enns, 1997); community and critical psychology (cf. Fox, 2003; Freire, 1972; Prilleltensky, 2009); multicultural counselling (Lewis, Lewis, Daniels, & D'Andrea, 2011; Sue, Ivey, & Pedersen, 1996); and narrative therapy (Combs & Freedman, 2012, Madsen, 2007; White, 2007). What links these various movements is a view of person-in-context, both buffeted and supported by wider forces in society.

Reaching beyond traditional humanist individualism (Goodman et al., 2004; Prilleltensky, 2009; Ratts & Hutchins, 2009), this way of looking locates many key challenges that people face not primarily in the intrapsychic realm, but in various cultural institutions, discourses, and social practices.

Although there are disparate accounts of what precisely "social justice" refers to (cf. Arthur & Collins, 2010; Goodman, 2001; Reisch, 2002; Vera & Speight, 2003), one thing is clear: justice and injustice are features of social interaction, which unfolds amid a myriad of power differentials. There is no place to hide from these inequities, certainly not in the practice of counselling and therapy. As Reynolds (2012) writes, "Our work occurs in contexts that lack social justice because we have not delivered on a just society" (p. 19). A concern for social justice in relation to practice is a mindfulness of the social backdrop to our therapeutic conversations, where "advantages and disadvantages are distributed to individuals in society" (Miller, 1999, p. 11).

This uneven distribution of resources is a key consideration that I will develop further in this article by relating it to what goes on in the therapy room. But for now I'd like to point to the call for further initiatives *outside* of that room—i.e., advocacy—that is more typically associated with the topic of social justice and counselling.

That focus on inequity within the wider society helps to account for why advocacy tends to be a central thrust of a social justice agenda (Fouad, 2001; Fox, 2003; Helms, 2003). In 2002, the American Counseling Association introduced a formalized taxonomy of advocacy competencies (Lewis, Ratts, Paladino, & Toporek, 2011). In Canada, a social justice chapter with a focus on advocacy was formed within the Canadian Counselling and Psychotherapy Association in 2009. Generally the focus on advocacy is threaded through a social justice perspective, which portrays the work of counselling as "action oriented, socially relevant, and community focused and initiated" (Helms, 2003, p. 305). Advocacy centres the work of social justice at the mesa (local community) or meta (national, global) levels, in contrast to the micro level of the consulting room (Goodman et al., 2004).

The heightened focus on addressing issues outside of the consulting room is a welcome development; it emphasizes the substantial nature of social obstacles to mental health—an important counterpart to the prevalent view of psychological distress as the expression of individual deficit (Kirby & Keon, 2006; Larner, Strong, & Busch, 2013). At the same time, this article will also explore how decisions related to social justice also transpire within face-to-face dialogue with clients—not to refute calls for intervening at mesa and meta levels, but to demonstrate that the risk of reperpetrating the injustices that occur in those domains is always there at the micro level, utterance by utterance, in therapeutic conversations.

Justice and injustice are always playing out in social interactions. This occurs in the legislative and political arenas where rights are accorded or resources allocated, and also in one-on-one conversations where identities are shaped through meaning

making (Gergen, 2012; Gergen & Gergen, 2006). My sensitivity to therapy talk as identity construction can be traced to my grounding in social constructionist and poststructural philosophy as well as therapy traditions associated with these—especially narrative therapy and strands of feminist practice. As a consequence, many of the examples offered for addressing the concerns raised here will come from these traditions. I would like to emphasize that my intention here is not to champion any single "brand" to the exclusion of others; to do so would be contrary to the celebration of diversity I am hoping to encourage. In effect, this essay is an act of advocacy on behalf of clients of counselling and therapy, framed in rhetoric that inescapably reflects its author's background, but not intended to champion any singular philosophical standpoint or therapy model. The issue at hand concerns the role that counsellors play in providing or denying clients access to various potential constructions of identity, and how this relates directly to the issue of social justice (Combs & Freedman, 2012).

To render this in concrete terms, consider 27-year-old Barak, recently immigrated from the Middle East, who consults a counsellor after some near-violent exchanges with her husband that were witnessed by her two young children. Following the last incident, Barak contacted a community agency to arrange to consult a counsellor—a practice unheard of in her country of origin. Contending with a limited grasp of English, she secured an appointment and, unbeknownst to her husband, arranged for the children to be left with her sister. Barak's counsellor is passionately committed to social justice and determined to help empower her. She concluded that the best way to do this would be to train Barak in assertiveness. After hearing Barak's story she invited her to engage in a series of roleplays, coaching her to respond assertively in a range of scenarios.

Here, the therapist's words and deeds in session are motivated by a powerful concern that justice should prevail, but they telegraph a view of her client as underresourced and helpless. In initiating assertiveness training, the counsellor is implicitly portraying Barak as a woman who fails when it comes to advocating for her needs. This is an identity claim from a respected professional, and it distances Barak from available versions of her identity—empowering versions that may be hard for Barak herself to access at this time, but that can nevertheless be linked to a range of specific details already contained in her story. She identified the negative repercussions for her children of witnessing the exchanges, as well as the potential risks of harm that lie ahead. Despite limited English skills, she arranged to consult a professional—a step quite out of keeping with practice in her country of origin and one associated with losing face as well as subjecting herself to the risk of retaliation from her husband. In the micro-exchange of therapeutic conversation, however, the primary message she is receiving is that she has a deficit with respect to assertive behaviours. Of course the counsellor does not set out to do this, but the earnest intention to transmit knowledge based on expertise can have this impact. In effect, the attempt to address injustice inadvertently perpetuates it by reinforcing a deficit-focused construction of identity.

THERAPEUTIC TALK AND SOCIAL JUSTICE

A couple of key ideas undergird the notion that social justice and injustice are played out at the level of the word, in conversation. The first is that peoples' identities do not come in tidy, fixed packages, but are constructed on an ongoing basis through social exchanges (Gergen, 2012; Rose, 1998). This includes social exchanges broadly speaking, such as being branded "special needs" in an educational context or "personality disordered" in a psychological one. But—more to the point of this discussion—our sense of self is also profoundly shaped in one-on-one social encounters, as in the words exchanged between parent and child, or in the equally laden exchanges between therapist and client. Therapists among the readers of this article may recognize this in the phenomenon of new clients who arrive with debilitating views of themselves that they characterize as having arisen out of their work with a previous therapist. Identities are not merely "shared" in therapy but also forged there, in a context as prone to an unfair distribution of "resources" as any other—in this case, resources for implementing that identity building.

Alongside the notion of identities being shaped through social interaction is a second observation that there is always a plurality of possible versions of identity available. Consider someone diagnosed with depression, for example. In addition to widely circulating ideas that people struggling to mobilize themselves are "failures" or "going nowhere," there are other versions available that may highlight their efforts in the face of daunting obstacles, or may foreground their wry humour amid discouraging circumstances, and so on. But for any one person the various possible accounts of who they are not equally accessible. Observe the difference between, say, a person brought up in a sprawling middle-class family where parents, aunts, and uncles all completed university degrees, and someone raised in foster homes, shunted from school to school with no role models beyond high school graduates. It is no stretch for the former to access a view of themselves as a candidate for graduate school, whereas the latter sees that identity description as remote at best.

So what does this have to do with social justice? If it makes sense, regardless of one's theoretical allegiances, that our counselling conversations make a significant contribution to persons' view of themselves, then those conversations might be seen as sites of "identity construction" (Strong & Paré, 2004; White, 2007). Therapy is a key venue where counsellors support clients in sifting through socially circulating stories and representations to make sense of who they are (Combs & Freedman, 2012; Lock & Strong, 2010). These stories and representations are the raw materials of identity construction and can be understood as "resources" in a way similar to how Lott and Webster (2006) intend the word when, in writing about social justice, they point to the resources required for human welfare. In their list, Lott and Webster include adequate housing, nutrition, education, health care, child care, and wages, reminding readers that these are not equally accessible to people. These are certainly critical resources, and differentially available according to various privileges, making them matters of social justice. But on top

of these, one might add the words and images for forging selves, for constructing identities, which are also differentially available. We are constrained in how we can think about who we are by the social conversations that have preceded us (Greco, 2012). This is something any parent of a child with a disability knows when seeking a bedtime storybook with a suitable protagonist, or any person of colour knows when finding just one variety of "skin-coloured" bandages at a drugstore (McIntosh, 1989).

The social availability of these accounts of personhood is no less a matter of justice than the distribution of other goods and services throughout society. Consider, for instance, the scarce (but fortunately growing) number of gay-affirmative representations within mass advertising. A young person engaged in coming out is at a decided disadvantage relative to a straight teenager when it comes to drawing on socially circulating self-affirming stories and representations in the process of identity construction. This is where the counsellor's facilitative skills come into play. Therapeutic exchanges provide the opportunity to support people in taking note of public identity-affirming stories and representations and expanding helpful constructions of the self obscured by self-criticism. But this is not an inevitable outcome of therapeutic conversations, which are also at risk of offering an impoverished array of views of self. In light of this, counselling conversations can be understood as venues where therapists leverage their wordsmithing abilities to help people connect with versions of themselves previously denied or inaccessible—the construction of identity through talk. This is social justice unfolding.

We are accustomed to thinking of social justice initiatives as "action," but sometimes forget that conversation, and certainly therapeutic conversation, is *itself* consequential action (Paré, 2012; Strong & Paré, 2004)—it has very real consequences for the participants. Austin (1965) captured this by itemizing a vast array of ways we do things with words. Some of the more obvious "doing" with words as they relate to social justice include: (a) moving a member of parliament to initiate legislative change by contacting them on behalf of a client; (b) campaigning to raise money for a disenfranchised group; and (c) increasing public sensitivity to homophobia by introducing the topic in public forums. These actions happen in mesa and meta contexts because they involve intervention at the community or broader policy levels. They could be associated with counsellors' roles, though they could also take place outside of therapeutic work per se. But, as mentioned earlier, social justice talk also happens in the micro context—in session, and not just in the more familiar forms of, for instance, coaching a client to confront their landlord or providing them with information on community resources. As Davies (1989) put it, each person is a "shifting nexus of possibilities" (p. 12); identity is reconstituted each time we speak. To make sense of conversation—in counselling or otherwise—as the mutual transmission of information is to render a severely thin picture of what goes on when people talk (Fredriksson & Eriksson, 2003; Shotter, 2009). It is that constitution of identity through modes of speaking that is the focus of this article, the remainder of which examines practices that strive for social justice in therapeutic conversations.

PRO-JUSTICE PRACTICES IN THERAPEUTIC CONVERSATIONS

Attending to social justice in therapeutic conversations calls for an ongoing mindfulness of what was earlier referred to as the consequential nature of talk in relation to identity construction. The space allotted for this article does not allow an in-depth examination of the vast array of possible pro-justice conversational initiatives, but the examples that follow may provide readers with ideas for modifying their own approaches to therapeutic practice.

Keeping Context Visible

Actions that may appear nonsensical in isolation are often viewed in a dramatically different light when considered in terms of the contexts in which they occur. Wade (2010) made this point with his example of a man who throws a button from hand to hand in the pitch dark for hours on end. Without knowledge or consideration of the man's context, the inclination is to view his behaviour in pathological terms, one's mind drifting toward diagnostic criteria to make sense of what is going on. The picture changes dramatically, however, on discovering the man is a political prisoner, successfully retaining his sanity in a prolonged stretch of solitary confinement. Action is rendered sensible (Paré, 2012) when understood in terms of the contexts within which it is nested.

When context is downplayed or overlooked altogether, the problem at hand is typically conceived as an individual deficit when it could be understood as contingent, a product of circumstances. For example, the identification of certain thought patterns as candidates for change is a potentially useful practice, but there are ways of doing this through language that corroborate problem-focused identities, and ways that keep alternative views alive. Consider the example of a male client, sexually abused in childhood, who persistently questions his masculinity and blames himself for what happened. Among various options for responding, one might (a) inform him that his cognitions are "distorted" or "irrational," or (b) invite him to consider that his thoughts reflect ideas associated with machismo that circulate in male culture, and also contain echoes of the perpetrator's voice, attributing blame to his victim as a strategy for discouraging disclosure. Neither response precludes actively collaborating with the client on changing unhelpful self-talk, if that is the chosen avenue of therapeutic intervention—the point here is not to argue against a focus on cognitions, nor to make the case for the purported "efficacy" of one approach over another. But talking about problems in individualistic terms can locate them "in" clients, reinforcing deficit-focused versions of identity. Attending to how justice unfolds at the micro level of therapeutic exchanges sometimes calls for revising entrenched patterns of talk associated with theories whose centres of gravity are located primarily in the individual domain.

Attending to Responses

Attention to context provides extraordinary opportunities for salvaging views of identity that may be elusive to a person weighed down by some life struggle.

The shift to more client-affirming accounts begins with subtle modifications in ways of thinking/speaking—for instance, from "person with problem" to "person facing challenge." Curiously, the larger the scope of a challenge, the greater the opportunity to engage in inquiry into the purposes and capacities demonstrated by a person's response to it, as reflected in the following questions for a client: "What does it say about what's important to you that you've persisted, despite (the challenge reported)? What qualities of yours did you rely on to get here today, and to cope as you have so far with (the challenge)?" Wade (2007) and Richardson (2005) ensured that context is never obscured by focusing their therapeutic conversations on client responses in the wake of abuse and violence. They point out that a preoccupation with the "effects" of transgressions saturates court documents on violent incidents and is also characteristic of the central thrust taken by police in post-incident interviews with the transgressed (Coates & Wade, 2007). A consequence of the omission of detail regarding persons' active responses, they argue, is that it inadvertently consolidates an account of passive victimhood. Wade's remedy for this in session is a laser-like curiosity about persons' responses—an inquiry that, perhaps unsurprisingly, is sometimes met initially with befuddlement by a client diligently recruited into the notion they "deserved it" or even colluded in the abuse. Wade's commitment to keeping an alternate view alive, however, often uncovers a view of a person's agency in the face of transgression. This is a prime example of what Reynolds (2012) calls "justice doing."

Inviting Evaluation of Diagnoses

Society may be awash with multiple stories and representations from which to formulate accounts of identity, but as Foucault (1979, 1980) persuasively demonstrated, these are not all granted equal credibility in the public marketplace. The stories and representations that are granted stature often gain it through their association with social institutions such as organized religions, school systems, mass advertising, medicine, and psychology. By virtue of its association with scientific discourse, diagnostic talk gains a rhetorical power such that those who have been diagnosed may be inclined to overlook that there is a lot more to them than the diagnosis. Psychological formulations generated according to what are necessarily arbitrary criteria to achieve practical ends or address institutional requirements are taken to be all-encompassing pronouncements of the way things are—"totalizing" (White & Epston, 1990) characterizations of identity.

In effect, certain kinds of conversations, both internal and external (Paré & Lysack, 2006)—and potential identity formulations along with them—are pushed to the margins as diagnosed individuals defer to the word of authority. An antidote to this dilemma is to engage in conversations that keep alive clients' idiosyncratic views of themselves and their situations alongside the diagnoses (Paré, 2012). This kind of talk is not intended to refute the diagnoses, which in some cases may be welcomed by clients seeking some form of "explanation" for their distress. It is dedicated to preserving a diversity of perspectives, however, and in this respect ensures client access to resources rendered remote by the authoritative voice of

professional discourse. Exchanges might include response-based questions (as discussed above) for starters: "What did you do when you first heard the diagnosis? What are your thoughts and feelings about it now?" Other questions can help position clients as discerning consumers of professional services whose critical evaluation of the diagnosis's accuracy and utility matters, alongside the opinion of diagnosticians. "Which aspects of the diagnosis seem closest to, and which furthest from, your experience? For example, if you were 'diagnosing yourself' in your own language, what words might you use to describe the challenge you've been telling me about? What do you see as some of the advantages/disadvantages of having this label assigned?" Other questions may exploit the opportunity to foreground capacities exercised in relation to the diagnosis: "What special skills and abilities have proven useful to you in dealing with (the challenges associated with the diagnosis)? Are there new options for you emerging from having this diagnosis?" (Paré, 2012).

As Hacking (2006) wrote, "persons classified in a certain way tend to conform to or grow into the ways that they are described" (p. 26). Inviting clients to reflect on the descriptions applied to them is an antidote to a "hardening of the categories" (Paré, 2012, p. 232) and keeps a multiplicity of voices alive in their self-accounts.

Separating Person and Problem

Separating person and problem through talk, sometimes known as *externalizing* (Combs & Freedman, 2012; Hoffman & Kress, 2008), is another way to join people in investigating difficulties while minimizing the chances they will be experienced as manifestations of identity. In a sense, this entire essay is devoted to encouraging that separation as a mindset; externalizing as an intervention is a specific linguistic practice that concretizes the separation in ways that daily conversation does not always do. Through inviting clients to explore their relationship with problems, externalizing questions provide creative ways to gain a picture of how the problem operates without adding paint to a portrait of personal shortcoming. For example, you might ask the client, "How long has (the problem) been going on? When did it first show up? If it had a voice, what would the problem be telling you about yourself and your prospects? What effect is the problem having on your mood and energy?" (Paré, 2012).

It can also be helpful to remember that phenomena change, and that problematic experience ebbs and flows, though this may not be immediately obvious to people in the midst of their struggles: "Are there certain times of the day when (the problem) is greatest? Do you notice times when it seems to diminish? Are there certain contexts where (the problem) is more likely to come up, and others where it is less likely to show its face?" (Paré, 2012).

Although this form of questioning is typically associated with narrative practice, there is no reason why it could not be integrated with a range of approaches as a means of keeping a view of the client as an active and responsive agent at the foreground of the conversation. According to Combs and Freedman (2012), an externalizing stance "supports a focus on social justice. It guards against the mar-

ginalization that can occur when people's identities are subsumed by pathologizing diagnostic labels" (p. 1040).

Whitaker (2010) detailed the precipitous rise in attributions of mental illness in America, a trend toward the reification of identities as impaired, which is manifest in the steady expansion of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). It is, of course, debatable whether this reflects a growing knowledge about people's individual deficits or a continued trend toward pathologizing diverse modes of personal expression in the face of challenges. While the subject of the discussion here goes far beyond the DSM, I would like to linger on this topic for a moment longer because the DSM occupies a highly influential role in Western society—simultaneously reflecting and constructing a pervasive zeitgeist through its sober pronouncements.

As a taxonomy of pathology, the DSM is employed for certain pragmatic activities: evaluating treatment options, identifying potentially helpful medication, constructing actuarial formulae for insurance purposes, and so on. But the DSM's reverberations extend far beyond the practical contexts for which it was developed; its influence on public sensibilities is vastly disproportionate to its circumscribed purposes. For example, Epstein, Wiesner, and Duda (2013) reflect that "the numbers of clients who bring self-descriptions heavily laden with psychiatric and psychological terms and jargon to the therapeutic encounter have increased enormously" (p. 157). Although the DSM's specialized terminology reflects a highly particularized way to construct persons' experience, it has become a default vocabulary among professionals and nonprofessionals alike. Yet it is one description among many. What, for example, might be the practical utility of developing an equally monumental taxonomy of "ability"? How might the influence of such a document ripple through the way people think about and talk about themselves? Which energizing and hope-inspiring versions of themselves—previously banished to the far reaches of their imaginations by our collective preoccupation with deficit—might become available to people? This brings us back to the overarching theme of this article, which extends past the downside of the DSM to the notion that access to, and distribution of, versions of identity is an issue of social justice.

All of this is mirrored in what goes on in the consulting room. Alongside the steady decrease of living species inhabiting the planet, we are faced with an insidious diminishment of options for making sense of persons' experience. Pressed to adopt increasingly pathology-focused medicalized and biological discourses (Strong & Busch, 2013), we are witnessing threats to the diversity of modes of understanding and engaging individuals seeking therapeutic services. If, as Bruner (1990) argued, it makes sense to understand identities in terms of intentions, with biology "a constraint upon it or a *condition* for it" (p. 20, italic in original), we need to resurrect language that honours what people are striving for in order to adequately capture "who they are."

Just as there is injustice in failing to acknowledge and honour the diversity of people across race and ethnicity, ability, and sexual orientation, so too is injustice done in overlooking the diversity of potential accounts from which clients may draw in making sense of their lives and identities. A just response is to strive for therapeutic conversations that keep vivid the image of people as the "complex, changing, contradictory creatures that we each experience ourselves to be, despite our best efforts at producing a unified, coherent and relatively static self" (Davies, 1989, p. 1).

Both individually and collectively, we are holders of each others' identities. "I need you to be me," says John Shotter (2009, p. 21) in writing how our sense of who we are is directly a function of how we are taken up (and reflected back) by others in conversation. Tilsen (2013) added that "we acquire a 'self' through the appropriation of the images that others hold of us" (p. 16). Those images are embedded in the stories and representations circulated through the media and the words exchanged in the face-to-face conversations we call counselling. Although it is never possible to know for certain what the consequences of that reflecting back will be, careful attention to the language shared in session is about providing access to what are in effect resources for identity construction—possible accounts of "self" that may be elusive to someone in the midst of the challenges that bring them to therapy. As a shared cultural tool of identity construction, conversation—at macro, mesa, and micro levels—is always a venue for the enactment of social justice.

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