

Special Thematic Section on "Social Justice Issues for Counselling Psychologists in Greece"

Strength, Solidarity, Strategy and Sustainability: A Counseling Psychologist's Guide to Social Action

Rebecca L. Toporek*^a

[a] Department of Counseling, San Francisco State University, San Francisco, CA, USA.

Abstract

The roles of counseling psychologists vary by setting, population, and circumstances. Yet, social justice can be a unifying force beyond the boundaries of daily responsibilities. No matter how insightful or profound counseling psychology theories or practice are, if they are focused on individual change alone, they will never sufficiently address injustice. Injustice and the inadequacy of traditional, individually focused paradigms present tensions between counseling psychologists' work to help individuals cope with life's challenges and inadvertent (or intentional) support of systems that perpetuate oppression. This paper explores this dichotomy, avenues for moving to action, and personal sustainability in the face of professional fatigue. Experiences as a counselor and counseling psychologist, as well as research, shape the way I see advocacy and activism and have given rise to strategies I have found helpful. A resulting framework for developing a "personal social action plan" is represented by four pillars: Strength, Solidarity, Strategy and Sustainability (S-Quad). National and local challenges across the globe reflect enormous differences in contexts, needs, politics, and resources. Yet, sharing strategies for social action, activism, and advocacy can provide seeds for optimism and action toward justice and positive change.

Keywords: advocacy, counseling, social action, solidarity, strategy, sustainability, social justice

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*Corresponding author at: Department of Counseling, San Francisco State University, 1600 Holloway Ave., San Francisco, California 94132, United States. E-mail: rtoporek@sfsu.edu



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In the face of turbulent times, counseling psychologists have the potential to engage in social justice locally and globally (Athanasopoulos, 2008; Kennedy & Arthur, 2014; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006; Vera & Speight, 2003). Facilitating individuals and communities toward health, wellness, and positive growth is an important cornerstone of counseling psychology and contributes meaningfully to individual well-being. Yet, systemic oppression and structural factors greatly influence challenges faced by marginalized populations (e.g., racism, poverty, displacement, discrimination) (Athanasopoulos, 2013; Miehl, 2011). Thus, counseling focused solely on individual change is insufficient when interventions do not address external barriers or the challenges presented by policies and practices that exacerbate disparities between rich and poor, privileged and oppressed (Fox, 2003; Prilleltensky, 1997; Thatcher & Manktelow, 2007). Some scholars have charged that counseling and psychology systems focus on alleviating distress but may inadvertently (or sometimes intentionally) also function as agents of control and oppression (Kivel, 2009; Paré, 2014). As social justice oriented psychologists, it is important to continue to work as healers while simultaneously challenging systems that perpetuate

oppression. This role draws on us not just professionally, but personally as well. Injustice presents challenges for our clients, communities and, by extension, us, sometimes resulting in a sense of fatigue and defeat. This paper presents the birth of a framework intended to facilitate thoughtful and viable social action constructed with four pillars of action: *Strengths, Solidarity, Strategy, and Sustainability*. The framework arose from my personal and professional challenges integrating and sustaining social justice and thus it is important to first provide some context of the lens that shapes this model.

Positionality

Globally, human rights and social justice issues present similar challenges yet vary based on geopolitical influences, cultural factors, and other dynamics. No country is immune from challenges related to oppression and each frames them slightly differently depending on economic, political and historical context. For example, in the U.S., despite its positive qualities and citizens who support justice, historical and contemporary oppression is seen through a growing gap between wealthy and poor, increased visibility of white supremacy, homelessness, anti-immigration sentiment, and other oppression. Europe, also with many positive qualities and citizens working toward human rights, has nevertheless seen economic hardship give rise to tensions regarding immigration, resistance to refugees, as well as racialized and gendered violence (Carastathis, 2015; Figgou, Sapountzis, Bozatzis, Gardikiotis, & Pantazis, 2011). These issues can feel overwhelming and daunting yet they undeniably influence the challenges faced by clients and thus the work of counseling psychologists. While preparing this paper, I was acutely aware that my experience in San Francisco, California, shapes the issues I work on and the way I conceptualize social justice. Congruent with multicultural and feminist perspectives that emphasize the need for transparency regarding the lens through which I speak, I will first describe my professional, familial, geographic and cultural context.

Personal and Professional Context

In the early 1990s, Sue, Arredondo, and McDavis (1992) developed a set of multicultural competencies that formed a model for counselors, psychologists and helping professionals in the U.S. to work toward multicultural competence. This model influenced my early professional development and provided a framework for growth attending to counselor attitudes and beliefs, client worldview, and culturally relevant interventions. Arredondo et al. (1996) elaborated on this model providing explanatory statements and strategies for working toward competence in each of these areas. Further, Toporek and Reza (2001) extended this model suggesting that professional multicultural competence also requires personal multicultural growth and skills for dealing with institutions. More recently, Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) proposed a revised model based on the Sue et al. framework emphasizing intersectionality and counseling relationships. Further, they integrated the idea of advocacy as described by the American Counseling Association (ACA) Advocacy Competencies (Lewis, Arnold, House, & Toporek, 2002) into the domain of culturally relevant interventions. Finally, Ratts et al. (2016) visually illustrated the integration of privileged or marginalized dimensions of both the counselor and client identities, formerly implicit in the Sue et al. (1992) model.

In multicultural counseling in the United States, the ideas of intersectionality (i.e., holding multiple cultural identities) (Crenshaw, 1989) and sociopolitical implications of identity (e.g., power, privilege and marginality) have become central organizing constructs when considering the cultural identity and worldview of clients and practi-

tioners. Intersectionality acknowledges a range of dimensions of identity and associated sociopolitical experiences of privilege (or dominance) and oppression. I have found the Personal Dimensions of Identity (Arredondo et al., 1996) and ADDRESSING (Hays, 2001) frameworks helpful for reflecting on intersectionality. Using ADDRESSING, I will share that my lens as a counseling psychologist is shaped by my identity as a person slightly older than 50 years (Age, dominance in relation to those under the age of 30 and over the age of 60); mostly able bodied yet challenged with chronic health issues (Disability, Developmental Disability, marginalized); raised Catholic in a Christian dominated country (Religion, dominant in relation to non-Christian religions); White of Eastern European descent (Ethnicity/Race, dominant in relation to people of color or ethnic minority individuals); married to a person of the opposite sex (Sexual Orientation, dominant in relation to those who identify other than heterosexual); raised in a family with a stable income (although precarious due to significant family mental health issues) and currently living in a two income family (Socio Economic Status, dominant in relation to those who experience food, employment or housing instability, not dominant in relation to people with less complicated childhood economic stability); no identifiable Indigenous heritage (dominant and without generational history of genocide and oppression based on Indigenous status); born in Winnipeg, Manitoba in Canada and immigrated to the Midwestern United States as a child (National Origin Canada, not dominant in the United States although I now have U.S. citizenship); and, I am a woman who is cisgender (Gender). This last category often needs some explanation as women, globally, experience oppression and thus I indicate not dominant (lack gender privilege) which is manifested in experiences with sexism interpersonally and structurally in the policies and practices in the United States. However, my gender expression (i.e. how I look and dress) is consistent with what U.S. society expects a woman to look like, thus I am cisgender. This cisgender status is dominant, or privileged, in relation to individuals whose gender identity or appearance differs from what society expects.

The Personal Dimensions of Identity (Arredondo et al., 1996) also suggest that historical events shape one's identity, thus it is relevant that I grew up in a university town during the Civil Rights Movement in the U.S. During my lifetime, I have observed centrist liberal and conservative governments. For me, the 2016 presidential election has been, by far, the most distressing and divisive, and the U.S. has seen an unprecedented increase in racism, islamophobia, sexism, anti-LGBT and other oppressions. Assaults to indigenous sovereignty and sacred land have continued. Policies and practices that benefit the very wealthy are visible in the U.S. and globally, and the disparity between wealth and poverty grows. Simultaneously, I see a plethora of opportunities for social action and community organizing.

As a multicultural psychologist, it is essential for me to be clear about my identities and their relation to the power structures in my community and country. In each of my identity dimensions, I belong mostly to dominant groups and thus receive privilege daily through structures and systems that recognize and benefit people of dominant identities.

Many teachers, role models, authors and researchers (many of whom do not hold dominant identities) have laid the groundwork for my multicultural and social justice framework (e.g., Helms, 1990; Pedersen, 1988; Sue et al., 1992). My university and academic department emphasize social justice as a core value and my students reflect diversity (e.g., economic, ethnic, sexual and gender orientation), insight, and expectations for justice. These conditions support my work and challenge me to strive toward these ideals.

Social justice action and multicultural understanding is influenced by my positionality, cultural context and access to resources and privilege. It is within this perspective that I humbly share what I have found helpful as a counseling psychologist endeavoring to orient my practice, teaching and research in service of social justice.

Assumptions

As a counseling psychologist, the following premises underlie my work and are shaped by my experience as a healing professional as well as my personal and cultural worldview. First, as a professional focused on health, wellness, and the power of individuals and families, I believe that social justice, equity, and fairness are desirable conditions. Second, as a counseling psychologist, a former counselor, and now a professor of counseling, I ascribe to a person-environment model in which individuals are not isolated beings but rather exist within contexts. As such, there are both internal (psychological) and external (societal) contributors to equity, health, and wellness. Further, given my experience working with clients in communities that have faced enormous challenges due to socioeconomic limitations, stigma, and other barriers, I see that inequity arising from sociopolitical and economic systems impacts health and wellbeing. Third, I believe that for a sustainable society, everyone benefits when there is equity, justice and liberation for all members of a society regardless of privilege status. The final assumption, and perhaps most contentious, is that counseling, psychology and related professions are political by nature. Historically, psychology has purported to be objective and outside of politics yet this is arguable (Albee, 1996; Fox, 1996; Katz, 1985). The evolution of psychology has reflected the political and social zeitgeist of each era (Harmon & Harker, 1989; Lundberg, 2001). For example, in the U.S., priorities of government agencies, corporate donors, and foundations shape the type of psychological research that is conducted and published. Insurance companies and governmental benefits that provide financial support for psychological services prescribe the types of treatments that will be reimbursed, thus shaping the course of psychological services, especially for those who have limited economic resources.

The above ideological premises serve as anchors for my social justice orientation as a counseling psychologist and my personal values and cultural positionality shape how I respond to the challenges of justice. Despite this ideological strength, I find a number of challenges to effectively and consistently engage in social justice work. One of those challenges, and opportunities, has been determining what social justice means.

Defining Social Justice

Over the past decade, social justice has become a more frequent focus of discussion, scholarship, and research in counseling psychology. Yet, definitions have tended to rely on a relatively loose conceptualization. For me, the heart of social justice is reflected in conditions whereby members of a society or community have access and opportunity to live with dignity and humanity, unimpeded by barriers imposed by inequities, violations of their rights, and denigration. There is much that needs to be deconstructed in this definition.

To refine our understanding of social justice, it may be helpful to distinguish it from related concepts: philanthropy, charity, service and social justice. Cornel West (2011) contrasted philanthropy with social justice stating that, although philanthropy and charity are important in that they provide benefits for the individuals who receive them, they do nothing to change the system that is the cause of inequity. He noted that social justice, on the other hand, aims to change the unfair systems and strives to eliminate the injustice. Similar to philanthropy, engaging in service (perhaps pro bono) is often equated to social justice. Kivel (2009) argued for a distinction be-

tween social justice (or social change work) and social service, noting that service assists individuals in coping with the effects of institutional oppression, whereas, social change work addresses the cause of that oppression.

Numerous perspectives on social justice and the concept itself can be traced to philosophy, morality, and religious origins (Banai, Ronzoni, & Schemmel, 2011). Within counseling psychology, a widely used definition states that social justice

focuses on helping to ensure that opportunities and resources are distributed fairly and helping to ensure equity when resources are distributed unfairly or unequally. This includes actively working to change social institutions, political and economic systems, and governmental structures that perpetuate unfair practices, structures, and policies in terms of accessibility, resource distribution, and human rights. (Fouad, Gerstein, & Toporek, 2006, p. 1)

This definition highlights equity in access to resources and identification of unfair practices that arise from structural inequity due to differential status, privilege, or acceptance by the dominant groups of a society. Note that one's positionality and intersecting cultural identities influence the ways in which one encounters or participates in structural inequity.

Toporek, Sapigao, and Rojas-Arauz (2016) suggested that counseling ought to consider a more refined deconstruction of social justice in order to better understand the ways in which it may be enacted in practice, training and research. Drawing on literature from a range of disciplines, they described different types of justice including distributive justice, procedural justice, structural justice, interpersonal justice, interactional justice, retributive justice, and restorative justice. Distinctions can be useful in analyzing unfair or oppressive systems and circumstances as well as providing guidance for possible interventions. Inequity of resources may best be framed as an issue of distributive justice; thus, working to change access to resources would be an appropriate intervention. Procedural justice is employed when there is unfairness in process, for example police practices that vary depending on the color of one's skin. In this example, procedural justice interventions may include training and practices for addressing bias in policing. Structural justice (Young, 2003) is perhaps the broadest form. Young refers to structures as

...the relation of social positions that condition the opportunities and life prospects of the persons located in those positions. This positioning occurs because of the way that actions and interactions reinforce the rules and resources available for other actions and interactions involving people in other structural positions. (p. 6)

Action in support of structural justice focuses on interventions that affect the way institutions and systems influence opportunities for individuals and communities to "develop and exercise capacities for living a good life as they define it" (Young, 2003, p. 7). This is complex because unjust outcomes are a result of the participation of many people involved in various ways in systems (see Young, 2003, for a more complete discussion). These conceptions of social justice can be useful in thinking about our role as counseling psychologists and how justice and injustice affects our work.

Relevance in Counseling Psychology

Assumptions that underlie my professional commitment to social justice have a foundation that is broader than personal values or beliefs. Empirical evidence of the connection between justice, injustice and health and well-being is too plentiful for a full discussion here. The impact of discrimination, racism, sexism, homophobia, and other forms of oppression can be seen in higher incidences of mental and physical trauma and illness (e.g., Agyemang, Seeleman, Suurmond, & Stronks, 2007; Fischer & Holz, 2007; Poteat, Mereish, DiGiovanni, & Koenig, 2011; Schmitt, Branscombe, Postmes, & Garcia, 2014). The disparity in availability, access, and adequacy of mental health services for ethnic minority individuals is well documented (e.g., for U.S. see Smith, 2015; U.S. Department of Health and Human Services, 2001). In the case of refugees seeking asylum, particularly those of marginalized racial status, displacement, racism, and trauma often impacts their mental health and adjustment. Challenging policies and systemic barriers further compound this experience (Bemak & Chung, 2017; Utržan & Northwood, 2017). Helping systems, such as counseling and psychotherapy, focus largely on facilitating individuals to cope with the impact of oppressive experiences. However, such services may be inadequate and, in some cases, damaging for populations that experience oppression (Hook et al., 2016; Lê Cook, Trinh, Li, Hou, & Progovac, 2017; Paré, 2014; Spengler, Miller, & Spengler, 2016).

The impact of oppression on communities, in terms of mental health needs and limited resources, calls to question the role of counseling psychologists in social justice. For example, Caputo (2003) found relationships between health and poverty, race and gender in a study of U.S. youth. Based on these findings, Caputo concluded that these findings

add some support to advocates of social justice who claim that race/ethnicity/sex matter in regard to health-related outcomes and by extension that the relative status of groups can form the basis of legitimate governmental and social interventions on their behalf. (2003, p. 105)

Caputo further emphasized the need for interventions that “stress self-determination and empowerment enabling individuals to enhance their own social functioning, and improve conditions in their communities, as well as in society at large and that incorporate social justice as an essential component of practice” (p. 107).

Freidl, Fazekas, Raml, Pretis, and Feistritz (2007) made a similar point based on their study of individuals from marginalized backgrounds in Austria. Their findings indicated that health and positive health behaviors deteriorated with long term unemployment and decreased perceptions of social justice (i.e., “the overall fairness in a society in its distributions of its rewards and burdens” p. 548). The researchers concluded that “perceived social justice needs to be taken into account in person-to- person interventions that are intended to foster equity in health care” (p. 552).

There is considerable research indicating that counseling psychologists may not be aware of, or prioritize, the relevance of experiences of marginalization in mental health. For example, Kanellaki and Kanellaki (2009) surveyed Greek counseling psychologists about their perceptions of the place of disabilities in the profession and found that few psychologists responded who had experience working with disabilities. Of those who worked with disabilities, attention to context included subthemes of social action, equality/non-discrimination, and social justice. The researchers addressed the issue of the low response rate in their study and speculated that this might be a reflection of a lack of priority given to disabilities for psychologists. Further, they noted that,

In light of the pervasive impact of disability discrimination legislation such as the Disability Discrimination Act (2006, 2008) on counselling psychology practice, this lack of prioritisation may be cause for concern and consequently the appropriate professional, training and regulatory bodies may need to take further action (Kanellaki & Kanellaki, 2009, p. 54).

The above literature highlights the impact of oppression on communities served by counseling psychologists and suggests implications for individual interventions as well as systems level interventions. Yet, from my observations as an educator and speaker, many therapists, counselors and counseling psychologists agree with the need for social action but are hesitant to engage. Other researchers have found similar patterns. Schulze, Winter, Woods, and Tyldesley (2017), in a meta-analysis of literature on the role of social justice in educational psychology, found that concepts of fairness, advocacy and non-discriminatory practice best represented school psychologists' perspectives of their work. In the studies, participants reported that cultural competence and working toward equity, or distributive justice, were critical. The need for advocacy was also clear yet there was a pattern of participants feeling that the institutional power involved in decision making was daunting. Overall, participants were hesitant to challenge the systems they saw as problematic. Similarly, Jordan and Seponski (2017) asserted that family therapists are in a unique position to understand how policies and political discourse affect clients' lives. Yet, in their survey of family therapists, they found uncertainty and a lack of training in this area. Winter and Hanley (2015), in a qualitative study of counseling psychologists in the UK, found that participants believed social justice to be consistent with counseling psychology but noted a lack of social action in the field. Participants interviewed also noted that they perceived challenges in engaging in social action including limitations in work context or job role, limited time, need to care for oneself, and incongruities between theoretical models and social action.

The consistency of the above findings with my professional observations are not surprising. Counseling psychology has traditionally focused on individual intervention and many professionals were drawn to this discipline because of their capacity and belief in the healing power of individual relationships. Thus, training has focused on individual or family interventions rather than larger systems. Further, as a number of social justice counseling psychologists point out, the health care systems in place generally reimburse for individual interventions, not systems level change (e.g., Helms, 2003). Given this challenge, and the belief that social justice is an essential endeavor for counseling psychologists, I propose that understanding barriers and tools to action could be extremely helpful.

Overwhelming Disparities and Opportunities

Globally, social injustice abounds. Media spreads news of crises as well as calls for action hourly, sharing heart wrenching images and stories of refugees, victims of war, political prisoners, poverty, and other injustices. As a person and professional committed to social justice, I often feel like, if I were truly to make a difference, I should pack up and go across the world to fight injustice. This impulse may be a reaction to the sophisticated messaging of media that promotes and capitalizes on such emotion. However, this may also be a reflection of my privileged positionality in my own communities. In other words, because I have food and housing stability, because I belong to the racially dominant group, and I have access to resources, the inequities in my own community are not as striking as if I was the subject of that oppression. There is also some element of escapism or exoticism

imagining running off to far away places to fight oppression. Goska (2004) commented on a perception of social justice as virtuous followed by a hesitance to even take small actions. She stated that,

Virtue is defined as so outside of normal human experience or ability that you'd think, if you were doing it right, you'd know, because camera crews and an awards committee would appear on your lawn. (p. 49)

Another temptation in social justice work is the tendency to allow deficit narratives to describe those who are most affected by injustice. Deficit narratives frame communities, individuals and families as disadvantaged victims and de-emphasize their strength and expertise (Toporek & Cohen, 2017). This is often reinforced by media as well as reflect the positionality of those who are outside the community and hold sociopolitical privilege in relation to those communities. The comments shared by West (2011) and Kivel (2009) regarding philanthropy and service, respectively, are relevant here. Philanthropy and service both presume that individuals, families, and communities are in need and that outsiders are in a better position to provide for their needs. Although this may be true in some respects, it can perpetuate a "savior" approach to addressing inequity as well as reinforce the notion of the individual as the source of the problem as opposed to the role of an unjust system. An alternative, proposed by *Poor Magazine's* "Revolutionary Giving", challenges philanthropy.

... we have long been critical of the classist, racist, model of philanthropy that perpetuates the deserving versus undeserving notion of caregiving, service provision and charity. This notion turns people's pain and struggle into a product, pits the poor against the poorest and ultimately inhibits, silences and destroys the spirit, culture, art, language, and voices of poor people, indigenous people, and cultures of color across the globe... In addition, Philanthropy which has its roots in the Slave/Master "plantation" model, operates from the premise that people with money and/or resources inherently hold more knowledge about money than people without money. (Poor Magazine, 2010)

The final temptation I will discuss here is the temptation to be overwhelmed in the face of social injustice. The hourly reports of tragedy and suffering worldwide, and in my own community, are powerful. Even if I resist the temptation to focus on the world's problems and instead focus on the local ones, there are a plethora of challenges: homelessness, racism, islamophobia, sexism, homophobia, discrimination, stigma of mental illness, oppression of indigenous peoples, anti-immigration sentiment, unemployment, and many others.

The sense of overwhelm for many people in the U.S. was exacerbated by the 2016 national election year as political campaigns perpetuated and glorified inequity and discrimination. As a psychologist and community member, I personally felt the need for a tether; something to hold on to that could help me stay grounded and persist in social justice work. Simultaneously, I was preparing for the honor of speaking to the Counselling Psychology Division of the Hellenic Psychological Society at the 2016 Conference and questioned what I had to offer. I resolved to humbly share my perspective of lessons I had learned from practice and research over the course of three decades as a counselor, counselor educator and counseling psychologist striving toward social justice. From this reflective process, a framework emerged that summarizes key elements that I have found helpful in pursuing social justice from a multicultural context: Strength, Solidarity, Strategy and Sustainability.

Strength, Solidarity, Strategy and Sustainability (S-Quad): A Personal Social Action Plan

Working toward social justice is a complex endeavor. In the *Handbook for Social Justice in Counseling Psychology*, Toporek et al. (2006) noted five major themes or lessons throughout the book's 35 chapters: 1) persons and communities that are most affected by oppression understand the problems and possible solutions; 2) interdisciplinary collaboration is an important asset; 3) multilevel and systemic approaches are essential; 4) the pace of change is slow; and, 5) social justice action requires attending to ethical issues such as fidelity and veracity. Of these, perhaps the most challenging is the slow and complex process required for structural change.

The work that is done for deep and lasting transformation often requires decades if not lifetimes. Thus, it can be difficult to persist and to know whether one's efforts are productive for change. For those who are the target of affronts, the work of addressing or confronting the perpetrating individuals and systems can be emotionally, physically, professionally, financially, and relationally costly. There can also be ramifications for those who are not the direct targets of oppression but, nevertheless, identify and are committed to anti-oppression work. Although the costs are different, and typically not as severe, the ability to maintain stamina and action can be challenging. The concept of positionality and intersectionality when discussing target and non-target identities is worth revisiting. There is a range of sociopolitical identity dimensions toward which systemic oppression is directed (e.g., social class, racial or ethnic minority status, sexual minority status, disability, gender, religion, sexual orientation etc.). Many people have a mix of privileged and oppressed identities and thus, are the targets of oppression at times, and not targets at other times. It is also highly likely that they may be perpetrators of oppression, often unknowingly, or reap the benefits of privilege in an oppressive system.

This complex interplay of structural oppression, sociopolitical identities, and daily political and social events that influence the well-being of people who hold limited sociopolitical capital and economic privilege create a challenging environment for individual social change efforts. As a person who holds multiple privileged identities as well as an identity as an anti-oppression, social justice oriented psychologist, the sense of overwhelm, disorientation, and discouragement has multiplied exponentially over the past two years. At the same time, the opportunities to act have become more visible, organized and frequent given the rise in global and local resistance movements. In the summer of 2016, when the American political scene spiraled and increasingly used discrimination and othering as political strategies, I grasped for some way to maintain stamina and hope. I reflected on what I had learned through the guidance and modeling of others, as well as my experiences in anti-oppression efforts, and found four themes¹ that evolved into the proposed model. These themes, or pillars - Strength, Solidarity, Strategy, and Sustainability (S-Quad) - provide a framework for assessing and clarifying the assets I can offer for social change, integrating relational work and alliances, calling on practical tools and knowledge developed by those before me, and reinforcing mindfulness to ensure that both the movement and my personal engagement have the capacity to persist. In the following pages, I define and elaborate on each of these pillars, offering examples of tools that readers may find helpful.

Strengths

The first pillar reflects assessment of one's strengths and assets including knowledge, skills, and experiences as well as social capital and resources. The emphasis on strengths is grounded in the belief that all types of

skills and strengths are useful in social change. Beginning from a place of existing strengths and assets, I can take at least some action in the present, rather than waiting assuming that I don't have anything to offer, and thus, doing nothing. In addition to assessment of current strengths, it is also important to identify areas for future development.

Skills and Expertise

As noted earlier, one of the temptations I am struck by is the belief that I should be off doing some grand gesture. Goska (2004), in her essay titled *Political Paralysis*, stated that social justice work is often viewed as the domain of heroes and that people can become complacent because they feel that nothing they do will be significant enough to make a difference. In the opening of her essay, she recounted her frustration with powerlessness and inaction expressed by participants of a community group she attended.

One frustrated woman voiced the nagging worry of many. "I want to do something, but what can I do? I'm just one person, an average person. I can't have an impact. I live with the despair of my own powerlessness. I can't bring myself to do anything. The world is so screwed up, I have so little power, I feel so paralyzed." I practically exploded. (Goska, 2004, p. 47)

In the essay, Goska described her outrage and explained that, years before this event, she was stricken with a debilitating disease that causes intermittent bouts of physical paralysis. She shared that she responded to the participant in the meeting saying,

...On some days I was functional. On others, and I could never predict when those days would strike, I was literally, not metaphorically, paralyzed... that paralysis has taught me something. It has taught me that my protestations of my own powerlessness are bogus. Yes, some days I can't move or see. And the difference between being able to walk across the room and not being able to walk across the room is epic...The problem is not that we have so little power. The problem is that we don't use the power that we have. (Goska, 2004, pp. 47-48)

Years after reading that passage, in a radio interview of Alicia Garza, one of the founders of the Black Lives Movement (BLM) in Oakland, California, a caller expressed her sense of overwhelm and asked for advice about getting involved. Garza shared wisdom that had been shared with her, "figure out what you do well, then do it ferociously" (paraphrased). This idea resonated with me due to its simplicity, action orientation, and strength based approach. It is also congruent with philosophies of counseling psychology practice, namely strength.

One of the problems with equating social justice to heroism is that one's energies are not necessarily aligned with one's knowledge or skill. For example, it is certainly true that disasters and crisis often require a large response of assistance. However, when there is a misfit between the needs of the community and the expertise of those responding, challenges arise. A training manual of the U.S. Federal Emergency Management Agency (FEMA, 2006), described the aftermath of the 9/11 terrorist strike in New York City and the large numbers of volunteers, some trained and affiliated with relief organizations and others who were well meaning but not necessarily trained or affiliated. The manual emphasized the important role these volunteers can play when properly managed but that resources are needed to manage and train them. Without this attention, the volunteers may create logistical and practical impediments for rescue workers, create dangerous circumstances and additional casualties, and in some cases, need to be rescued themselves. Another example comes from the protests in North Dakota in 2016-2017 over the destruction of Native American sacred land by the construction of

an oil pipeline (Dakota Access Pipeline Project). These protests, organized by local American Indian communities, drew nationwide attention and large numbers of people eager to help stop the destruction. By winter of 2016, there was a huge influx of people arriving to protest with the Sacred Stone Camp, the center of the protests. The support was reportedly helpful to increase visibility of the issue as well as numbers in the face of security forces hired by the corporation constructing the pipeline. However, a number of issues arose including the arrival of volunteers who were not trained or prepared to weather the very cold winter, protesters who were not culturally sensitive or respectful to the Indigenous peoples who were at the center of the protests, and individuals who did not have the training, affiliation or understanding of the message, process and goals. The website of Sacred Stone Camp and experienced volunteers urged people to support from a distance if they did not have the skills or knowledge to respectfully participate directly in the community during the harsh winter ([Sacred Stone Camp, n.d.](#)).

Skills, personal qualities and knowledge represent strengths one might possess and have readily available for social action. The Strengths pillar goes further to include other assets, tangible and intangible, that a psychologist may access through their connections with others and institutions as well as financial and physical resources.

Assets: Resources and Social Capital

The concept of social capital refers to the resources psychologists have developed and are able to access by virtue of their positions in their communities, institutions and profession. Social capital can be defined as “the total resources linked to relationships with others, be it institutions or persons, which provide the ‘backing’ of belonging to a group that has an accumulation of collectively owned capital” (Bourdieu as cited by [Garcia & McDowell, 2010](#), p. 97). For example, a psychologist may have access to resources within their institution (e.g., research support), colleagues who have relevant expertise, social or political reputation to lend credibility to a message, and other forms of support that the psychologist may not possess but can access. Social capital also includes access to power and affiliation by virtue of their connections and relationships.

Everyone has some social capital. [Garcia and McDowell \(2010\)](#) posit that these connections present opportunities as well as constraints. Using a social capital mapping process, they describe applications in clinical work to understand both the assets and benefits of a client's associations with systems as well as the costs that may be associated with those connections. They identify central clinical strategies including working with clients to shift the ratio of opportunity and constraints such that there are more benefits to engaging with a system relative to constraints. In applying this activity more broadly, for example in professional networking or social action, I hypothesize that greater power within relationships yields more opportunities and a greater freedom to withdraw from systems that present too many or excessively costly constraints. Hence, people who hold more sociopolitical and economic privilege also have more power in relation to the systems in which they are involved.

Social capital is often a central component of social justice advocacy. Whereas self-advocacy relies on the skills and capacity of clients to advocate and speak on behalf of themselves and their issues, advocacy that the psychologist engages in on behalf of the client is shaped by the social and political capital the psychologist has by virtue of their position, as well as the expertise and skills they have due to their professional training. Social capital is based on relationships as is the second pillar of the framework, solidarity.

Solidarity

The second pillar of the proposed framework suggests the need for psychologists to engage, in culturally appropriate ways, with communities who are most affected by the issue of concern. To commit to solidarity, social justice oriented psychologists must invest time and energy into relationships with, and in support of, communities at the center of the issue. It is a demonstration of solidarity or unity, an opportunity to calibrate one's efforts to that of the community as well as to see the strengths of a community through their members and action.

There is a long history of psychologists and helping professionals making decisions for a community or researching a community without benefiting them (Yakushko, Hoffman, Morgan Consoli, & Lee, 2016). This, in itself, has been characterized as oppressive. A number of advocacy groups have addressed this imperative, the most notable example being the phrase "Nothing about us without us" which has been used to reinforce the need for representation of disabled people in issues that affect them (Charlton, 1998). A central premise of the solidarity pillar is that communities targeted by injustice and oppression ought to be viewed as experts of their experience as well as central actors in determining desirable outcomes and appropriate strategies. That way, counseling psychologists and helping professionals are able to bring their expertise guided by the wisdom and needs as determined by the community. Solidarity does not, however, mean relying on the community facing oppression to "teach" the psychologist about their oppression. The psychologist must take the time to do their own research to understand the issues and self-reflect on their positionality and relationship to the community and the issue.

Positionality is an important aspect of solidarity and has some bearing on the ways in which the psychologist engages. Solidarity is influenced by the relationship of the professional to the community and the extent to which they have access to more or less privilege than do the community members. Resulting power dynamics and outsider status is akin to multicultural counseling practice wherein the provider and the client hold cultural identities that are different from one another. The guidance given by Sue and Zane (2009) for developing credibility within multicultural psychotherapy can be helpful here.

When the professional is a member of the targeted community, this partnership may be somewhat more straightforward including credibility, lived experience and expertise with the issue, as well as a lifetime of persistence and resistance. Yet, they may experience complications due to ways in which they may differ from the community or be seen by the community as distant. Further, helping professionals who belong to the communities who are targeted with injustice and oppression may have differential, and sometimes, limited access to power structures that may be more easily available to those holding privileged positions.

The example of issues faced by protesters of DAPL at Sacred Stone Camp (described in the previous section) provides a good illustration of the importance of solidarity. Cultural humility and respect is central to engaging in a useful way. Without connecting with the community in solidarity, it is very difficult for a person who is outside the community and outside the situation to understand truly how to support them.

Central questions for reflection when thinking about solidarity include: What communities are most affected by this issue? What are the cultural aspects of this issue and these communities and how does my positionality relate to that? These questions help to identify important experts, strategies, and alliances as well as serve as a reminder of humility. For example, if I work with clients who identify as immigrants and I am aware of national rhetoric promoting bias against immigrant communities, it is important for me to understand how this affects my

clients. Further, in order to understand the issues faced by immigrant communities, it would be helpful for me to engage in activities where I participate and join with those communities. If I live in a large city, that may be easier to do without encountering my clients, whereas if I live in a smaller community, it will be important to consider the ways in which my client and I may see one another outside of counseling. This latter situation may not be as detrimental as traditional psychology has suggested. This engagement can contribute to credibility and our multicultural competence (e.g., Hays, 2001) as well as communicate our interest, understanding and care for the client and their community. Toporek et al. (2006) provides a more thorough discussion of this in relation to social justice, counseling, and ethics. Further, engagement with a community at large, as opposed to only clients experiencing distress, allows us to develop an understanding of health in communities. Solidarity with communities affected by the injustice helps inform Strategy, the next pillar.

Strategy

The third pillar in the framework, Strategy, requires defining and understanding the focus of one's social action. This pillar refers to developing a systematic approach and plan for addressing a social issue and goals, often employing multiple steps implemented over time. Whereas the strength pillar asks, "what do I have to offer?" and the solidarity pillar asks "with whom?", the strategy pillar asks, "how can I do this", or "what will I (we) do?" Different types of strategies may reflect different levels of intervention, for example, individual, organizational or societal. A plethora of resources provide guidance for developing strategies, or facilitating a community in developing strategies, to address social justice issues. Given space limitations, I will elaborate on one model that encompasses individual, community, and societal levels of intervention.

The ACA Advocacy Competencies model (Lewis et al., 2002; Toporek & Daniels, 2018) provides counselors with a framework for considering different aspects of barriers faced by client(s) and a range of ways to advocate for change. The framework is organized along two dimensions: the level of intervention (individual, community/organization/school, and public) and the extent to which the client or communities are engaged directly in the advocacy (advocacy with or on behalf of the client). The intersections of the two dimensions result in six different domains.

The individual level of the Advocacy Competencies reflects situations in which an individual client faces a barrier or injustice. Individual advocacy *with* clients is referred to as *empowerment* wherein the counseling psychologist facilitates the client in developing skills and knowledge for self-advocacy. Some examples of strategies in this domain include collaborating to identify sources of oppression or external barrier; strategizing methods for addressing that barrier; facilitating the development of critical consciousness (Freire, 1998); and integrating discussion of social issues in therapy. Advocacy *on behalf* of an individual client is referred to as *client advocacy*. An example of this form of advocacy is seen when policies or practices of the psychologist's employer create barriers for clients. In this case, the psychologist, as a member of the organization, may be in an appropriate position to advocate for change. In addition to advocacy at an individual level, some literature describes infusion of social justice into individual psychotherapy (e.g., Aldarondo, 2007; Paré, 2014; Parker & McDowell, 2017; Utržan & Northwood, 2017).

The community/organization/school level of change refers to situations in which groups of clients or communities are affected, for example students with disabilities in a school. *Community collaboration* describes advocacy done in partnership *with* client groups and includes action the psychologist takes as a facilitator, assisting the

group to define the issue they wish to address then supporting their advocacy. When the psychologist advocates *on behalf* of a group, the Advocacy Competencies use the term *systems advocacy*.

In the 2018 update of the Advocacy Competencies model (Toporek & Daniels, 2018), *collective action* (formerly *public information*) describes collaboration *with* a group to address an issue at a macro or societal level. Similar to community collaboration, the psychologist facilitates the group to define the issue they wish to address and envision possible actions. Helping a community to dialogue to create a message in social media aimed at reducing stigma and changing public perception of a population would be one example. In *social political advocacy*, the psychologist advocates *on behalf* of a group or an affected community to pursue legislative or policy change.

Lewis et al. (2002) emphasized that an injustice may need to be addressed using multiple forms of advocacy and the client or client groups ought to be central actors in the advocacy where possible. Lewis et al. (2002) also noted that sometimes it is most appropriate for the professional to directly advocate given their status or position within the organization that needs to change or if a client has limited language or cognitive capacity. In addition to the elaboration provided in the 2018 update of the Advocacy Competencies (Toporek & Daniels, 2018), the special issue of the *Journal of Counseling and Development* (Toporek, Lewis, & Crethar, 2009) and an edited book by Ratts, Toporek, and Lewis (2010) provide additional discussion and numerous applications of the Advocacy Competencies for various issues, settings, and communities. To date, there has been limited empirical research regarding the integration of advocacy within counseling psychology, unlike other disciplines that have included advocacy for decades. The majority of research has focused on advocacy training (e.g., Cook, Hayden, Gracia, & Tyrrell, 2015; Ramírez Stege, Brockberg, & Hoyt, 2017). Although there is limited research on clinical outcomes, there are a few examples including facilitating clients in self-advocacy (Pickett et al., 2012) and implementing a feminist relational approach to advocacy (Goodman, Glenn, Bohlig, Banyard, & Borges, 2009).

Choosing a strategy often means narrowing one's focus, informed by the relevant community members' expertise and stated needs. For example, homelessness has many facets and problems. One problem identified by homelessness activists in San Francisco is social stigma and perceptions the public and help providers have of homeless individuals. By narrowing the focus to one such aspect, I can then begin to look at strategies for action. Once a strategy has been defined, the next step is to engage and implement, then critically reflect and receive feedback from the community regarding the extent to which the strategy is congruent with their needs. Useful questions include: Who is already working on this issue? What part of the issue can I address collaboratively? How, where and with whom might advocacy be done on this issue? What are the consequences of each possible approach?

Noted earlier, homelessness is significant challenge in my home community. Several years ago, I began a small action to address this by creating a service learning and cultural understanding component in my career counseling class. Partnering with the San Francisco Tenderloin Workforce Development Office, we were able to develop a job search and resume clinic to offer career counseling to homeless and near homeless individuals (Toporek & Cohen, 2017). Part of the course involves facilitating students to recognize assumptions they may make about homeless individuals; educating them about homelessness; training them on a strength based approach to employment counseling; then providing the service and reflecting on their experience (Toporek & Worthington, 2014). Within the Advocacy Competencies model, our work would best be described as develop-

ing self-advocacy and empowerment. The next step, moving to a community level of intervention, will be to work with homelessness advocacy organizations for systems level change.

Regardless of the strategy chosen, one significant challenge is that social change, particularly at organizational or public levels, is often slow and requires sustained action. Thus, client communities and practitioners might not see change or outcomes quickly. Nevertheless, with community feedback regarding the implementation and approach, the psychologist and the community can revise the strategy and continue social action.

Sustainability

In social action and working against injustice, resistance encountered can be exhausting and repercussions may result in costs to mental and physical health as well as difficulties in relationships (e.g., Gorski, 2015; Vaccaro & Mena, 2011; Wallace, Lee, & Lee, 2010; Wollman & Wexler, 1992). The fourth “S” refers to sustainability of strategy as well as personal sustainability. For both of these, collaboration, relationships and work with allies can be essential. There are some sustainability strategies that generalize across issues and populations. For example, it can be helpful for strategies to include planning for leadership transition, a range of roles that various partners play in the interventions, and ways of acknowledging and celebrating small milestones as a community. A number of disciplines have a wealth of literature describing sustainability mechanisms including developing effective coalitions (Work Group for Community Health and Development, 2017), workers and clients as leaders in change (Cohen & Hyde, 2014), and creative avenues for funding (e.g., Guilloud & Cordery, 2007), as some examples. Kupers (1993), arguing that a “neutral” stance in issues of injustice is impossible, described burnout, powerlessness and discouragement experienced by counseling professionals who work with clients and communities facing hardship. In addition to asserting that appropriate treatment requires social action, Kupers (1993) also explored the therapeutic effects of activism.

Personal sustainability is similar to self-care. However, I prefer to think of sustainability as the need to develop ways of maintaining one's health, relationships, job, and resilience in order to continue to pursue social action. Each individual must determine what best sustains them. Moments of solitude, humor, celebration, art, music, relationships, mindfulness, engaging with community, exercise, dance, can all provide moments for rejuvenation. For me, a balance of solidarity and solitude is an important aspect of sustainability.

Conclusion and Next Steps

Advocacy and social justice have been interwoven in the field of counseling psychology for some time. Still, there have been fluctuations in how explicitly these roles are attended to in practice, training and research. The professional literature, over the past decade, has seen an important blossoming of theoretical, practical, and pedagogical social justice scholarship. There is a need still for more research regarding outcomes of social justice action in relation to counseling. Similarly, the model proposed in this article is founded on concepts that have a basis in both research and practice yet, given its recent development, there has not been research specifically on the model itself. Going forward, it would be helpful to explore research regarding the usefulness of the model including the impact on issues facing marginalized communities as well as outcomes in terms of client and practitioner well-being.

Injustice is pervasive and counseling psychologists have important roles, skills and knowledge. Each of the above pillars offers opportunities to engage with social justice as well as encouragement for sustainability and balance. There may be times when sustainability is necessary, family and personal relationships or health may call for more attention. At other times, solidarity and engagement with communities requires commitment of time and immersion. Some strategies can be done on a daily basis and others require a systematic, lengthy and purposeful approach. The use of the pillars may fluctuate depending on personal, professional and community needs. Periodic reflection is essential as well as consultation with trusted others who represent different positionalities to assess progress and identify personal and professional growth edges. The challenges to social justice are enormous as are opportunities for social change.

Notes

i) At the time of the Pan-Hellenic Conference of the Counseling Psychology Division of the Hellenic Psychological Society, upon which this paper is based, these ideas were presented as three themes. Post conference, Solidarity was distinguished as its own theme.

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