

## **Clinical Social Justice: History, Perspectives, and Applications in Practice**

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### **Author Note**

In response to a group assignment fostering exploration of a specific methodological approach to psychotherapy, the authors have prepared and delivered a 40-minute presentation including the following:

- Basics of this orientation
- Historical context
- Example of what it “looks like”
- Appropriateness of this approach

Presentation slides for facilitated discussion relevant to this paper are made available at

<https://presentation-archive.herokuapp.com/csj-presentation.html>.

**Clinical Social Justice: History, Perspectives, and Applications in Practice**

Social contexts are important determinants of individual behavior (Unknown, 2016). To that end it behooves culturally humble and well prepared counselors to have a ready network of referrals to offer services specifically established for addressing the needs of marginalized clients we hold in relationship as part of our practices. Maintaining right relationship within varying traditions provides for serving our clients most effectively, even when that means stepping out of the way. When we convey vulnerable clients into the care of elders and lineage holders, we embrace this community approach to care, and ultimately to the access of justice affirming interpersonal healing relationships.

**Orientation Basics**

See slides for details.

**Historical Context**

See slides for details.

**Practice Methodology**

As an example of how discussing concerns relevant to social justice might be applied in the case of trans or gender nonconforming individuals, we offer a selection from an episode of The Laverne Cox Show, entitled Moving Beyond the Gender Binary w/ ALOK (Cox, 2021, m. 40-50). The dialog between a Black trans woman and her non-binary guest of Indian descent exposes consideration of proper use of personal pronouns, the spiritual and social leadership of trans people throughout history, how we work through trauma, cultivate resiliency, and much more. The entire episode is highly recommended perspective for any unfamiliar with trans life in

the cultural landscape of the USA, especially those uncertain of their position on effective support of self-determination in genderqueer clients.

Where we join the conversation (at minute 40), Laverne and Alok have already discussed her therapist's definition of trauma as "too much, too fast, too soon." They also touched on engagement with fight, flight, freeze, faun responses being programmed to release cortisol and adrenaline, and how accessing this space on a repeated and consistent basis causes a variety of illnesses and adrenal fatigue. The root of the cycle was named as not feeling safe. For many trans people that is a frequently inhabited, if not perpetual, location.

To tease apart the difference between discomfort and oppression, Jim Crow South examples of white people experiencing discomfort over using the same facilities as Black people were surfaced. These were not issues of being unsafe, merely discomfort with difference. Trauma survivors have to tease apart the difference in all the ways they experience both. With scapegoating being a trauma response, and social justice politics falling short in many respects, inquiry surfaces: how do those focused on love and healing continue the work? Their offers held promise in centering loving, compassionate, trauma-informed behaviors in every moment. Alok posited that "the spiritual work is the healing work" when addressing their intent for the future. How we treat others and ourselves informs the results we might expect. Even in the face of trauma, they are choosing love as their primary response in the face of struggle, knowing that weaponizing shame only reinforces self-sabotage.

### **Practice Implications**

There is a rich body of knowledge freely available for use in cases where one's experience does not match the experiences of those they wish to serve. Many communities have

developed strong liberatory traditions in response to injustice. Where systems of oppression are concerned, counselors are advised to lean on time tested work from these liberatory practices.

Effective social justice advocacy is broken down into detailed suggestions for serving marginalized populations, as adapted from Gustavsson and MacEachron (1998):

- contact organizations providing service to the affected populations
- formalize connections to your practice, strengthening referral credibility
- develop a program within your practice, start with a support group
- present population-affirming publications and decor in waiting rooms
- advertise service with specific mentions of the affected population
- act as a liaison between affected population and your practice
- prepare myth-busting talking points for on-demand education and guidance
- document services provided, and those needed which went unfulfilled
- raise both met and unmet needs to agency leadership for further consideration
- provide public education via speaking engagements addressing community issues
- develop peer counseling and support options accessible to the community
- respond with details whenever interfacing with less informed organizations

Social justice is addressed through social responsibility. This is the space in clinical practice where one might recognize opportunity in the choice to move from a passive voice of education and encouragement into a more active voice in direct support of protest. Albert Einstein is quoted as writing, “The world is too dangerous to live in – not because of the people who do evil, but because of the people who sit and let it happen” (Sue, 2003, p. 14). Exploration of this modality also yielded some other key takeaways for consideration (Unknown, 2016):

- understanding behaviors and experiences in the context of social oppression is fundamental to development of a multicultural counseling identity
- multicultural humility in counseling is embodied by a personal journey toward becoming an ally for social justice
- counselors with a social justice orientation challenge the medical model supported by the APA, recognizing diagnosis and treatment as perpetuating injustice
- supporting liberatory work demands use of strength-based approaches to counseling and social advocacy practice
- harm reduction practices require a social justice orientation in order to effectively serve clients suffering under social injustice

### References

- Cox, L. (2021). *Moving Beyond the Gender Binary w/ ALOK (February 25 Episode)*. Open.spotify.com. <https://open.spotify.com/episode/70ShKawwAWMI6t2WKojUEL>
- Gustavsson, N., & MacEachron, A. (1998). *Violence and lesbian and gay youth*. In L. Sloan & N. Gustavsson (Eds.), *Violence and social injustice against lesbian, gay, and bisexual people* (pp. 41–50). New York, NY: Routledge
- Ratts, M. V., Toporek, R. L. & Lewis, J. A. (Eds.) (2010). *ACA Advocacy Competencies: A social justice framework for counselors*. Alexandria, VA: American Counseling Association
- Sue, D. W. (2003). *Overcoming our racism: The journey to liberation*. New York, NY: Wiley
- Unknown (2016). *Developing Social Justice Counseling and Advocacy Skills* [SOCIAL JUSTICE AND MULTICULTURAL COUNSELING, pp 356-384]. SAGE Publications
- Alok Vaid-Menon. (2020). *Beyond the gender binary*. Penguin Workshop

**Appendix 1**

Questions for engaging in facilitated discussion of the audio clip exploring practice methodology in social justice (Cox, 2021):

- Should rhetorics be created by the groups to which their language and labels are applied?
- Can you think of any clothing that wasn't worn by varying genders throughout history?
- Were you aware of Sylvester the Performer or Sylvia Rivera before the presentation?
- Have you struggled with using the wrong pronouns? What about wrong names?
- What did the poem described in using they/them for an individual mean to you?
- What feelings are present when you note misperception of something you share?
- Have you hosted early party guests? How did it present a struggle?
- Can insults cause bodily pain? What else lands this way?
- Is mis-recognition trauma? Is enforcing "normal" violent?
- How will you support self-determination of truth in your clients?
- How do you align with the definition of trauma as too much, too fast, too soon?
- What helps you get through (as in the Community Resiliency Model both/and example)?

## Appendix 2

Use this QR Code to browse directly to the hosted slides for this presentation:

