

**PSYCHOTHERAPY AND SOCIAL JUSTICE**  
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Psychologists have been interested in social justice issues for decades. A few examples: A Board for Social Responsibility in Psychology was created in the APA about 40 years ago, followed by the present Board for the Advancement of Psychology in the Public Interest. A vigorous Public Interest Directorate continues to support and promote efforts to apply the science and profession of psychology to the advancement of human welfare; a group of Divisions of the APA is frequently described as “social justice divisions;” recent editions of psychology journals and recently published books focus specifically on topics of justice (e.g., Aldarondo, 2007; Morrison & Ahmed, 2006; Nagda, Tropp & Paluck, 2006). The words “psychology” and “social justice” are being uttered together with increased frequency. Initiatives at the highest levels of the APA focus on dismantling structures of oppression in the profession and in society at large. Surely, the mission of the APA “as a means of promoting human welfare” is taken as seriously as “promoting psychology as a science and profession” by the association’s leadership as well as individual members.

In addition to the APA, many mental health professionals are involved in organizations such as Psychologists for Social Responsibility, Counselors for Social Justice or the International Society for Justice Research, to name just a few. The relevance of psychological science to public policy has been demonstrated in *amicus* *briefs*, where psychologists have assisted in their areas of expertise to influence important

legal issues relevant to social justice. Psychological research informs public policy in many areas. The contributions mental health professionals make to society are increasingly solicited by the nation's leaders and the public. Psychologists contribute their skills in responding to situations of disaster and crisis both nationally and internationally. The many APA members at this Convention who have participated with Habitat for Humanity to help the victims of hurricane Katrina are one example of psychologists' commitment to issues of social responsibility. I am aware I may be forgetting many other contributions.

Despite these involvements, many social movements and the public at large remain distrustful and ambivalent toward the field of psychology, particularly psychotherapy. Many individuals committed to social transformations view psychotherapy as divorced from concerns for social justice.

Yet, I believe psychology *and* psychotherapy and counseling can accomplish a great deal transforming the social structures of our world and promoting social justice. Rather than focus on what psychologists do as responsible citizens outside the therapy hour, my focus today will be on the value of psychotherapy/counseling *itself* as a mechanism for social change. In this presentation, I am using the term *psychotherapy* to describe services provided to individuals, families or groups in the direct exercise of the skills for which mental health professionals are trained.

There is an understanding that multicultural awareness should be part of the training and practice of counselors and psychotherapists. This necessitates respect for clients' ethnic, racial, religious, gendered, able-bodiedness, and sexual orientation and other such differences. These issues are now emphasized in training and supervision of

new clinicians, while a few decades ago they were still seen as completely irrelevant for the practice of therapy/counseling. Awareness of cultural forms of oppression is seen now as a condition of good mental health services. But therapy itself is rarely seen as a tool for liberation from those oppressions. There is great skepticism about the potential of psychotherapy as an instrument to facilitate social justice even among practitioners, many of whom see what they do as contributing to individual healing from personal trauma but not as an instrument of liberation from societal oppressions.

However, I believe that as practitioners of psychotherapy we are in a unique position to transform oppressive conditions and be agents of social justice. I propose that through our therapeutic work we can build for the future rather than wait passively or hope that some other humanitarian activities performed outside of our therapy work will bring it about. Indeed, a commitment to transform, develop or enhance societal quality of life calls for and implies transformations in individual consciousness. And, any true transformation in the fabric of societal power relationships and cultural values “is internalized by individuals as personality change” (Pizer & Travers, 1975, p.6). In a small book entitled *Psychology and Social Change* published more than three decades ago, the authors, Stuart Pizer and Jeffrey Travers, asserted that “many of the obstacles to social change are psychological in nature –values, attitudes, fantasies, fears, and behaviors that need to be altered” (Pizer & Travers, 1975, p.3). The authors of this book assume that psychology’s potential to effect social change is significant in therapy as well as in other professional activities. They go on to say that

Through psychotherapy...individual[s] may come to assume greater responsibility in [their] own [lives]. And taking the word “responsibility”

quite literally, we would emphasize that treatment for the individual may help increase his [/her] ability to respond constructively and effectively; that is, he [or she] will not be merely the passive victim of external events and his [/her] own feelings... [and] as individual[s] increase [their] own personal integration [their] judicious indignation and [their] creative insight can be more realistically mobilized for autonomous action in and upon [the] social environment (p. 5).

Specifically, Pizer and Travers (1975) believe that the personal “capacity to take such responsibility in [our lives] entails freedom from being coerced, misled or tyrannized both outside and within [us]. Hence, the psychological process through which individual[s] may discern the actual extent of [their] personal power can afford [them]some liberation within [their] social context” (p.5).

Augusto Boal, the founder of the Theater of the Oppressed, describes the work of therapy as combating oppression by dealing with the “*le flic dans la tete*” –“the policeman in your head.” Boal’s early career was inspired by his compatriot, Brazilian educator Paulo Freire, who focused on the impact of societal forms of oppression on the development of literacy and the educational process. Eventually, Boal expanded his focus to include all instances where social forces became internalized and turned into *le flic dans la tete*. He came to believe that as much death and devastation was caused by this internalization, as by the devastations of military repression, poverty, starvation, squalor, and disease. In *The Rainbow of Desire: The Boal Method of Theater and Therapy* (1995), Boal asserts that it does not matter if a person dies due to suicide or hunger: in either case external forces have destroyed the person’s ability or will to live.

Psychologist Ignacio Martín-Baró, one of the 6 Jesuit priests, murdered by government sponsored death squads together with their housekeeper and her daughter in El Salvador on Nov. 16, 1989, contended that

It is not in the hands of psychologists *qua* psychologists, to change the structural socioeconomic injustice in our countries, to resolve the armed conflicts [...]. Nevertheless, there is important work for psychologists to do. [...] If it is not the calling of the psychologist to intervene in the socioeconomic mechanisms that cement the structures of injustice, *it is within the psychologist's purview to intervene in the subjective processes that sustain those structures of injustice and make them viable*" (1994, p.45). (Emphasis mine).

Thus when referring specifically to psychotherapy, he had counseled,

Psychotherapy must aim directly at the social identity worked out through the prototypes of the oppressor and oppressed, and at shaping a new identity for people as members of a human community, in charge of a history (1994, p.43).

I knew Ignacio personally, heard him speak publicly many times, and socialized with him at the Interamerican Congress of Psychology in Buenos Aires just three months before his death. Ignacio influenced me with his talks at several of these Interamerican Congresses, in the late 70s and early 80s.

Looking back, I can say that two convergent forces inspired my commitment to issues of social justice within the practice of psychology. The work of Ignacio and other Latin American psychologists, together with the feminist therapy movement of the early

70s gave me a sense that psychotherapy was more than a self-centered activity reserved for those who had enough money to pay for the attention of a professional. I owe a debt to both Ignacio and the feminist therapy movement for my continued belief that psychology as a profession and psychotherapy/counseling in particular, are tools for social justice.

The feminist therapy movement engaged me from the earliest days of my professional career. Feminist therapists and other socially conscious approaches to psychotherapy made responsible critiques of the practice of psychology thirty years ago. There is a voluminous body of literature on the practice of feminist therapy: too much to cite in this short paper. But I do want to acknowledge my debt to two books that have been very influential on my thinking about the role of social justice in the process of therapy: Laura Brown's *Subversive Dialogues* (1994) and Ellyn Kaschak's *Engendered Lives* (1992).

Despite individual and theoretical variations, feminist therapists share a basic consensus that "feminist therapy is not traditional therapy with gender awareness added; it is a complete transformation of the way in which therapy is understood and practiced" (Hill & Ballou, 1998, p. 5). Regardless of differences in theoretical background and practice, there is a consensus that feminist therapy *is a political act*. As Marcia Hill and Mary Ballou, among others, have argued,

The ultimate intention of feminist therapy is to create social change...[because]...feminist therapy recognizes that much of the distress that brings people to therapy is socioculturally based. [That is why]... feminist therapists have an integrated analysis of oppression; i.e., they

understand the ways in which race/ethnicity, sexual orientation, class, religion, size, dis/ability and age are an integral part of each client's experience in addition to gender...and also why feminist therapists attend to power in the therapy relationship (Hill & Ballou, 1998, p. 3).

Feminist therapists share the belief that psychological distress is a consequence of societal oppression. Similarly, Latin American psychologists as well as other like-minded psychologists in the northern hemisphere, consistently brought to the fore the sociocultural contexts, their impact on the psyche, and the consequences of their interactive connections for psychotherapeutic practice. One case in point is Chilean psychologist Elizabeth Lira and her collaborators (1997) –all of whom were deeply involved for decades in the practice of psychotherapy with victims of state terrorism whose human rights had been violated by their own governments. She asserts that “the practice of psychology is intrinsically political and intrinsically ideological and all our professional work is equally political and ideological”<sup>1</sup> (p.126). According to Lira and her collaborators (Lira & Piper, 1997), it is absolutely impossible to practice outside of political/social realities or to act “apolitically.” From the perspective of Latin American psychologists—many of them reluctant witnesses to the impact of political/social violence on individuals—“incorporating the social context to the study of subjectivity has allowed us the understanding of how intrapsychic suffering is directly related to experiences lived in the social and political realms” (p.109). In other words, if we pretend that our work has nothing to do with politics, we are denying reality.

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<sup>1</sup> All translations of quotes from this book are mine.

I argue that these statements are applicable to psychological practice in the U.S. today. In this country, as in other parts of the world, *not acting is a political act* of collaboration with the oppressive forces.

It is not that Latin American psychologists, or U.S. feminist therapists are the only practitioners who have paid attention to interweaving self and world. Many other voices have addressed these realities.

As early as the 1960s, Martinique born psychiatrist Franz Fannon, practicing in the mental health hospitals of French-dominated Algeria, stated “his firm conviction that therapy should, above all, restore freedom to patients” (Bulhan, 1985, p. 240). Another psychologist, Algerian born Hussein Bulhan, discussed Fannon’s foundational work twenty years after his death. He asserts that for Fannon, “the question of oppression is primarily a problem of psyches confronting each other in society” (p.118). According to Bulhan, “Fannon emphasized the essentiality [in all human interactions] of reciprocal recognition for human life and relatedness. Without reciprocal recognition, there can be no identity, no self-worth, no dignity” (p.114).

Pizer and Travers, in their work already cited, state that “all the significant varieties of psychotherapy are based on some combination of personal relationship, a feeling process, and insight” (1975, p. 9) which should facilitate the reciprocal recognition necessary for a sense of self-worth, dignity, and healthy identity. Yet, Fannon believed that psychotherapists’ emphasis on adjustment impeded the process of empowerment necessary for true healing. Fannon’s clients’ experiences in 1960s Algeria parallel the oppression many individuals confront daily in the United States and other parts of the world today. As Fannon believed, the focus of practice with these individuals

should be on “changing causes and not only symptoms, of preventing and not only treating casualties, of empowering victims [...] and fostering a collective action [rather than] a self-defeating privatization of difficulties” (Bulhan, 1985, p.268). One of Fannon’s pioneering contributions to our understanding of the psychology of oppression was to advocate for a psychotherapy that could emphasize “the crucial frontiers that remain unexplored includ[ing] how victims of oppression can be empowered to act in a coordinated way to change themselves, their social conditions, and historical predicaments” (p.268). According to him, “psychological work with the oppressed which is not about disalienation of praxis and regaining of power tends to produce morally entrapped and compromised *objects*, not liberated and creative *subjects*” (p.276).

Regretfully, after years of advocating that the focus on individual private distress was a “bandaging operation” Fannon came to believe that “the labor of a psychotherapist with the oppressed is akin to the labor of Sisyphus” (Bulhan, 1985, p.268). Franz Fannon died young, at age 36. However, his writings continue to inspire many who still believe that

to transform a situation of oppression requires at once a relentless confrontation of oppressors *without* who are often impervious to appeals to reason or compassion, and an equally determined confrontation of the oppressor *within*, whose violence can unleash a vicious cycle of auto destruction to the self as well as to the group<sup>2</sup> (Bulhan, 1985, p.277).

Paulo Freire’s statement that “we cannot enter the struggle as objects in order to later become subjects” (1970, p.15), as well as the later work by Augusto Boal (1995) echoed Fannon’s philosophy of practice that “organized, conscious, and collective action is an antidote to alienation in its various forms [...], binds members who otherwise turn

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<sup>2</sup> Emphasis in the original.

against each other, and remains the most reliable means to self-determination” (Bulhan, pp.276-277). In short, they advocate for political action inside and outside the therapy hour as a duty for mental health practitioners committed to social justice.

Yet, currently, most practitioners of psychotherapy do not center social change and social justice *within* their practice *as psychotherapists*. Many of us are still unsure of how to intervene “in the subjective process” of individuals through psychotherapy so it can address the “social structures of injustice” without compromising our ethics and professional skills.

To begin with, we must become convinced that therapy ought to include awareness of social justice issues in the client’s social context. This means recognizing that the degree of “psychological integration of the individual... is profoundly affected by the social milieu in which the individual lives...” (Pizer & Travers (1975, p.5). It is crucial to understand our clients as individuals immersed in a particular social world.

Second, as in all ethical practice, the therapy hour cannot be used to force the client to adapt to society at their own expense. As Pizer & Travers argued in 1975,

psychotherapy for [say, a revolutionary,] would not constitute an effort to dispel [...] revolutionary ideology, but an effort at sharpening [their] awareness of the personal wellsprings that inform and impel [their] actions in the world. An integrated [human being] is one who does take a stand, who knows where he/[she] stands, and who does not assume [this] stand is ‘for free’ (p.5).

At the same time, it is not the role of the therapist to “preach political awareness” during the therapy hour. But, when internalized societal prescriptions and traumatic

experiences impede the client's mental health through daily oppression, the therapist can and should present an analysis that increases the client's perception of how the two are linked. To help a young woman who has been raped by her boyfriend or sexually abused by her father since childhood understand that these events she has lived as profoundly personal are also a consequence of pervasive structures of gender domination and violence against women that go beyond her individual experiences *is* to do good therapy. Otherwise, an essential component of the process of self-understanding would be left out. The knowledge that she is not alone can be profoundly transformative and healing.

Most people, clients and therapists alike, do not live with the awareness that we live in a context of normalized injustice, with "small" oppressions insidiously causing constant emotional distress. In addition to active traumatization caused by blatant violence and oppression, a multitude of subtle events create anxiety, depression, and other psychological symptoms in people. Insidious traumatization is no less traumatic than more obvious forms of violence. Its effects are cumulative and potentially more damaging precisely because they usually happen before one grasps the full psychological impact of these wounds (Root, 1992).

I contend that regardless of which theoretical framework therapists subscribe to, it is possible, indeed, desirable, that we incorporate social justice concerns in our psychotherapy practices. As an example, recently, psychoanalytically trained psychologist Lisa Cosgrove (2006) asserted that even traditional theories such as psychoanalysis, can be consonant with social justice perspectives, including feminist therapy, "insofar as both offer epistemologies that destabilize our taken for granted assumptions about gender, sexuality, and sexual difference." This is what I have believed,

practiced, and written about for decades: the impact of internalized societal oppressions on the client's unconscious cannot be ignored. We have a professional and moral duty to include this analysis and I believe it is possible to do so regardless of what our own theoretical stance may be.

Indeed both Freud and Skinner and most other theorists openly stated that they aimed to transform societal causes of human suffering through the use of their theoretical perspectives. Elizabeth Danto's (2005) recent book exemplifies Freud's interest in creating free clinics where psychoanalysis could be incorporated into the prevalent efforts at social justice in Europe after the end of World War I.

This discussion would not be complete without including some mention of the power of language and discourse as factors that create our conscious understandings of reality. Psychotherapy, more than many other human endeavors, exists through discourse. We talk to our clients regardless of our theoretical orientation. In one way or another therapy *is* "the talking cure." Discourse is an important force in creating all forms of collective consciousness and individual self-understanding. So we must ask: what is the quality and content of the discourse taking place in the therapy/counseling hour. This analysis of discourse opens up in the interplay between culture, consciousness, and ideology and goes *beyond* the usual interpretations of clients' unconscious use of words. As psychologist Paul Nesbitt-Larkin, among others, has argued, "Ideologies that are most successful are those we don't hear anything about... They are so successfully infused in discourses of common sense and the taken-for-granted" that we do not see them (2003, p. 245). To understand the exact meaning of the behaviors we want to help modify or the unconscious contents we want to interpret, we ought to be savvy about the

every day *ideological* unconscious discourse, which, as I said, goes beyond the individual unconscious. Discourse infuses “particular patterns of ideas that purport to explain and justify the world –ostensibly in the interest of all, but actually according to the desires of a specific community” (Nesbitt-Larkin, 2003, p.244). We may be unaware that we are engaging in ideological work; mystifying the reality in which the client is immersed.

Theory is never innocent: There is always ideology behind it; privilege and power resort to theory to justify themselves. Perspectives that are considered “common sense” or “natural” or simply “reality” are usually neither, but rather ideological perspectives serving the interests of the privileged.

I encourage all of us to be alert to the workings of *ideological* discourse and language within our psychotherapeutic/counseling practice. We also have to be alert to “the way in which languages are used [particularly by those who speak more than one language...because language] plays a crucial role in the therapeutic situation, through the conscious and unconscious choices that are made between the various languages that are spoken, dreamed in, or silenced” by both therapist and client (Amati-Mehler, Argentiery & Canestri, 1993, p.2).

We entered this profession because we wanted to help others and alleviate human suffering. Of course, we need to make a living, but there are many other ways of making a living that are not as complicated as this one. I hope you agree with me that our clients’ mental health is dependent on our incorporation of a deep understanding and integration of the impact of social/historical/cultural circumstances on individual lives. To do less compromises our professional and ethical responsibilities. To do it fully incorporates in our work the best of our profession can offer.

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