1 Ethical Practice and Best Practice

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> Counselling and psychotherapy have often been criticized for focusing on the psychology of the individual and on the internal life of the client while ignoring the impact of the social, economic and cultural environment in which people live. (Feltham and Horton, 2000: 24)

Over recent years there has been a critically growing concern that the counselling and psychotherapy profession has been broadly dominated by middle-class values and has been accessed mostly by those from privileged groups in society. People from marginalized groups (for example, people with physical or learning disabilities, black people, unwaged people etc.) are less likely to have had access to, been able to afford, or been referred to therapeutic services. Notwithstanding the above trends in the use of available services, the British Association for Counselling and Psychotherapy (BACP) has increasingly moved towards the adoption of counsellor accreditation and ethical criteria that are broadly socially inclusive and anti-discriminatory in intention, requiring members to have considered and sought training in this complex arena.

We come from the perspective that anti-oppressive/anti-discriminatory practice is both ethical practice and best practice (Thompson, 1993; Smith, 1999). We have used two different umbrella terms: 'anti-discriminatory' and 'anti-oppressive' practice. Burke and Dalrymple (1996) draw the general distinction between these two terms as that of acknowledging the legal underpinning of anti-discrimination, supported by a range of government acts, laws, policies and practices, and the humane concerns embodied in anti-oppressive practice. Thompson describes the link between discrimination (the unequal distribution of power, rights and resources) and oppression (the experience of hardship and injustice): 'One of the main outcomes of discrimination is oppression' (1998: 78).

This book then, hails from a deeply held value base; that of seeking to explore and challenge oppressive and discriminatory practices in (and outside of) the field of therapy, and to advocate theories and modes of therapeutic and political interaction which respect the autonomy, capacities and the social position of the client.

That stated, we want to acknowledge the complexity and challenge that faces the professional field and the individual practitioner who takes up this often painful, confusing and isolating quest. Ironically, the challenge here is for the counsellor to change, rather than the client, and our invitation to readers is to dare to really feel the consequences of assuming this deeply philosophic stance in their personal and professional transactions with others. Taking on the ideas contained within this book will inevitably cause a shift in one's comfort zones, the journey being one of moving from a position of safety to the unknown, where there are many more questions than answers, more uncertainties than certainties, and possibly more critics than supporters.

In an absorbing article on the values of independent thinking and radicalism, Christopher Hitchens quotes his grandmother who had given him a bible in which she had written her favourite texts, one being 'Thou shalt not follow a multitude to do evil' (Hitchens, 2001). Independent thinking is a courageous stance needed for this journey. It is easy to become tired, demoralized and de-motivated, resorting to received modes of thinking and practice. A return to the comfortable old ways! Experience has taught us, however, that meeting these challenges brings rewards in terms of our relationships with other people, including our clients and students, and indeed with ourselves.

Historical learnings from a sister profession

The psychotherapeutic field is somewhat advantaged here in that the social work profession has for a long time been concerned with anti-discriminatory (ADP) and anti-oppressive (AOP) practice. We may therefore learn from these developments and indeed errors that have been tested, researched, taught and criticized whilst also recognizing the important differences between the two professions.

Thompson (1993) traces some of the historical roots underlying this rationale for social work. The 1960s were a significant period, he argues, in a number of ways. First, feminist thought made leaps forward, gaining recognition as a 'liberation movement'. Issues of equal rights and equality of opportunity became firmly established on the political agenda. Also, during the 1960s, issues surrounding the oppression of 'ethnic minorities' and racial discrimination achieved more prominence politically, socially and in the mass media.

Thompson also notes the general popular tendency towards the raising of consciousness inspired by both the drug culture and political radicalism. The late 1960s saw the emergence of the student protest movement, a time, he notes, 'of idealism and anti-establishment challenge of the status quo' (1993: 3).

Within the field of mental health and illness, writers such as Thomas Szasz (1970) and R.D. Laing (1965, 1967) radically challenged the contemporary views of the time, forever influencing subsequent thought and practice in this field of human distress.

Formerly dominated by a psychoanalytic view, social work came under the newer influence of sociology, with its emphasis on social processes and institutions rather than the previous, tighter, individualized focus upon the person. A series of legislative developments by government supported these general tendencies of the time, including the Race Relations Acts (1965, 1968, 1976), the Equal Pay Act (1970) and the Sex Discrimination Act (1975).

The broader field of therapeutic endeavour (counselling, psychotherapy, clinical psychology) has similarly and inevitably been influenced by the social trends, events, debates, academic discourses and government legislation in recent decades, though given its powerful underlying value base, geared towards the assistance of the individual (predominantly), the major focus of much training and professional practice has remained within the individualized, psychologized perspectives of personal change and transformation. Despite this, there has been a wide range of

published voices within the field urging therapists to become familiar with the differing arenas of discrimination and oppression in society, drawing therapists' attention to the socially, culturally and politically structured nature of human beings' existence (see D'Ardenne and Mahtani, 1989; Eleftheriadou, 1994; Lago and Thompson, 1989, 1996, 1997; and Pedersen et al., 1981 on matters of race and culture; Chaplin, 1989 on counselling and gender; Corker, 1994; Makin, 1995 and Segal, 1997 on disability issues; Davies and Neal, 1996 on gay and lesbian issues; Carolin, 1995 on working with children; Craig, 1998 on attitudes to ageing; Kearney, 1996 and Bromley, 1994 on class; and Thorne, 1998 on spirituality).

Each of these social arenas has distinct characteristics and multiple discourses, in addition to their similarities and interconnections. This will become clearer as the following chapters are examined. Any simple attempt, therefore, to assemble these various facets into an apparently over-arching homogenous system of AOP and ADP in therapy will be doomed from the start (Wilson and Beresford, 2000). It seems to us that, for many therapists, the issues that they develop a 'passion' for and sensitivity to often reflect their own previous histories and experiences. It is helpful to broaden this out, however, to develop this knowledge-base and sensitivity to the many areas of social life in which oppression occurs. This is a major challenge, particularly as this knowledge itself is specifically determined by the biases of background, training, readings and experiences, both personal and professional.

The client and the therapist in the context of 'society'

> Civilization as we know it is based on the violation and domination of subordinates by elites. Violation, domination and hegemony are common to all oppression. All oppression is heinous, dehumanizing and confusing. (Burstow, 1992: 63)

A central tenet of this book is that the individual and the society within which they are raised are inextricably intertwined. The power of the 'social context' to shape a person's sense of identity, esteem, values, beliefs, behaviours and perceptions is enormous, and some would argue total, as in the South African proverb 'I am because we are'. How and where we are raised, what stories and experiences we are exposed to – all are ingredients of the interconnectedness between the growing child, the immediate carers (most frequently the family) and key agents of socialization such as education, religion, health, politics, law and communicated messages embodied in the media. All have an (often unconscious) influence on our views of ourselves, of others and of the world. At the Institute for the Healing of Racism, there is a view (and one to which we subscribe) that discrimination and oppression damage *everyone*. We damage our boy children by teaching them that they are superior to girl children; we damage our white children by teaching them, however unintentionally and subtly, that they are superior to black children. The confusion and pathology which follows really belongs to the *oppressor,* but is projected onto others. Nelson Mandela suggests 'The oppressed and the oppressor alike are robbed of their humanity'. The healing of this begins with awareness.

Given the above, we recommend an examination of the impact of *ideology*, *hegemony* and *discourse,* and a context of how they operate within society and upon individuals.

Ideology

Thompson defines ideology as 'a set of ideas which are associated with a particular set of social arrangements' (1993: 24). A review of the concept will reveal that, despite its relative youth as a concept, the analysis and definitions of ideology itself are a cauldron of competing ideas and hypotheses (McLellan, 1995: 2).

Continuing his appraisal of the term, Thompson says: 'the ideas base safeguards the power base. In fact this is what characterises ideology: the power of ideas, operating in the interest of power relations' (1993: 24). Hall notes: 'ideology helps to sustain social order because it is part and parcel of the power relations in society – it influences how power works and how conflict is expressed and managed' (1986: 6).

Both Althusser (1971) and Berger (1996) have noted the process of internalization, of the taking in, by people, of the dominant ideologies so that these ideologies become internalized and believed and the relationship between that which has been internalized and the external source(s) from which it emanated may often remain unknown and concealed. We are all therefore subject to the influences of many ideologies to the extent we fully believe they represent our own view of things. To dig beneath the surface of these simplified belief structures is so important, yet so difficult to the discerning therapeutic practitioner.

Hegemony

Hegemony, the second mechanism to be considered, is described as 'political dominance of one power over others in a group in which all are supposedly equal' (Hutchinson, 1993). An example of this would be where one group or social collectivity gained power, status and position at the expense of other, less favoured groups.

Hegemony is therefore closely linked to the notion of exploitation, although not necessarily in any deliberate or intentional sense. It is also closely linked to the notion of ideology, for it is often through the vehicle of ideology that hegemony operates (Thompson, 1993). Part of the ideological base of hegemony is the idea of an 'out group', a group of people defined in negative terms and assigned an inferior status. This tendency is quite clearly, therefore, part of the process of discrimination and oppression.

Hegemony is especially important in societies in which electoral politics and public opinion are significant factors, and in which social practice is seen to depend on consent to certain dominant ideas that in fact express the needs of a dominant class (Williams, 1983).

Discourse

The Concise Oxford Dictionary (1974) describes discourse as a talk, conversation, dissertation, treatise or sermon – 'to hold forth in speech or writing on a

subject', or 'a serious conversation between people on a particular subject' (Collins, 1991).

Discourse analysis has become a significant research area across the social sciences, in recognition of the fact that any interaction between two people is shaped and informed by the processes they both bring to it, these processes being both internal (to each) and external (the other) and relational (between them).

In attempting to draw together the implications of these three dynamic social processes we may observe the very profound, complex interweaving of thought, beliefs, values, influences and perspectives that perpetually surround and engage us in everyday life. In short, we, as editors of this text, also have to acknowledge our part in contributing to the shaping of an alternative hegemony within counselling and psychotherapy through the very writing and editing of this book.

The above dominant and dominating socio-cultural-political processes may be identified as significant contributors to oppressive and discriminatory beliefs and practices in society.

Identity development and the 'other'

Important research has been conducted (and much critiqued) in the last two decades on the consequences of such processes upon people's sense of identity, particularly in relation to those who are seen to be 'different'. Much of this research has been conducted within the field of racial and ethnic identity formation and, we believe, has much to inform those in the counselling/psychotherapy profession.

Carter quotes a personal communication from A.J. Franklin who notes that 'when writing about race one constantly struggles with the question of how much emphasis to give historical, socio-economic, socio-political, intrapsychic and contemporary events' (1995: 2). As authors, we are sensitive to Franklin's notion of the difficulties in knowing where to place the emphasis, though through the above descriptions of ideology, hegemony and discourse we more specifically wish to acknowledge the 'Gordian knot' of complexity that nevertheless systematically communicates different messages of worth, value and treatment to different people and groups within society.

Carter (1995) argues that race has been and continues to be the ultimate measure of social exclusion and inclusion (Carter is writing here of the American context, though there are some similarities in the UK) because it is a visible factor that historically and currently determines the rules and bounds of social and cultural interaction (Kovel, 1984; Smedley, 1993).

The following chapters refer to the experiences of people from a range of different groups within society, some of whom are visible and thus identifiable in some sense as 'other' than the dominant group. For the purpose of a clear example, however, let us return to the identity formation models referred to above which are also psychological models (specifically pertaining to the USA where this work was developed) and which offer within-racial-group variations as well. In Carter's view race and racial identity are integral aspects of personality and human development (1995: 4). Yet, paradoxically, the personal meaning and significance of 'race' has not been extended to white Americans (1995: 11).

Taking this perspective as the stimulus, it seems that the categorization of 'otherness' is attributed to those not conforming or belonging to a dominant 'norm'. From Carter's quote above that notes white as a 'norm' we may also recognize other hegemonic/ideological positions relative to those occupying the position of the 'other' – those in the dominant group have little awareness of their position as being white, or able bodied, or heterosexual and so on. 'Norm' therefore, somehow, remains unquestionable, not worthy of exploration, indeed out of awareness. Rochlin (1992: 203–4) wryly challenges this in his 'Heterosexual Questionnaire' – asking heterosexuals to consider such questions as 'What do you think caused your heterosexuality?', 'Is it possible that your heterosexuality is just a phase you may grow out of?' and 'To whom have you disclosed your heterosexuality? How did they react?' Similar questions are all too common to gay men and lesbians.

The lived complexity of all these societal and social dynamics provides a somewhat clouded, dense, confused and contradictory picture, yet multiple waves of research continue to point to socially and professionally embedded interactions and behaviours that result in discrimination and oppression of those from marginalized groups. The various forms of oppression mediated through the dominant ideologies, hegemonies and discourses (which support discriminatory behaviours) impact greatly upon the identities of people from these marginalized groups, at the very least in terms of:

- alienation, isolation and marginality;
- economic position and life chances;
- confidence and self esteem; and
- social expectations, career opportunities etc. (Thompson, 1993: 151)

There are no simple, overarching assumptions that can be made in terms of the forms that oppression and discrimination take. Different groups experience complex patterns of oppression, and indeed (within the groupings considered in this text) individuals may experience multiple oppressions (see Chapter 10 for further discussion).

The power of language

> Sticks and stones may break my bones but words can never hurt me. (A children's saying)

Language, often the very tool through which we conduct our therapeutic processes, is a complex and ever changing 'minefield'. Any conversation with others, let alone that conducted between counsellor and client in the therapeutic situation, alerts us to the power of language to buoy us up or pull us down, to enhance self-esteem or to sabotage self-confidence, to inflict pain or to encourage, to influence positively or negatively, to manipulate or to understand (Lago, 1997). In this regard we are most concerned about the sensitivity of the therapist's use of language (and para-verbal behaviour) in relation to their clients.

'Words really are important', argues Will Hutton in an article critical of the political influences of the American Right that has sneered at ideas and ideals of

political correctness (2001). In drawing attention to the politicized usage of words, Hutton demonstrates powerfully how (in this case) the American Right was quick to declare war on the cultural manifestations of liberalism by levelling the charge of political correctness against its exponents and in so doing, discredit the whole political project. Setting out with the intention of sensitizing each other to the power and impact of language, 'political correctness' eventually became a term of some derision that subsequently evoked very strong reactions in people concerned not to be 'policed' in their use of language, however apparent the justice of the cause. One of the difficulties here is a tendency for people to take an oversimplified view of the issue of language use. For example, one of the authors has often been asked by students to tell them what they are 'allowed' to say and what they are 'not allowed' to say, fearful of being attacked or shamed for saying the 'wrong' things. We cannot ignore the power of language in maintaining oppressive power relations. Thompson (1998) explains that the question of language use is not 'a simple lexicon of taboo words that are to be avoided' but is a complex and powerful vehicle that contributes to the maintenance of oppression. He highlights the importance of power dynamics in interactions between workers and service users in the caring professions, identifying a number of key issues:

- *Jargon* – the use of specialized language, creating barriers, which reinforce power differences.
- *Stereotypes* – terms used to refer to people from different groups, i.e. older people as 'old dears'.
- *Stigma* – terms such as 'mental handicap' carry a damaging stigma.
- *Exclusion* – this might be inadvertently asking a Muslim what his 'Christian' name is, rather than his 'first' name.
- *Depersonalization* – this relates to terms such as 'the elderly' rather than 'older people' and 'the mentally ill' rather than 'people with mental distress'.

A common argument in discussions about the power of language is that language not only describes reality, it *determines* reality. Thompson quotes Spender:

> Through my language and socialization I did learn to see as *sensible* many arrangements in my society which an 'outsider' (who did not share my socialization) would find absurd. So at one stage I did learn, for example, that it was sensible to give the least educational experience to those who appeared to take longer to learn. I did learn that it was sensible to classify some forms of skin pigmentation as possessing mystical powers. I did learn that it was sensible that one half of the population should be paid for their work while the other half should not. I did learn that it was sensible to ensure the survival of the species by amassing a vast arsenal that could destroy the planet many times over. And I did learn that it was sensible to see men as superior. (1998: 66)

We believe it is critically important to explore our use of language as therapists. Mindful of some of the settings in which counsellors work and the specific difficulties clients struggle with, we need to be sensitive to some of the words in common use and which are, in effect, deeply offensive. Working with people who have dependency problems, for example, do we subscribe to terms like 'drug user', 'drug

abuser', 'drug pusher' or 'recreational drug use'? Do we use terms like 'alcoholic', 'alcohol abuser/misuser'? It is only in recent years that we have developed a language to describe the phenomenon of child sexual abuse. Previously there was no discourse and children's distress went (as it often still does) unheeded. Burstow (1992: 202) refers to 'eating disorders' as 'troubled eating'. She says 'There is nothing more orderly than the precise regimen that women who are anorexic follow'. We hear of 'date rape' and somehow it is thought to be less traumatic or damaging than other rape, and which term most appropriately describes the reality of women who are intimidated, tortured, battered and sometimes murdered by their partners – 'domestic violence' or 'woman battering'? Burstow (1992) refers to 'psychiatric survivors' having been 'psychiatrized' by the system, and Wilson and Beresford (2000) use the term 'people with madness and distress' rather than the more sanitized 'mental health service users'. These are just some of the questions we invite readers to consider when contemplating their use of language with clients.

Though perhaps only as an adjunct to this specific aspect of the chapter, Lee (2000) draws our attention to the developing field of 'cyber counselling'. Given the reliance of cyber communication, at present, on being word based, the cyber counsellor will have to pay detailed attention to their use of language with cyber clients to avoid discrimination and disempowerment. In short, the therapist will need, even more, to become a 'wordsmith' (Lago, 1996).

A critique of the critique

The fields of knowledge, research and practice in relation to social justice and social inclusion are ever changing in approach, language and emphasis. Each shift of position, philosophy or policy may cause great anxiety, concern and disagreement. This is inevitable within the process of cultural and societal change, but at the personal level, individual practitioners may be sorely challenged to grapple with new and emerging ideas, particularly when they may have strongly held, earlier personal positions on these subjects.

An earlier section of this chapter took the example set by the sister profession of social work as a template for understanding the essential thrust of this book, that of aspiring to practices and policies in counselling which are anti-oppressive and anti-discriminatory. It is to the same profession, or indeed a critique of it, we now return in the hope that, as a body of practice, we may not repeat what Wilson and Beresford argue has happened to social work. They say of their critique:

> Whilst acknowledging the emancipatory aspirations of anti-oppressive practice, it also considers its regressive potential. … This discussion highlights the failure, so far, to significantly involve service users and their organizations in the development of anti-oppressive theory and practice. It considers how the ideology and structures of anti-oppressive social work impact upon service users; the problems raised by expert appropriation of users knowledge and experiences … (2000: 553)

A major concern they express is that of the silence of clients' voices (and clients' organizations) in a consultation process that takes their opinions and experiences

into account in informing new practice and practitioners. The therapeutic profession does have the advantage that trainee counsellors experience their own therapy and are therefore, at least for a time, 'service users' – a somewhat different situation to that of most social workers. Readers will gather from the biographies of the authors of this book that most have experience of surviving some form(s) of discrimination or oppression either through being a woman, a gay man, a lesbian, black, working class, disabled or older. We each come from a place of commitment to and passion for promoting good ethical practice, which acknowledges the social and political nature of counselling and of clients' concerns.

We invite the reader to develop awareness of the social and political 'backdrop' to their clients' stories. Does this woman, for example, stay in a violent relationship because of her personal psychology, or do issues of poverty and powerlessness and lack of appropriate support services contribute to her problems? Is she a black woman? What would her (and her children's) experience be of a refuge where all the other women, including workers, were white? And if she were a lesbian, how might she be received or understood by her heterosexual peers?

Is this older gay man isolated and lonely because he is shy and lacking in confidence or is there a deep fear of homophobic abuse due to previous experiences; or is it because gay scenes are often exclusive, seemingly valuing only youth and 'beauty'? Is this black child's school refusal 'separation anxiety' or is it due to a fear of daily racist bullying, in a school that has no bullying policy and where the staff deny the existence of racism?

Wilson and Beresford pose very challenging questions to anti-oppressive social work practice from their perspective as both lecturers in and users of social work. In short they are led, from this standpoint, to pose the fundamental question, is the very concept or possibility of anti-oppressive social work theory or practice, at least as it is currently produced and practised, possible? Just what is it, they ask, that constitutes anti-oppressive social work? A complex contradiction is presented here, as anti-oppressive practice is generally offered as an unquestionable good. Yet there is little recognition of the possibility that such ideas or theories could, in themselves, be oppressive or reproduce social injustice.

As counsellors we might ask ourselves similar questions.

Summary

Within these chapters, we offer an opportunity to reflect (as counsellors and citizens) on our attitudes and received ideas about different social 'groupings' and their experiences of counselling and wider society. We have been cautious about not wanting to produce a 'how to' text, for instance lists of characteristics about communities and cultures, focusing on the client rather than our own need to be independent in our thinking and abandon ideas and practices which perpetuate discrimination and oppression. We invite readers to consider the concepts of *anti*-discrimination and *anti*-oppression in that these require a *proactive* approach. As therapists, our subtle and unintentional processes can support the broad social pattern of discrimination, and anti-oppressive practice (as distinct from non-oppressive) requires us to question our own practice and challenge individuals and institutions

(in particular our own profession, however well intentioned) which maintain the oppression of our clients.

The only real 'how to' we offer is that of beginning to see that the pathology, and the need for healing and change, in this context, lies within the oppressor, *us,* and the oppressive structures which *create* and *exacerbate* our clients' distress.

Key points

We have found the following key issues helpful in developing our practice with all clients.

- As therapists we are often agents of change and can promote change on a political as well as an individual level.
- Acknowledge that racism and other oppressions are part of British society and as such we must recognize these in ourselves.
- Address our own denial and avoidance of these issues through effective supervision.
- Commit ourselves to ongoing reflective practice: the political climate is fluid and changing.
- Challenge oppression in all its forms, even when it feels uncomfortable.
- Examine the use of terms that may be degrading or hurtful.
- Affirm our client's cultural identity, acknowledging their survival skills and coping mechanisms.
- Be sensitive to issues of isolation, due to marginalization, and clients' need for outside support.
- Offer alternative views about distorted beliefs about self where the client has been misinformed about their own and other social groups.
- Be aware that black, gay, female or disabled clients etc. may not be bringing issues of race, gender, sexuality or disability to therapy.
- Recommend reading (bibliotherapy) and films which address the issues the client may bring.
- Use consultation or referral if we feel inadequately equipped to help our clients.
- Take steps to become more knowledgeable about other cultures, lifestyles, values and histories.
- Broaden our range of helping styles to accommodate different cultural expectations and needs.
- Undertake to find out what community groups and resources are available for clients who want to contact people with a shared experience of oppression.
- Align ourselves with struggles against oppression outside the therapy room.
- Examine policy which might unintentionally exclude people.
- Make anti-oppressive practice integral to training courses rather than just add-on modules.
- Start now.

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