

Validity, Vision and Vocalisation: Social Responsibility Arguments and Power-Sensitised Counselling

SHELIA SPONG, University of Wales, Newport, UK

ABSTRACT *This paper considers the potential for advancing power-sensitised practice in counselling. Power-sensitised practice engages with differences in social power, seeing these as significant to therapeutic work. Key to the development of power-sensitised practice is the availability in therapy discourse of arguments based on social responsibility. It has been noted in previous papers that counselling discourse holds resources for arguments based on “social responsibility” as well as the more dominant strand of “individualism”. Power-sensitised practice using social responsibility arguments can therefore be seen to be compatible with existing counselling discourses and can occur where counsellors acknowledge the validity of social responsibility arguments in counselling; a vision of how these arguments may be used; and a willingness to vocalise such arguments, generating a personal engagement with social responsibility in practice. Although this article is written with reference to counselling, the argument is equally applicable to psychotherapy. Copyright © 2012 John Wiley & Sons, Ltd.*

Key words: power-sensitised practice; social responsibility; social power; counselling; psychotherapy

INTRODUCTION

There is a long and well-documented history of politically radical approaches to psychotherapy (Totton, 2000). There has been little discussion, however, of ways in which counsellors and/or psychotherapists who are not necessarily affiliated to any particular radical orientation and who are working in ordinary practice contexts engage with notions of social responsibility. This paper considers how counsellors and psychotherapists construct in discourse the relationship of counselling and psychotherapy to social power (Lukes, 1974; Van Dijk, 2001). Social power has been defined as the exercise of control by members of one social group over another involving “privileged access to socially valued resources” (van Dijk, 2001, p. 302). It can involve controlling not only what the subordinate group does, but also what it wants (Lukes, 1974). In order to consider this subject and this discourse, I draw on findings of two small research projects which used interviews and focus groups to explore

Correspondence to: Sheila Spong, University of Wales, Lodge Road, Caerleon, Newport NP18 3QT UK.
E-mail: Sheila.Spong@newport.ac.uk

therapists' views on counsellor influence and issues of social power. The outcomes of these projects have been published elsewhere (Spong, 2007, 2008; Spong & Hollanders, 2005). This paper reflects upon and further develops the implications of these findings for power-sensitised practice (Milton & Legg, 2000; Spong & Hollanders, 2003).

Psychological therapies are important forms of self-care and management of the self in contemporary Western societies. Billig and his colleagues (1988) have described an ideological dilemma in Western societies between individualism and social responsibility, suggesting that there is a tension between these two dominant ways of thinking. Historically, dominant forms of psychotherapeutic practice have tended to emphasise the individualistic side of this dilemma, locating the causes of personal distress within the self. This risks underestimating the impact on emotional and psychological well-being of the social context in general, and social power relations in particular, reduce the power of therapeutic practice to recognise and challenge damaging social structures, relationships and ideas. Developing a fuller understanding of the manifestation in therapeutic discourse of the two sides of this ideological dilemma facilitates the development of therapeutic practice which holds in balance the tension between them. Doing so enhances practitioner capacity to engage in "power-sensitised practice" (Spong & Hollanders, 2003)—a practice which pays attention to social power positioning of both client and therapist by increasing the discursive space within which such practice can be described and enacted.

Social responsibility talk is a subordinate discursive theme in therapeutic discourse and one which may be reinforced by the provision of space in which it can be iterated, reiterated and made audible. By contrast, individualistic talk tends to be the dominant theme in therapy discourse, and power-sensitised practice may be facilitated by examining the limitations of this in understanding emotional and psychological growth and/or distress. Counsellors in the studies described below demonstrated that both the (dominant) individualistic and the (subordinate) social responsibility arms of Billig's ideological dilemma (Billig et al., 1988) are available as resources within counselling discourse. Here I suggest three factors that may enable counsellors to engage more substantially with the latter arm in the interests of expanding power-sensitised practice.

CONTEXT

The contemporary position of counselling and psychotherapy in the UK is in a state of flux and this forms the background to my current thinking on issues of social power in therapeutic practice. Therapy has increasingly been affected by the national agenda for evidence-based practice, particularly seen in the Increasing Access to Psychological Therapy (IAPT) programme (Department of Health, 2001, 2011). The increased availability of psychological therapy through the National Health Service has been marred for some commentators by the dominance of cognitive behavioural therapy (CBT) in provision (House & Loewenthal, 2008), largely because the evidence of effectiveness of this has been perceived as superior (Department of Health, 2001). This is not a debate that I will engage with here, but in an environment where CBT is increasingly seen as a preferred provision it is noteworthy that this is the therapy modality that has least engaged with any radical agenda (Proctor, 2002; Spong & Hollanders, 2003). On the other hand, in recent years there has been a rapidly increased engagement with social constructionist ideas in counselling and therapy teaching and writing (Anderson, 2003; Gergen & Warhus, 2001; Hare-Mustin, 1994; McLeod, 1999; Wechtler,

1996), which can help to open opportunities for engaging in non-individualistic discourse, although it should be noted that social constructionist positioning does not necessarily correlate with directly addressing social power relations in therapy.

SOCIAL RESPONSIBILITY IN COUNSELLING DISCOURSE

This paper provides a synthesis and commentary on the findings of three previous papers from two studies of counsellors' discourse relating to social power and social responsibility.

The first project relates to CBT counsellors talking about social power and therapy discourses (Spong & Hollanders, 2005). This paper found there was troubled talk around the intersection of social power and therapy discourses and the use of contradictory discursive resources around social power. Four interpretive repertoires (Gilbert & Mulkay, 1984) were identified: the "worlds apart" repertoire, in which counselling and social power are seen in different frames; the "problems cause other problems" repertoire, in which social factors are seen as increasing the risk of psychological distress; the "changing your environment" repertoire, in which counselling is seen as having a role in addressing social inequality and social problems; and finally, the "we all exist in society" repertoire, in which counselling is seen as helping people fit into society (Spong & Hollanders, 2005).

The second study considered the counsellor's influence on her/his clients, counsellors' understandings of feminist counselling, and counsellors' responses to the notion of challenging client's prejudices. Data relating to the counsellors' influence on clients demonstrated conflict about whether or how permissible it is for the counsellor to be a source of influence on their clients (Spong, 2007). With particular relevance to the current discussion, counsellors' own values, which would include personal political values, were proscribed as a source of influence, while the values of counselling, such as personal empowerment and equality, were seen as acceptable sources of influence. Thus, where notions of social responsibility were seen as embedded in counselling values, these were considered valid as a source of influence.

The third set of data relates to the responses of participants in the same study to the notion of "feminist counselling" (Spong, 2008). Findings pointed to participants' acceptance or rejection of feminist counselling as mediated by their use of differing constructions of the concept of equality. Two uses of "equality" were identified: relational equality, i.e. equality between the two parties in the therapeutic relationship; and external equality, i.e. equality in society. In feminist counselling literature relational equality is seen as a necessary, though not sufficient, condition for counselling which challenges external equality (Chester & Bretherton, 2001; Taylor, 1996). However, in this study, arguments participants made against the validity of feminist counselling constructed relational and external equality as in opposition to one another. The feminist counsellor was seen by participants as being too powerful, rather than as a counsellor who works to diminish external inequality through the means of relational equality.

In summary, these three sets of data indicate contradictions and troubled talk issues of social inequality and their significance for therapeutic work with individuals. Allied to this, tensions can be seen within counselling discourse about the practical application of the values such as fairness and justice, especially the boundary between the intrapersonal, the interpersonal, and the social domains. Nonetheless, within counselling discourse there are resources for argument based on social responsibility as well as on the individualism that underpins

much therapeutic theory, but where individualism and social responsibility are in immediate conflict the individualistic agenda remains dominant.

ENGAGING WITH SOCIAL POWER

Within counselling and therapy discourse much is still unexamined at the boundaries of the individual's rights and needs and counsellors' responsibility to the wider social group. The dominance of, or preference for, individualistic discourse may reduce the potential for therapy to challenge existing relations of social power. However, a more detailed examination of counselling discourse reveals an often submerged engagement with a social responsibility agenda, and this provides a space within which counsellors can engage with issues of social power. An active engagement with issues of social responsibility can act as a counterbalance to the preference for individualistic discourse and encourage therapeutic practice that is power-sensitised. Therapy that is *not* sensitised to relations of social power risks reinforcing existing inequalities as therapists will inevitably, though not necessarily consciously, either sustain or challenge discourses of social power in the course of their everyday work. If they do not actively challenge them, the sustaining effect is likely to occur unobserved because of the dominance of individualist discursive practices.

ADVANCING POWER-SENSITISED THERAPY PRACTICE

Seven characteristics of power-sensitised practice have been proposed; these include paying attention to factors both internal and external to the client, a counselling relationship that is as equal as possible, and a commitment to reducing inequality (Spong & Hollanders, 2003).

As the studies cited above indicate, counselling/psychotherapy discourses contain resources for paying attention to external, social factors using social responsibility arguments, and it may be that the increasing focus on social constructionist notions of therapy pave the way for a higher profile of social responsibility arguments in therapeutic discourse and the adoption of power-sensitised practice. For this to become a reality in the work of individual practitioners, I suggest that three elements are necessary:

- *Validity*—for therapists to decide that addressing client issues relating to their social power positioning is an appropriate focus within their work;
- *Vision*—for therapists to recognise where therapy discourses contain resources for engagement with social responsibility which permit the inclusion in therapy of issues of social power; and
- *Vocalisation*—for therapists to be prepared to engage actively with those discursive resources that invoke social responsibility. In doing so, they can bring social power relations into the room, in order to facilitate a deconstruction of these in a way that is both meaningful and helpful to their clients.

Validity

Acknowledging the *validity* of engaging with social power involves recognition that both the distress and the personal growth of a person do not only occur *within* a social context but are

co-created and constrained by that context. There is no such thing as a purely psychological or emotional issue. It is not only the notion of the troubled mind being healed by another better functioning person that needs to be transcended. A somewhat more contemporary “two-person psychology”, and the development of intersubjectivity (Stolorow & Atwood, 1997) and co-construction of meaning (Stern, 1985) as central concepts in psychodynamic work are also too limited as they focus on the interpersonal connections and responses between the parties to the therapeutic relationship, rather than placing this within its societal context. Contemporary systemic theory holds a broader understanding of context (beyond the immediate family system) (Wechtler, 1996) and some of the other less well-known post-modern therapies such as Kaye’s work (1999) open the way towards an acknowledgement of social power as central to psychological well-being.

In order to engage in power-sensitised practice, the therapist will work from a position in which the client’s strengths and distress cannot be dissociated from the social structures and power networks in which he or she exists. From this positioning it follows that for therapy to be most useful it will need to take account of these structures and networks and not to be limited by a focus on the intra-psychic, or on the interpersonal (whether within the therapy room or within the client’s personal relationships). The first step towards power-sensitised practice is the acceptance that the client’s difficulties and spaces for growth do not exist except with a power context, that the well-being of what we experience as “the self” is primarily positioned within a social context, that any response to clients is likely to be most helpful when paying attention to this context and that therefore social power issues are valid material for therapy.

Vision

However, accepting the validity of therapy engaging with issues of social power is not sufficient. For power-sensitised therapy to occur, the therapist also needs the *vision* to recognise that, within therapy, there are resources for such engagement. At this point I am discussing *discursive* resources, i.e. those features of the ways in which we communicate in and about therapy that enable us to engage meaningfully with a given topic. (The issue of *practical* resources in terms of types of intervention is beyond the scope of this paper but warrants further exploration.) The power-sensitised therapist is likely to be cognisant of how social responsibility arguments can be heard in therapeutic discourse, for example, with regard to the arguments around equality, justice, and empowerment discussed above, and to having a well-developed awareness of their own engagement with these discursive resources.

Vocalisation

This is the final piece in the puzzle of working with social responsibility discursive resources to develop power-sensitised practice. The power-sensitised therapist is one who believes that engagement with social power issues is valid in therapy and who has a vision of the discursive resources within therapeutic discourse that facilitate power-sensitised practice, but who also recognises that these alone are not sufficient. The power-sensitised therapist is also able to vocalise social responsibility arguments and, in so doing, to find ways to work with the client that pays due attention to the complex integration of intra-personal, inter-personal and social positioning that make up a person.

CONCLUSION

Where counsellors and psychotherapists engage with social power and social responsibility in these three ways, the individualisation of emotional and psychological distress is challenged and the client's experience is effectively contextualised within a social context. The purpose of this paper is to make apparent the extent to which these elements of power-sensitised therapy practice are available by highlighting the social responsibility discursive resources available, challenging the marginalisation of social responsibility talk, and encouraging the examination of the dominance of individualism in therapy discourse.

REFERENCES

- Anderson, H. (2003). Postmodern social construction therapies. In G. Weeks, T. L. Sexton, & M. Robbins (Eds.), *Handbook of family therapy* (pp. 125–146). New York, NY: Brunner-Routledge.
- Billig, M., Condor, S., Edwards, D., Gane, M., Middleton, D., & Radley, A. (1988). *Ideological dilemmas: A social psychology of everyday thinking*. London, UK: Sage.
- Chester, A., & Bretherton, D. (2001). What makes feminist counselling feminist? *Feminism and Psychology*, 11(4), 527–546.
- Department of Health. (2001). *Treatment choice in psychological therapies: Evidence based clinical practice guidelines*. London, UK: NHS Executive.
- Department of Health. (2011). *No health without mental health: A cross governmental mental health outcomes strategy for people of all ages*. London, UK: NHS Executive.
- Gergen, K., & Warhus, L. (2001). Therapy as social construction. In K. Gergen (Ed.), *Social construction in context* (pp. 96–114). London, UK: Sage.
- Gilbert, G. N., & Mulkay, M. (1984). *Opening Pandora's box: A sociological analysis of scientists' discourse*. Cambridge, UK: Cambridge University Press.
- Hare-Mustin, R. T. (1994). Discourses in a mirrored room: A post-modern analysis of therapy. *Family Process*, 33(1), 19–34.
- House, R., & Loewenthal, D. (Eds.). (2008). *Against and for CBT: Towards a constructive dialogue?* Ross on Wye, UK: PCCS Books.
- Kaye, J. (1999). Towards a non-regulative praxis. In I. Parker (Ed.), *Deconstructing psychotherapy* (pp. 19–38). London, UK: Sage.
- Lukes, S. (1974). *Power: A radical view*. London, UK: Macmillan.
- McLeod, J. (1999). A narrative social constructionist approach to therapeutic empathy. *Counselling Psychology Quarterly*, 12(4), 377–394.
- Milton, M., & Legg, C. (2000). Politics in psychotherapy: Therapists' responses to political material. *Counselling Psychology Quarterly*, 13(3), 279–291.
- Proctor, G. (2002). *The dynamics of power in counselling and psychotherapy*. Ross-on-Wye, UK: PCCS Books.
- Spong, S. (2007). Ideas of influence: Counsellors' talk about influencing clients. *British Journal of Guidance and Counselling*, 35(3), 331–345.
- Spong, S. (2008). Constructing feminist counselling: "Equality" as a discursive resource in counsellors' talk. *Psychotherapy and Politics International*, 6(2), 118–132.
- Spong, S., & Hollanders, H. (2003). Cognitive therapy and social power. *Counselling and Psychotherapy Research*, 3(3), 216–222.
- Spong, S., & Hollanders, H. (2005). Cognitive counsellors' constructions of social power. *Psychotherapy and Politics International*, 3(1), 47–57.
- Stern, D. (1985). *The interpersonal world of the infant*. New York, NY: Basic Books.
- Stolorow, R. D., & Atwood, G. F. (1997). Deconstructing the myth of the neutral analyst: An alternative from intersubjective systems theory. *Psychoanalytic Quarterly*, 66(3), 431–449.

- Taylor, M. (1996). The feminist paradigm. In R. Woolfe & W. Dryden (Eds.), *Handbook of counselling psychology* (pp. 201–218). London, UK: Sage.
- Totton, N. (2000). *Psychotherapy and politics*. London, UK: Sage.
- Van Dijk, T. (2001). Principles of critical discourse analysis. In M. Wetherell, S. Taylor, & S. Yates (Eds.), *Discourse theory and practice* (pp. 300–317). London, UK: Sage.
- Wechtler, J. L. (1996). Social constructionist family therapies. In F. P. Piercy, D. H. Sprenkle, & J. L. Wetchler (Eds.), *Family therapy source book* (2nd ed.) (pp. 129–153). New York, NY: Guilford Press.