

**Counseling for Wellness and Justice:**

**Foundations and Ethical Dilemmas**

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## **Introduction**

Wellness is a positive state of being, brought about by the simultaneous, balanced, and synergistic satisfaction of personal, relational, and collective needs. For wellness to take place in each one of these domains, and for it to flourish at the intersection of them all, justice ought to be present in each and every one of them. Wellness cannot flourish in the absence of justice, and justice is devoid of meaning in the absence of wellness. We will demonstrate in this chapter the strength of the wellness – justice nexus, and we will offer recommendations for aligning counseling practices with the need to promote wellness and justice at the same time.

The first section of this chapter elucidates the connections between wellness and justice at the personal, relational, and collective levels of analysis. In light of that background, the second section distills ethical dilemmas associated with prevailing counseling practices. We explore how dominant modes of practice contend with the need to advance wellness and justice at the personal, relational, and collective levels at the same time. Each practice is subjected to scrutiny for its success or failure in promoting wellness and justice.

Following a critique of existing forms of counseling, the third section outlines innovative practices that may fulfill the requirement for promoting wellness and justice, at the same time, at all the levels. This is a high calling and not without obstacles or dilemmas. Hence, we subject our own recommendations to close scrutiny as well. We debate each recommendation and offer potential solutions to the various dilemmas we encounter along the way.

In recent years an increasing number of mental health professionals and scholars have presented convincing arguments in favor of a value-based approach to counseling. This perspective asserts that as counselors we bring a set of values to work, that if we don't challenge the societal status quo we tacitly support it, and the if we concentrate exclusively on intra-psychic dynamics we run the risk of neglecting the social origins of suffering and distress. A great deal of scholarship has demonstrated that professionals cannot neutralize their personal values, that passivity in light of injustice amounts to complicity, and that the value of individualism reigns supreme in society and the mental health professions (Dokecki, 1996; Prilleltensky, 1994, 1997; Prilleltensky & Nelson, 2002; Wang, in press).

In this chapter we go beyond well established critiques of dominant mental health practices: We strive to tackle the ethical dilemmas that stem from knowing that (a) we are value-laden professionals, (b) we wish to challenge the societal status quo, and (c) unless we address the societal sphere our efforts will be forever undermined by larger forces. But after a momentary celebration of our newly gained insights, a whole new set of questions and dilemmas arise: What right do we have as counselors to suggest to our clients to join a social cause? What responsibility do we have as professionals to address social causes of oppression when our training is primarily in helping individuals? What are the limits of our expertise when we try to work at the personal, relational, and collective levels at the same time? These questions have been rarely asked. By framing wellness in light of justice and by linking personal satisfaction to relational and collective concerns we open a whole new field of ethical inquiry. All of a sudden it is no longer the

sanctity of the relationship between counselor and client that is the sole refractor of ethical concerns, but the very context within which that relationship is situated.

Our hope is that this chapter will challenge not only counselors who may need their consciousness raised, but also those of us who already understand the connection between wellness and justice. With every new realization there is a new ethical dilemma to contend with. We want to be explicit about the new dilemmas that arise from linking wellness with justice and from linking the personal with the relational and the collective.

### **Foundations**

#### **Webs of Personal, Relational, and Collective Wellness**

Individuals experience wellness when three primary sets of needs are fulfilled: personal, relational, and collective (Prilleltensky, Nelson, & Peirson, 2001a, b; Schneider Jamner & Stokols, 2000). Research demonstrates that needs for hope, optimism (Seligman, 2002), intellectual stimulation, cognitive growth (Shonkhoff & Phillips, 2000), mastery, control (Marmot, 1999; Rutter, 1987), physical health (Smedley & Syme, 2000), mental well-being (Nelson, Lord, & Ochocka, 2001; Nelson & Prilleltensky, 2005), meaning, and spirituality (Kloos & Moore, 2000; Powell, Shahabi, & Thoresen, 2003) are vital for the experience of personal wellness. But these needs cannot be met in isolation. Many of them, like hope, optimism, meaning, and mental health, require the presence of supportive relationships.

Relational wellness is characterized by affection, caring, compassion, bonding, support (Cohen, Underwood, & Gottlieb, 2000; Gottman & DeClaire, 2001; Ornish, 1997; Rhoades & Eisenberg, 2002; Stansfeld, 1999); respect for diversity (Dudgeon, Garvey, & Pickett, 2000; Goodman, 2001; Trickett, Watts, & Birman, 1994); and

meaningful participation in family, work, and civic life (Klein, Ralls, Smith-Major, & Douglas, 2000; Nelson, Lord, & Ochocka, 2001; Putnam, 2000, 2001).

Though essential, personal and relational needs are insufficient for the development of wellness. Without the satisfaction of collective needs, personal wellness can exist in limited form only. We require “well-enough” social and political conditions, free of economic exploitation and human rights abuses, to experience quality of life (Felice, 2003; George, 2002; Korten, 1995, 1999; Sen, 1999a, b). Health, safety, self-determination, and opportunities for growth are predicated on adequate health care, access to safe drinking water, crime-free environments, just distribution of resources, and economic prosperity (Carr & Sloan, 2003; Frey & Stutzer, 2002; Keating & Herman, 1999; Kim, Millen, Irwin, & Gersham, 2000; Marmot & Wilkinson; 1999; Wilkinson, 1996).

[Insert Figure 1 About Here]

Based on that evidence, wellness seems to travel through the links that connect the personal with the relational and the collective. Figure 1 positions wellness at the center of intersecting circles or nodes. If we pull out any one node the web unravels. A strong personal node (e.g., self-esteem, mastery, control, hope) cannot stand in lieu of weak relational (e.g., caring and compassion, social support) or collective nodes (e.g., access to health care, safety nets, equality). The three nodes of wellness must be balanced in their relative strength. They support each other and rely on each other (Lustig, 2001; Nelson, Lord, & Ochocka, 2001). The ability of strong nodes to compensate for weak ones is limited and over-rated. A case in point is the presumed ability of personal growth,

skills and resilience to outweigh adverse societal factors affecting health (Marmot & Wilkinson; 1999; Smedley & Syme, 2000; Wilkinson, 1996).

Diverse yet converging bodies of knowledge demonstrate the interlocking ties among personal, relational, and collective wellness. Putnam's research in the United States (2000, 2001) illustrates how participation in civic life benefits individuals beyond the actors involved. Compared to communities and states with low social capital or civic participation, communities where members volunteer more in churches, hospitals, schools, and civic associations enjoy higher levels of relational wellness (e.g., bonding and bridging), and higher levels of collective wellness (e.g., better educational, health, and welfare outcomes). Social capital has even positive effects for diversity, measured in Putnam's research by tolerance of affirmative action policies. Similar collective effects were also found in Switzerland for political participation and economic prosperity (Frey & Stutzer, 2002).

Marmot's (1999; Marmot & Feeney, 1996) research offers yet another window into the web of wellness. Following thousands of British civil servants for over two decades, Marmot discovered that the people with less amount of personal control over their jobs -- menial workers and unskilled labor -- were dying at four times the rate of those with the most control: managers and executives. The group with the highest degree of autonomy (managers), had half the mortality rate of the second group (professionals), a third compared with the next group (assistants), and a fourth of the group with the least amount of autonomy (unskilled). Workplace relationships and class divisions interacted with personal control and flexibility to create differential rates of personal health and mortality.

[Insert Table 1 About Here]

### **Webs of Wellness and Justice**

Justice refers to the fair and equitable allocation of burdens, resources, and opportunities in society (Miller, 1999). As may be seen in the right hand column of table 1, the fulfillment of personal, relational, and collective needs depends on having the power, capacity, and opportunity to experience certain rights and entitlements. For example, to meet the need for control and self-determination, we should be able to experience voice and choice throughout life. To enjoy equality, we have to have access to power, capacity and opportunities to benefit from a fair distribution of resources and obligations in society. To choose an example from the relational domain, respect for diversity is a need that cannot be fulfilled unless we have the power, capacity and opportunity to uphold our unique identity without fear of discrimination or reprisals. The key phrase in each one of these examples is *power, capacity, and opportunity*. Without them we do not have the means to experience or even struggle for justice. Without justice, we could not satisfy a requisite for the fulfillment of personal, relational, and collective needs.

Power, capacity, and opportunity create the conditions for the pursuit of justice. Child abuse is characterized by abuse of power, which, in turn, deprives children of their rights to safety and psychological health (See Dokecki, 2004, for an analysis of clergy sexual abuse showing that abuse of power is central). Domestic abuse operates in a similar way. At the collective level, oppression and discrimination are perpetuated by the unchallenged abuse of power, whereas freedom and equality are promoted by conditions

in which individuals and groups have the opportunity to benefit from certain rights and the obligation to live with certain responsibilities.

Sen (1999a, b) illustrates the interdependence and web-like quality of the relationship between capability and opportunity. He does so by elucidating the connections among five factors involved in human development: (a) political freedoms, (b) economic facilities, (c) social opportunities, (d) transparency guarantee, and (e) protective security:

Each of these distinct types of *rights* and *opportunities* helps to advance the general *capability* of a person. They may also serve to *complement* each other....Freedoms are not only the primary ends of development, they are also among its principal means. In addition to acknowledging, foundationally, the evaluative importance of freedom, we also have to understand the remarkable empirical connection that links freedoms of different kinds with one another. Political freedoms (in the form of free speeches and elections) help to promote economic security. Social *opportunities* (in the form of education and health facilities) facilitate economic participation. Economic facilities (in the form of *opportunities* for participation in trade and production) can help to generate personal abundance as well as public resources for social facilities. Freedoms of different kinds can strengthen one another. (Sen, 1999b, pp. 10-11, italics added)

Table 1 denotes particular *conditions* of justice that ought to be met for each personal, relational, or collective need to be satisfied. The question is: Who is responsible for creating these *conditions*? Some claim that it is up to the individual to create the necessary conditions for the pursuit of justice and the fulfillment of personal, relational,



and collective needs, whereas others ascribe responsibility to government, the community, or any other source external to the person (Etzioni, 1998). In general terms, responsibility for creating the conditions of justice and wellness may be assigned to sources internal or external to the person. Whereas individuals bear certain responsibility for creating these conditions, their capacities are largely determined by the external conditions and opportunities they are presented with in the first place. Hence, we claim that justice and wellness are a function of both *capacity* and *opportunity*; where capacity refers to sources internal to the person and opportunity to sources external to the person. As Sen (1999a, b) demonstrated, capacity and opportunity are inextricably entwined. They exist in a dialectical relationship. This is why we define power as having both the capacity and opportunity to pursue a particular course of action (Prilleltensky, in press). To reduce power to either one of these two components would be to ignore the influence of the environment or the human potential for change. But just as we cannot ignore either component, we cannot inflate their importance either. Environments do not improve physical or mental health without the active participation of the individual, nor do individuals alter their habits without some kind of environmental change (Smedley & Syme, 2000; Stokols, 2000, 2003).

Depending on certain conditions, some groups have more power, capacity, and opportunity to meet their needs than others (Prilleltensky, in press). Conditions of privilege, class, race, gender, physical or psychological abilities create inequality and oppression in interpersonal, organizational, and collective situations (Moane, 1999; Shulman-Lorenz & Watkins, 2003). Thus, power differentials get in the way of achieving

equality, justice, fairness and democratic participation (Carr & Sloan, 2003; Prilleltensky 2003).

Now we face a new question: How do we facilitate the empowerment of those with fewer capacities and resources in society? Political education and political literacy are part of the answer. Indeed, they are a sine qua non of empowerment and, transitively, of wellness. Awareness of power differentials is the first step in removing barriers to wellness. At the relational level, power may be a key factor in staying or leaving an abusive relationship. At the collective level, political power may lead one group to overcome apartheid and another to achieve equality in pay for women and minorities.

The state of Kerala in India provides a useful illustration of how collective power can transform conditions of inequality, which, in turn, can enhance wellness. Women's power and bonds of solidarity created positive ripple effects in Kerala at the three levels of wellness (Franke & Chasen, 2000). Since the beginning of the century, women in this poor state began to organize into social movements that demanded tenant protection, nutrition programs for children, land reform, and community development. Through the organizing process women experienced a psychological sense of empowerment. But solidarity resulted not only in enhanced personal control and a sense of mastery; for it also led to meaningful social change. Public health indices such as literacy, infant mortality, and longevity have been higher in Kerala than in the rest of India for many years (Franke & Chasen, 2000).

We can summarize what we have learned so far in the image of two webs. The first web weaved together personal, relational, and collective wellness. The second one weaved the multilevel concept of wellness with justice. For justice and wellness to take

place we learned that both *capacity* and *opportunity* are crucial. Whereas capacity refers to personal capabilities, opportunity refers to conditions that enable the person to act on his or her behalf for the pursuit of individual or collective wellness. And just as personal, relational, and collective wellness complement each other, so do capacity and opportunity. Within this framework, any type of counseling practice should take into account the complementary nature of (a) the various components of wellness, (b) wellness and justice, and (c) capacity and opportunity.

### **Practice and Ethical Dilemmas**

In this section we review counseling practices in light of the webs of wellness and justice. Following a critique of dominant approaches we recommend justice-based practices. In both cases we provide a detailed analysis of (a) practices, (b) justification, (c) associated dilemmas, and (d) possible resolutions. While we strive to articulate sound justice-based alternatives, we do not expect them to be free of ethical dilemmas. Hence, we subject our very own prescriptions to the same rigorous analysis that we apply to current practices.

### **Current Practices**

We examine in this section a number of current counseling practices in light of the connections among personal, relational, and collective wellness and the nexus between justice and wellness. We make an effort to understand how counselors justify their practice and how they resolve associated ethical dilemmas.

*Current counseling practice #1: Counselors concentrate on the personal and relational domains of wellness and tend to neglect the collective sphere.*

There is a long and glorious, albeit sometimes controversial, history of members of the counseling profession providing services to individual persons in their offices or in family or group settings. This is undoubtedly the predominant mode of professional counseling practice concerned with mental health issues, and for good reason. The extremely important goal of this prevailing approach to counseling may be described as the enhancement of human wellness at the personal and relational levels.

*Justification for counseling practice # 1: Counselors are trained in helping individuals and small groups, and it is often beyond their expertise to address issues of justice and other psychopolitical matters and to intervene at the community level in the collective sphere.*

Psychology is the discipline that has most strongly influenced the development of the theory and practice of counseling. The most influential domains within psychology have been personality theory and research and developmental psychology, and perhaps to a lesser degree, social psychology, usually the social psychology of small groups and group dynamics. These psychological domains focusing on individuals and their immediate social environment have yielded an enormous amount of useful and important knowledge over the last hundred or so years, the kind of knowledge that has abundant practical implications. Most current counselors were probably initially attracted to the counseling profession by the image of individual, family, or group counselors applying these insights from psychology to help people in need gain access to the secrets of their troubled lives. Such counselors help provide insights into the dynamics and processes of personality, human development, and social relationships.

Counseling=s reliance on a predominantly individual- and small group-focused body of theory and research resulted in the profession=s focus on the personal and relational domains. Personally, counselors form therapeutic alliances with clients to enable and empower them to develop self-control and self determination; to master their world by learning coping skills and thereby developing socially and emotionally to their potential; to foster feelings of hope and optimism; to improve their psychological and physical health; and to find meaning in their lives and get in touch with the spiritual dimension of their existence. Relationally, counselors collaborate with clients to enable and empower them to become more caring and compassionate; to develop bonds of affection and bonding and utilize networks of social support; to be able to enter relationships characterized by solidarity with others that enhance their psychological sense of community; to be able to participate meaningfully in group democratic decision-making settings; and to enhance their willingness to relate to a wide variety of people who are different from them, and initially threatening, by appreciating the value of diversity in a meaningful social life. Ethical pursuit of these personal- and relational-level goals is a noble and praiseworthy endeavor, absolutely essential in a world that threatens personal identity and integrity and alienates people from others, often frustrating the universal human quest for community (Nisbet, 1953/1990; Sarason, 1974)

***Ethical dilemmas associated with practice #1: The emphasis on helping individuals and small groups sometimes undermines the importance of recognizing and addressing the societal factors that are often more responsible for personal problems than are personality dynamics and small group processes.***

We live in a culture that localizes responsibility for success and failure on the individual. Counseling practice is not beyond or above this culture. Instead of recognizing people's experiences as embedded in a context, people's lives are told as if they were the sole creators of their destiny. When counseling practice reinforces this ideology of self-blame or self-credit, a surreptitious blame the victim orientation subtly engulfs the counseling enterprise.

Blaming the victim is a common societal practice of seeing the victims of insidious political, economic, and social processes as having caused their own problems. For example, one of us (Dokecki, 1999) recently reviewed two books by Tod Sloan (1996, 1996), a critical and community psychologist, who has systematically traced the role of broader societal factors in threatening personal and relational wellness. Sloan developed a detailed framework that analyzes modernity and its specific processes and traces these influence on human development and their possible contribution to the genesis of psychopathology. He argued, echoing Habermas's critical theory, that the plight of many people in the workforce who feel overwhelmed and inadequate -- for example, in experiencing the stress of needing to balance career and family demands -- to a significant degree is a function of modernity's colonization of the life world. This is a corrosive process whereby the system of material production invades the personal and intersubjective realms. It is "a mechanism by which advanced capitalist society stabilizes itself. Its crises in the economic sphere are deflected into the lifeworld realms of culture, society and personality. Among the prices paid for this stability are the loss of meaning, the destruction of solidarity [community] and psychological crisis" (Sloan, 1996, p.65, as quoted in Dokecki, 1999).

Dokecki (1999) had occasion to write about his daughters, successful career women, two married-with-children, systems engineers in large corporations and a lawyer litigating her way up the ladder in a busy law firm. When they speak about their professional life, their pride in accomplishment has overtones of anguish and stress about the uncertainties of work life in the highly competitive and rapidly changing corporate world, and especially about work life's relentless encroachment on personal and family life, their lifeworld. As a consequence, they beat up on themselves for their inability to cope effortlessly and gracefully with their demanding modern lives. They might be considered typical of many clients in counseling. On reading Sloan's books, Dokecki had the urge to be parent-as-bibliotherapist and leap to the computer to Amazon.com his books to them. These volumes would help them understand that their guilt and anguish come primarily, not from their lack of self efficacy, but from their blaming the victim, in this case themselves, for situations spawned by the values and forces of modernity. If the situation of these upper middle class women alerts us to the power of psychopolitical factors affecting human wellness, how much more should it suggest to counselors that they take seriously the long-known and well-established findings about the relationship between psychopolitical factors such as race, minority group status, and social class, on the one hand, and the problems of living encountered in the mental health system, on the other.

***Possible resolution of the ethical dilemmas associated with practice #1:***

*Recognize the limitations of individual- and small group-level counseling and circumscribe its practice to cases in which the origin and the resolution of clients' problems lie within their immediate personal and interpersonal context.*

Since practicing within the limits of one's competence is one of counselors' primary ethical obligations, it can be argued that they should have enough psychopolitical knowledge to be able to recognize cases where their individual- and small group-focus is not adequate to cases where social injustice factors are strongly implicated. They might, then, either refuse to take such cases since they lie outside their expertise or make referrals to counselors who have well-developed psychopolitical knowledge and associated intervention skills. This would require, at the very least, that counselor education programs take on the task of raising the consciousness of emerging professionals about the relationship between personal and relational wellness and societal political, economic, and social forces. Beyond consciousness-raising, counselors-in-training should also be exposed to the theoretical and research literature that addresses the psychopolitical dimensions of human development. An additional benefit to developing this expanded awareness would be the enrichment of traditional counselors' understanding of the human situation, in all its levels and complexities, which would make them more sensitive to clients' total life experiences and, thereby, better equipped to deliver even traditional modes of counseling services. There is a role for accreditation and professional bodies in this regard. The more we institutionalize psychopolitical training in curricula, the higher the chances that counselors will have their consciousness raised about these issues.

*Current counseling practice #2: Counseling work tends to be reactive and focused on person-based solutions, to the relative neglect of both proactive and community-based solutions. Counselors are reluctant to connect clients to social causes*



*and social movements because their participation in them may divert attention away from personal issues that need to be resolved first.*

Many, if not most, practitioners operate in a reactive mode. They wait until clients come to them with problems and provide person-based interventions. This is the typical mode of service delivery; two people sitting in an office behind close doors trying to equip the counselee with insights and new behaviors that will resolve or alleviate the presenting problem. Even when counselors are aware of the external webs that entrap the client, their practice remains focused on the individual in front of them. Furthermore, even when they know that the origins of the problems remain untouched by their *modus operandi*, their practice seldom changes. This wait-in-the-office-for-the-next-client approach does not entertain change agent roles for therapist or client. When enacted, social change roles are typically performed outside working hours. We explore next why this may be the case.

***Justifications for practice #2:*** *In some cases, clients do need to look inside and change something within them. Participation in social issues may reinforce externalizing tendencies and prevent an in-depth examination of psychological issues. Counseling is based on client demand. People tend to be reactive about their personal problems. We cannot blame counselors for people's lack of proactive thinking.*

It is quite possible that counsees need to concentrate on personal issues: anger management, grieving, phobias, or anxiety. Involvement in social issues may not assist them in solving these problems. In some cases it may even distract them or induce further distress. These are reasonable explanations for some, but not all cases of exclusive office-based work.

It is harder to find justifications for the reactive nature of much counseling. Counselors may claim that agencies expect them to see clients-one-after-the-other-in-the-office. Waiting lists are long and the need for services great. How can we afford the time to do proactive work when people are hurting now in front of us? Though justifiable to a certain extent, this argument has to be weighed against another one: No mass disorder afflicting human kind, has ever been eliminated, or brought under control, by treating the affected individual (Albee, 1998). Treating victims of child or domestic abuse does not end abuse, much like treating victims of HIV/Aids does not stop the epidemic. If counseling agencies never allow practitioners to engage in proactive work, who is going to do it? The fact that “this-is-the-way-we’ve-always-done-counseling” provides little justification for neglecting preventive work. While prevention in mental health is slowly taking root, investments pale in comparison to resources channeled to treatment and rehabilitation (Nelson, Prilleltensky, Laurendeau, & Powell, 1996; Nelson, Prilleltensky, & Peters, 2003). The most advanced provinces in Canada and states in the US invest less than two percent of their health, mental health, human and community service budgets in prevention. Most resources are allocated to hospitals, beds, reactive treatments and rehabilitation.

The fact that the population tends to be reactive about mental health issues is hardly a justification for not engaging in prevention. Once we have professional knowledge about an aspect of mental health it behooves us to act on it. Knowing that the general public does not recognize the merits of prevention should only strengthen our conviction to promote it.

*Dilemmas associated with practice #2: If we leave it up to the population to be proactive we may never quite engage in the promotion of wellness. Counselors have a responsibility, personally and collectively to pursue justice at the collective level so that wellness may flourish at all levels. Participation in social issues may be personally empowering and generative. There may never be a point where citizens are sufficiently free of psychological issues to join a social movement in a state of perfect mental health. If we wait until that state arrives, nobody would be justified in joining movements for social justice.*

There are two main dilemmas associated with the dominant practice of wait-in-the-office. The first one concerns the neglect of prevention. While counselors may not have the authority within their agencies to redefine their roles, or decide on priorities, it is their responsibility to do something that will begin to address the neglect of prevention. Blaming the professional status quo is not an excuse. Once we possess knowledge about a better treatment, or, better yet, about how to prevent mental health problems, it is our professional duty to act on it. If managers, supervisors or administrators do not shift priorities towards prevention, then it is up to the workers to initiate change processes that would bring the urgent need for prevention to the attention of colleagues and superiors. Failing to act on knowledge that may prevent future cases of abuse or addictions because “it’s-not-the-we’ve-always-done-it” is hardly defensible.

The second dilemma stems from the hesitation to encourage clients to join social movements or groups that tackle injustice or exploitation. While we granted above that in some cases such involvement may be counter-indicated, the caveat surely does not apply to all cases of counseling. Furthermore, in some instances people benefit from

participation in advocacy or social change groups (Lord & Hutchison, 1993; Nelson, Lord, & Ochocka, 2001). Neglect of such practice seems unwarranted, potentially denying clients of a positive experience and the community of a contribution towards social justice.

*Possible resolution of ethical dilemmas associated with practice #2: Agencies may create opportunities for clients to join groups engaged in the promotion of social justice and community wellness. This is not instead of therapy or counseling but in addition to them. Counseling agencies can allocate a group of counselors to do preventive work. If further training is required, agencies need to take responsibility for providing the necessary skills to work proactively.*

A young woman with eating disorders may gain a great deal by participating in groups that educate about the negative effects of advertising and that organize boycotts against exploitive advertising. Some consciousness raising groups have been found to assist participants in gaining power and control over distress caused by social factors such as advertising, consumerism, labeling, and discrimination (Collins, 1990; Community Mental Health Project, 1998). It is possible for agencies to offer participation in social action groups that promote both wellness and social justice. There is no need to see justice and wellness as divorced from each other. On the contrary, we have to see how closely related they are.

It is a vestige of reductionism that we treat mental health problems in microscopic terms. The more we learn about networks in general and about webs of wellness in particular, the more we realize that we can no longer afford to treat mental health problems in isolation from social problems (Barabasi, 2002; Nelson & Prilleltensky, in

press). Seeing networks instead of atoms, webs instead of nodes, and connections instead of fragments will generate new ways of thinking and new ways of practicing counseling. We hope some of these ways involve community-based prevention and social action for social justice. Agencies need not wait for a paradigmatic revolution before they offer clients an opportunity to work with others on social issues connected to psychological distress (Prilleltensky & Prilleltensky, 2003a, b, c).

*Current counseling practice #3: Training and research focus on single levels of analysis: individual, family or group.*

Traditional counseling training programs have centered on the development of individual and group counseling skills. Less attention has been paid to prevention as an important component of wellness-based practice. The philosophy of many training models was historically guided by a focus on helping individuals, couples, families and groups. These models strived to maximize people's potential and resolve difficulties in intrapersonal and interpersonal functioning. Although community counseling advocates a paradigm shift toward community building and prevention, research and practice promoting effective interventions at the community level remain largely ignored.

New standards addressing the importance of training in multicultural competencies is helping to move the field toward more engagement in advocacy and community involvement. However, these influences are still in the background. Predominant models remain largely focused on individual counseling skills and strategies.

*Justification for practice #3: While there is little disagreement in theory about the importance of focusing on multiple levels of analysis and interventions, the demand for person-centered orientations is so high that other approaches must take a back seat.*

Three main forces inhibit a multilevel orientation in counseling. First, even as researchers and educators become more vocal about the need for community-based practice, social and market forces impact how training may be carried out. These forces focus on crisis management and remediation. The growing impact of managed health care and licensure requirements dictate what populations may be seen and by whom. This creates questions about the marketability of counselors who are not well versed in psychopathology.

The second impediment is closely aligned to the first. If counselors are going to treat conditions such as depression, anxiety or eating disorders as part of their practice, then training that does not require core competencies in diagnosing and treating mental disorders is deemed inadequate. Students who are unfamiliar with the current language of mental health care cannot be powerful advocates for people in distress. Even if counselors do not want to treat more serious disorders, they must have awareness of the biopsychosocial forces that interact with counseling practice.

The final concern arises in the content and structure of training and in the person-environment fit of students entering counseling programs. Van Hesteren and Ivey (1990) argued the need for counselors to be trained as developmental specialists, capable of working with psychopathology through a developmental orientation. Understanding how to help people in crisis and, in addition, how to be proactive and how to work across levels is, to say the least, very challenging. In two-year training programs, there is little if

any time left to explore multilevel interventions. While some students have had life experiences that challenged them to be reflective, many others feel overwhelmed about aspects of themselves they hadn't encountered before. The personal challenge leaves little time or mental energy for contemplating what is just and fair in society.

*Dilemma associated with practice #3: Research and training programs that neglect multiple levels of analysis and the needs of a diverse society will become increasingly irrelevant.*

If the current trend continues, fewer and fewer individuals will have access to helping professionals. Counseling will be available only to those who have the means to access services. Programs that are ill equipped to address the needs of underserved and diverse populations through prevention, advocacy, community organizing or counseling will fall short in their training missions. Counselor educators who do not commit to addressing needed changes in policies, standards and training experiences, need to rethink the current imbalance. Without this commitment, counseling programs will continue to serve less vital roles in communities, and access to care will be limited to a select few.

*Possible resolution of ethical dilemmas associated with practice #3: Counselor educators and researchers must take a more proactive stance in revising the curriculum and research agendas to include multilevel orientations and interventions.*

Research and training agendas should include more emphasis on the webs of wellness. No single level can account for wellness or suffering. While there are market forces pressing for single level type interventions, the mental health field has accumulated sufficient knowledge to challenge the received wisdom that “resilient”

people can ultimately overcome the ill effects of unfavorable environments. Nothing short of a paradigm shift will ensure that counseling practice and research pay equal attention to the personal, relational, organizational and collective domains of wellness. This will require a concerted effort on the part of educators, practitioners, and researchers; not to mention professional associations.

***Current counseling practice #4:** Counselors concentrate on cognitive and intrapsychic dynamics at the expense of power dynamics of oppression and discrimination affecting the individual.*

Counseling has been seduced by scientific empiricism and reductionism to deal with life complexities by narrowly focusing on individual or small group-based interventions (e.g., Corsini & Wedding, 1995; Prochaska & Norcross, 1994). Consequently, counseling has primarily focused on enabling clients to function more effectively as individuals in a decontextualized context. This stance has resulted in a de-emphasis of understanding interactions within the context of social factors in lieu of understanding individual implicit affective processes.

***Justification for practice #4:** The many social, political, cultural, and economic factors that affect mental health are at best very difficult to change. Since counseling is predicated on the notion that individuals can change, counselors concentrate on the individual, the unit of analysis they feel empowered and able to change.*

As a means of empowerment, counseling has focused on helping an individual answer the age-old questions of “who am I” and “why is \_\_\_\_\_ happening to me.” Racial-cultural identity development models have been considered “one of the most promising approaches to the field of multicultural counseling/therapy” (Sue & Sue, 1999,



p. 123). Racial-cultural identity development has had valuable clinical utility by highlighting that a person's life experiences, as well as the counseling process itself, are influenced by the racial-cultural identity of the players (Carter, 1995; Helms, 1984, 1990).

By definition, racial identity attitudes are “the psychological or internalized consequences of being socialized in a racially oppressive environment and the characteristics of self that develop in response to or in synchrony with either benefiting from or suffering under such oppression” (Helms, 1996, p. 147). The critical roles and functions of racial-cultural identity development models have rested on their utility of: (1) advancing understanding of self-identification processes employed among members of all racial-cultural groups; (2) their emphasis on the individual within a social-cultural environmental context; and, (3) how personal self-understanding and self-concept have been unduly influenced by interpretations or perceptions of interactions with others. To this end, integrated cognitive-affective learning that has focused on introspection and reflective self-evaluation when examining one's own identities, beliefs and attitudes has been shown to be a powerful and effective method of growth in counseling (Carter, 1995, Johnson, 1987; Ota Wang, 1998; Pinderhughes, 1989; Tomlinson-Clarke & Ota Wang, 1999; Sue & Sue, 1999).

***Dilemma associated with practice #4:** The convenience of working with individuals is not enough justification for a professional practice. In some respects, it is like looking for the penny where there is more light, rather than looking for it where it got dropped. People may be more inclined to look for solutions where there is more light, akin for looking for a penny where illumination is better. But if the penny got dropped*

*where it is dark, it will be of not use searching for it where there is light. In some respects intervening at the individual cognitive and psychodynamic level is easy, but this intervention may not be strong enough to reverse the effects of oppressive relationships and environments. We can apply individual and cognitive techniques, because it is what we have and what we know, it is our light in the penny analogy. But it is possible that other interventions techniques may be more suitable, even if we weren't trained in them in graduate school.*

Since people's lives are a complex kaleidoscope of experiences that influence what they believe and do, focusing merely on individual experiences leaves individuals trying to understand their lives out of context. On a narrow level, understanding people from a racial-cultural identity perspective has meant understanding individual selves alone and with a limited number of other people. Racial identity is influenced by powerful social, cultural, and political contexts. These environments can and often do impose real physical and psychological barriers to development. These barriers include conformity, prejudice, and oppression. To varying degrees, people have been overtly or covertly subjected to these obstructions and their messages about desirability or unacceptability in society. With regards to conformity, the prevalence of societal, institutional or self-imposed ideals to do the expected (e.g., White, blonde, blue-eyed people are smarter than those who have darker complexions, men are better at business, science, and math than women; engineers, physician's and lawyers are smarter than those who work in the social sciences or the arts, etc.) have often resulted in feelings of inferiority for those who haven't fit those ideals of superiority. Beyond limiting

individuals, these illusory ideals have also prevented other members of society from recognizing and benefiting from the value of the diversity around them.

With respect to prejudice, those who hold the power in society and in institutions have denied equity to people who are different from themselves by conveying messages such as “you can only achieve the goods” of society if you are like us. “You can’t be like us if your phenotype, gender, values, or sexual orientation are not the same as ours.” Because prejudice has promoted the idea that certain groups and cultures are superior to others, its destructive forces have kept members of various racial-cultural groups artificially separated.

With regards to oppression, this barrier has been more socially and personally destructive than the former two barriers. In addition to being pressured into becoming something *they are not*, and prevented from fully participating in society, people have been exploited for *being who they are* as racial-cultural people.

*Possible resolution of ethical dilemma associated with practice #4: Make power differentials central to the practice of counseling. Even in cases where the client may have little influence over the immediate oppressive environment, there is merit in naming the issue of oppression and exploitation and looking for ways to eliminate it.*

An Ecological Person–Process–Context model can account for social, cultural, and political systemic structures in which specific individual, community, and societal content and processes affecting the individual can be better understood (Bronfenbrenner, 1986). For example, this model allows the examination of *who* a person is by providing a structure to examine how individual and collective intra/inter-group processes and social interactions influence psychological identity and social development. Furthermore, this

model allows for an examination of power dynamics affecting personal and community development.

This contextual approach has been successful in allowing counseling trainees to gain multicultural counseling competence (Tomlinson-Clarke & Ota Wang, 1999). By paying greater attention to the multiple individual and collective forces impinging on personal affective, cognitive, and physical contexts, this model suggests a person's behavior is the result of psychological processes that are interacting with his or her environmental ecology or life space. Thus, the complexity of an intrapsychic worldview is accounted for within a social, cultural, and political reality that takes seriously oppression and power differentials.

### **Justice-Based Practices**

Based on the Foundations section, where we established that personal, relational, and collective wellness are dependent on the presence of justice, we formulate recommendations for new practices that overcome the limitations associated with current modalities of helping. This is not to say that justice-based practices are problem-free. They may resolve some existing dilemmas but they may create new ones. It would be naïve to think that we can offer justice-based practices that do not harbor incipient ethical dilemmas. Therefore, it is our job to think about best justice-based practices, but we need to do so with a critical and self-reflective attitude.

***Justice-based counseling practice #1:** Counselors pay equal attention to the personal, relational, and collective domains of wellness. No attempt is made to privilege one domain until the context of a particular client or a specific client population has been*

*thoroughly examined. Whereas personal and relational issues may be salient for some clients, justice concerns at the collective level may be dominant for others.*

In addition to the consciousness raising suggested earlier, this approach to counseling would also require counselors to have both in-depth psychopolitical theoretical knowledge and an expanded set of intervention techniques capable of addressing clients' human development needs at all levels.

Heflinger and Docecki (1989) provided a useful framework for dealing with multiple levels of intervention. They suggested that the helping professions conceptualize their task of promoting wellness and human development using a systems-oriented framework. Such framework calls for a variety of interrelated practices. Available services should include both direct face-to-face encounters with clients and community-level interventions with the significant persons and organizations that constitute clients' social ecology. Beyond these direct and indirect services on behalf of individual clients, counselors also ought to be active in addressing collective matters on behalf of certain client groups (e.g., persons with mental handicaps, children with developmental disabilities, families and children victimized by poverty). These collective-oriented interventions would include activities such as conducting participative action research, joining in class action suits, engaging in community organizing, and attempting to influence public policy. In these kinds of professional activities, the intent remains that of helping people, but service is a secondary goal: Increasing knowledge about the problem or influencing system change is the primary emphasis (p. 144). Although few people would be capable enough to engage in all these activities within the ethical bounds of their competence, counselors might specialize in one or more of them, with the

important proviso that they understand that they are part of a system in which they are expected to collaborate with colleagues with other specialties. Such a system would be capable of addressing human development and wellness holistically at the interrelated personal, relational, and collective levels.

***Justification for justice-based counseling practice #1:** The justice-oriented practice of counseling assumes that the personal is political. You can run but you can't hide from the psychopolitical dimensions of human development. Moreover, if counselors ignore psychopolitical reality, they may be practicing unethically, either because they intentionally or unintentionally always blame clients for their own problems, or because they base their interventions on incomplete assessment of the full range of relevant factors that affect human development.*

Much of the material in this chapter so far forms the rationale for this practice. As mentioned earlier, counselors operating in a justice-oriented service system work toward understanding clients in their full human complexity at their multiple levels of existence, increasing the likelihood that even standard modes of counseling will be more adequate to clients' needs and situations.

***Ethical dilemmas associated with justice-based practice #1:** It is possible that the values of justice-based counseling may not be consistent with the values of certain clients, raising the possibility that it may undermine their personal autonomy because the counselor would, explicitly or implicitly, challenge what clients value and believe in. It is also possible that the processes of justice-based counseling may violate expectations certain clients have that counseling will be conducted according to the current and*

*prevailing mode of practice, and they may find the situation to be aversive and unacceptable.*

Justice-based counselors have had their consciousness raised to a point where they may be viewed by some as counter cultural in both values and mode of delivering service. To be avoided is a Procrustean-bed approach to counseling where clients are bent out of shape and coerced to fit a justice agenda not of their own making or choosing.

***Possible resolution of ethical dilemmas associated with justice-based practice***

***#1: It is absolutely essential that clients be fully informed about the values and processes they will encounter in justice-based counseling before they enter the counseling process.***

Helping move society toward conditions that strengthen the personal autonomy of all persons is a key value and goal of justice-based counseling. Freedom of choice entailing fully informed consent is central to this value; therefore, it is imperative that justice-based counseling not violate its own central value by imposing its own agenda and mode of operating on clients, thereby compromising their personhood. Justice-based counselors have an obligation to educate people about why their value system and approach to counseling is valuable and worth choosing over other forms of counseling.

***Justice-based counseling practice #2: Counselors offer opportunities to engage themselves and their clients in groups and/or causes that promote social justice. Counselors pay equal attention to reactive and proactive practices.***

Although community members are subject to negative societal influences, they need not be passive recipients of toxic messages. They can become agents of change to transform the conditions that perpetuate their own suffering or the suffering of others (Prilleltensky & Nelson, 2002; Prilleltensky & Prilleltensky, 2003b). Women who suffer

from eating disorders may choose to combat images of femininity that are unhealthy. By engaging in a public act of defiance they are likely to help themselves and others who may be subject to similar negative influences. This would not replace the need for individual counseling, but would be a much welcome addition. We recommend that counseling agencies offer clients opportunities to work with others on socially related maladies such as addictions, violence, discrimination, and eating disorders. Drinking alcohol is promoted as a way to happiness, slim figures as a way to success, and competition as a way to be number one.

There is no need for counseling agencies to divorce themselves from the need to tackle social issues. If mental health is inextricably intertwined with the health of the society as a whole, there is no justification to always refer social concerns elsewhere, such as welfare agencies or political parties. There is no justification for the promotion of wellness in fragments (Barabasi, 2002; Nelson & Prilleltensky, in press). Wellness comes in webs, not capsules.

Counselors, needless to say, are not passive citizens either. We encourage them to join in the effort to minimize the negative influence of destructive norms of violence, conformity, and consumerism; and in the struggle to build healthier societies.

*Justification for practice #2: Wellness and justice are intertwined. Wellness requires justice and justice without wellness has no meaning. Actions to improve wellness should reflect this state of interdependence.*

Little argument can be anticipated against this postulate. The struggle to enact new practices will lie not in conceptual appeal but rather on the force of habit and inertia. Wait-in-the-office approaches and this-is-the-way-we've-always-done-it curtail the



imagination. We suggest the gradual introduction of new services and practices. If one hundred percent of counselors in an agency do office-based reactive counseling one hundred percent of the time, can we not change it? How about shifting these percentages from one hundred to eighty? The balance can be used to start social action or health groups that deal with social, not personal ills. Periodic evaluations of new practices may gradually improve efforts and may even lead to the institutionalization and expansion of innovative practices.

*Dilemmas associated with practice #2: Clients may dislike or reject new practices that seem to deviate from the implicit contract and expectations of individual counseling. Furthermore, group work may be counter-indicated for some clients. Finally, counselors may feel ill prepared to undertake social justice work.*

These are all valid concerns. However, with the introduction of every new service or modality of treatment there is always an educational process. Professionals explain to clients the rationale behind the new intervention. It may take some time for counseling clients to recognize social justice work as related to their mental health concerns, but so is the case with the introduction of any innovation in society. In fact, the sooner the new practices are in place the sooner the public will begin to realize that mental health is related to justice, as portrayed in detail in table 1.

Social justice work may not be for everybody. This is understandable. The same may be said about therapy or counseling, but very few counselors seem to raise this as an issue. At present, the worry is not that social justice work may not be for everybody, but rather that nobody is offered this opportunity when seeking services.

It is true that for some people joining social justice groups may not be advised. And there is always the possibility that group leaders will use their authority to proselytize. But that risk is also present in individual counseling. Precautions that work in the latter should apply to the former. People seeking counseling are vulnerable and should be protected from anyone seeking to take advantage of their precarious state for any personal or political advantage.

Counselor training deserves serious consideration. No assumption should be made that every good counselor can do social justice work. Workshops and professional development opportunities would have to be offered to counselors interested in pursuing in practice the connection between wellness and justice.

Finally, the question of client confidentiality comes up. It is possible that clients would object to participating in social justice groups because that might disclose the fact that they are in “counseling” or “therapy.” Although this is a potential concern, agencies can devise plan where social action groups consist of people from all walks of life, and they would not have to be identified as groups for clients of therapy. As with any suggestion made by counselors, professionals would have to make sure that clients do not just “follow Doctor’s orders” but that they understand the value of the proposal. Recommending to clients to join an action group is not unlike recommending that they join a self-help group. It is an ancillary to counseling and therapy; in this case, an ancillary that may be empowering and may have positive communal effects at the same time.

*Possible resolution of ethical dilemma associated with practice #2: Selection procedures will have to be put in place to make sure that the right clients and the right leaders participate in social justice groups.*

We make no claim that social justice work is for everybody. We should be definitely concerned about over-inclusion. At present, social justice is rarely, if ever, offered as an adjunct to counseling. As we introduce this type of intervention gradually we will have to make sure that it is beneficial to all those who join, and that it is coordinated by competent professionals.

*Justice-based counseling practice #3: Counselor educators provide experiences that promote advocacy, action-based research, prevention, community wellness, and social justice.*

The need to provide training experiences that facilitate trainees' development as self-directed and self-aware advocates for social change is essential. Programs need to include training in multicultural competencies, advocacy, and the creation of partnerships with grassroots organizations. Internships need to take place in settings that support the acquisition and development of these skills. Accrediting bodies and certification boards need to make sure that multilevel and justice-based interventions are appreciated, supported, and valued in training requirements.

Counseling programs must also be developmental and encourage learners to think in critical and contextual ways. Learning is not just about skill acquisition. To address competencies only as a cluster of skills—diagnostic or multicultural—is to miss the larger agenda. Education for development must go to the very core of how people construct their notions of wellness, justice and power. Otherwise the mission becomes bogged

down in trying to do it all (a quantitative demand) rather than trying to do it well (a qualitative demand). “The developmental approach is to realize that there are many different values and worldviews; that some are more complex than others; that many of the problems at one stage of development can only be defused by evolving to a higher level; and that only by recognizing and facilitating this evolution can social justice be finally served” (Wilbur, 2000, p. 42).

*Justification for justice-based practice #3: Training that promotes wellness encourages synergistic and systemic interventions that promote the common good. Issues such as oppression, discrimination and inequality raise awareness of how social norms can become obstacles to human potential.*

Counselor trainees’ who can serve as social change agents at the individual, group and community levels can champion the need for continuity of care. The continuum of care begins with the person and goes upstream all the way to the policy level. Wellness and justice are related to the need for changes in state and federal legislation. Evidence based practice, as part of the overall training agenda, can be formative in helping programs become more effective in advocating for just and fair policies. We need to expand the definition of evidence based practice to include evidence that addressing social issues can have beneficial effects on the counselee and possibly the community at large at the same time. At present, evidence based practice is very narrowly defined, usually to signify manualized approaches to delivery.

*Dilemmas associated with justice-based practice #3: Counseling has been criticized for being too diffuse in its professional identity (Hanna & Bemak, 1997; Myers, 1995).*

By trying to be all things to all people, the profession of counseling is at risk of losing its credibility. By trying to train counselor trainees in multiple levels, the risk exists of rushing the process and creating fragmented rather than coherent philosophies about helping. Programs' missions may end up doing just the opposite of what they were designed to do. Rather than training for wellness, programs will demand more with fewer resources, creating stress for students, faculty, and training sites.

These are valid but not fatal points. Any innovation requires adjustments on the part of players: students, professors, and practitioners. In our view, counselors' identity need not be undermined by the innovations, but rather challenged. There is a difference between challenged and undermined. A good challenge brings about renewal, not mortality. It would be most unfortunate if the only argument for stopping innovation would be that the status quo is all we know.

*Possible resolution of ethical dilemma associated with practice #3: Care will need to be given to how changes are incorporated into a curriculum that promotes wellness and justice.*

Advocating for resources must go hand in hand with advocating for change in training. Innovative programs that link wellness and justice to a continuum of care need to design learning objectives that are contextually based and developmentally sound. This requires a competent faculty skilled in both multicultural and developmental approaches. While the foundations of most training programs already advocate these positions, few programs are well equipped to carry out an ambitious agenda and do it well. Collaborating with professionals in related fields can add expertise where needed. While

changes will not occur instantly, a gradual shift in orienting educators, students and professionals to these important goals can lead to substantial improvements over time.

***Justice-based counseling practice #4:** Counselors pay equal attention to intra-psychic forces, injustice, and power dynamics potentially oppressing clients from the inside and the outside. Internalized oppression is often a manifestation of external oppression. The former cannot be eradicated without addressing the latter.*

If counseling is a discipline that hopes to understand, to nurture, and to value its diversity, it has to be able to identify and eliminate conformity, prejudice, and oppression within its practices. Developing programs with goals of recognizing, respecting and learning from the interactions between intra-psychic, individual and collective cultural similarities and differences will combat stereotypes that have often resulted in the exploitation, coercion, and oppression of all racial-cultural people. The role of power and injustice in the creation and perpetuation of internalized oppression and external oppression must be attended to in training and practice.

***Justification for justice-based practice #4:** Eliminate tyranny of the Shoulds.*

Despite color-blind and value free illusions, conformist trends have often led the disenfranchised to live what W.E.B. Dubois termed “tyranny of the shoulds”:

... a peculiar sensation, this double consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of the world that looks on in amused contempt and pity. One ever feels his two-ness – an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength lone keeps it from being torn asunder (1903/1989, p.3).

At some level, adaptations to a “socialized” mirage may have enabled some visible racial-cultural people to exist in threatening environments while letting those people from more privileged groups “off the hook” by allowing them to pat themselves on the back for helping “those” underprivileged people.

The lack of justice-based counseling practices will unnecessarily limit a person’s ability to achieve his or her full potential; resulting in personal and group self-doubt, alienation, and isolation from essential personal and spiritual resources and support.

*Dilemma associated with justice-based practice #4: Rhetoric of diversity and justice simplifies issues and does not translate into action.*

If cultural pluralism and empowerment have been effective in equity and inclusion of underserved visible racial-cultural groups, “Why Are All the Black Kids Sitting Together in the Cafeteria?” (Tatum, 1997). Several reasons can account for this continued separatist phenomenon. Overall, attention to inclusiveness and pluralism has not provided meaningful principles for the elimination of oppression in society. We have not moved far beyond obvious axioms such as all humans have language, families, region, political and social systems, emotions, and values. Our consciousness has often been limited to simplistic caricatures about service delivery and cultural norms (e.g., Lynch & Hanson, 1992; Sue & Sue, 1999). Furthermore, a partial consciousness of oppression has converted members of visible racial-cultural groups into over generalized, homogenized stereotypes, allowing individual variation of clients within certain groups to be neglected.

The situation in counseling is reflective of the situation in the culture. As Helms and Richardson (1997) have asserted, “most of the traditional counseling and

psychotherapy theoretical orientations favored in the United States claim to honor the unique psychological characteristics of the client, but, in fact, ignore the differential psychological consequences to clients (and therapists) of being continuously socialized in a variety of sociodemographic groups” (p. 60).

*Possible resolution of ethical dilemma associated with justice-based practice #4:  
Going beneath the surface in training and action.*

What has been lacking in counselor education has been an interactive framework that incorporates a multicultural perspective challenging students’ affective understanding of their own beliefs, attitudes, and assumptions. Who they are as racial-cultural people, and how social, historical, and political processes have influenced their professional development are key questions for trainees. Needless to say, the same questions apply to trainers.

Educators will need to continue developing training programs to incorporate cognitive/affective racial-cultural self-exploration so counselors will be prepared for a realistic variety of interactions with clients representing varying aspects of human diversity (Carter, 1995; Pinderhughes, 1989; Sue & Sue 1990; Tomlinson-Clarke & Ota Wang, 1999). The onion of cultural and political experience has many layers. Peeling off only the top layer can be deceiving. If we only deal with racism and oppression at the surface level, we may create the impression that we’re making progress while in fact we’re only impeding it by creating the illusion that our talk will change realities.

### **Conclusion**

Personal, relational, and collective wellness can be neither studied nor pursued in isolation from each other. Moreover, no form of wellness can be promoted in the absence



of justice. In this chapter we have demonstrated the close links that exist among the three domains of wellness, and the nexus that connects all forms of wellness with justice. This conceptual foundation afforded us some criteria to evaluate current professional practices. Our assessment indicates that many practices are still primarily reactive, person-centered, and only superficially concerned with issues of power and oppression. In light of this unsatisfactory state of affairs we proceeded to formulate a set of recommendations for justice-based counseling. Based on the wellness-justice nexus we proposed four new practices designed to move counseling towards more proactive, holistic, and politically aware approaches. Our new practices are not unproblematic. But the claim that new practices ought to be perfect before they are implemented is just as unacceptable as claiming that imperfect practices of the day ought to be eliminated altogether. In the end, we have to weigh the risk of launching promising but yet unproven practices against the threat of perpetuating well known but wanting approaches.

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Figure 1:

The Synergy and Balance of Personal, Relational, and Collective Needs in Wellness

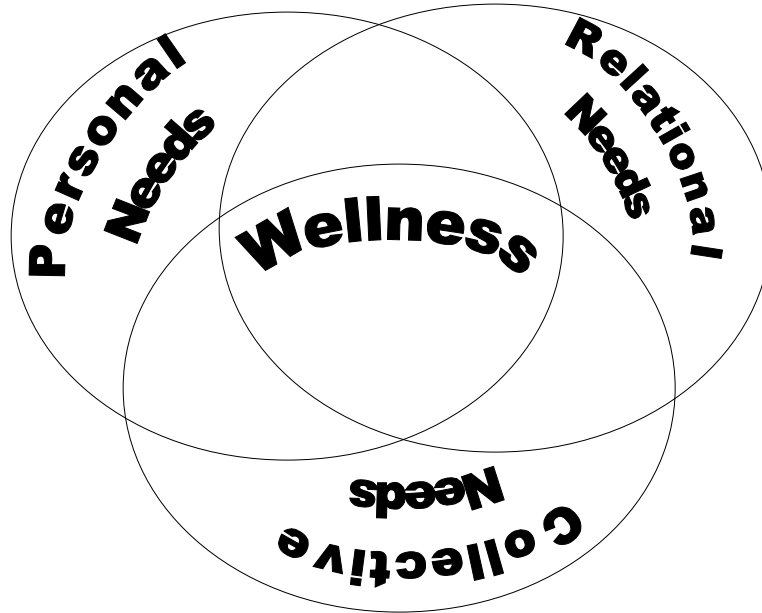


Table 1: Relationship between Wellness and Justice in Personal, Relational, and Collective Domains

<b>Wellness is enhanced by the balanced satisfaction of needs</b>	<b>Justice is enhanced, and contributes to wellness, by the power, capacity, and opportunity to:</b>
<b><i>Personal Needs</i></b>	
- Control and self-determination	- Experience voice and choice throughout life
- Mastery, learning, and growth	- Experience stimulation and growth-enhancing events
- Hope and optimism	- Experience positive events in life and avoid learned helplessness
- Physical health	- Obtain food, shelter, safety, and health care
- Psychological health	- Engage in supportive, and avoid abusive, relationships and obtain wellness-enhancing resources
- Meaning and spirituality	- Explore the meaning of life and transcendence free of ideological repression
<b><i>Relational Needs</i></b>	
- Caring and compassion	- Experience nurturing relationships free of physical, emotional, or psychological abuse
- Affection, bonding, and social support	- Engage in mutually supportive relationships
- Solidarity and sense of community	- Share experiences with others without oppressive norms of conformity
- Democratic participation	- Participate in community life and resist passivity
- Respect for diversity	- Uphold one's unique identity without fear of discrimination or reprisals
<b><i>Collective Needs</i></b>	
- Equality	- Struggle for and benefit from fair and equitable distribution of resources, obligations, and power
- Freedom	- Pursue and benefit from individual and collective liberty
- Environmental sustainability	- Ensure a clean and sustainable environment

\* Adapted from Prilleltensky and Fox (in press).

