COUNSELLORS’ EXPERIENCE OF THE ETHICAL DIMENSIONS OF SOCIAL
JUSTICE ADVOCACY

by

KATHERINE JOHNSON

B.F.A. University of British Columbia, 1998

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

(Counselling Psychology)

THE UNIVERSITY OF BRITISH COLUMBIA

September 2007

© Katherine Johnson, 2007
Abstract

In recent years, there has been a call within the counselling profession to expand our roles to include social justice advocacy work. This call seems to be based in ethical considerations regarding how to best to do good for, and not harm, our clients; however there has been no research regarding the ethical issues that may arise from such a role. In this study, I explored the following question: How do community counsellors experience the ethical issues surrounding their practice of social justice advocacy?

Data were gathered through individual interviews using the interpretive description methodology. Data from 10 participants (5 men and 5 women) were analyzed using elements of analytic frameworks proposed by Miles and Huberman (1994) and Knafl and Webster (1988). A set of “social justice values” which included solidarity, equality, justice, taking action for change, non-neutrality, and questioning the status quo emerged, which impacted the ethical decision making of participants, who viewed their social justice orientation as part of ensuring beneficence. Ethical issues were often the motivation for, rather than the result of social justice advocacy. Participants struggled with barriers to ethical practice within their professional discourse and places of employment that made them feel “part of the system” of oppression. Participants identified several ethical dimensions of social justice advocacy work which included ensuring client autonomy and fully informed consent in advocacy decisions, equalizing power in client-counsellor relationships, and identification with clients’ feelings of marginalization, which could contribute to burnout. Many concerns were raised regarding areas of counsellor training, practice and regulation which may contribute to injustice and unethical practice, and these counsellors endeavored to develop a practice and lifestyle that was congruent with their social justice values.
# Table of Contents

Abstract .................................................................................................................. ii

List of Tables .......................................................................................................... vi

Acknowledgements ................................................................................................. vii

CHAPTER I: INTRODUCTION .............................................................................. 1

CONCEPTS AND THEORETICAL ORIENTATION .................................................. 3

PROBLEM ............................................................................................................... 7

PURPOSE .............................................................................................................. 9

CHAPTER II: LITERATURE REVIEW ................................................................. 11

FEMINIST AND MULTICULTURAL COUNSELLING ............................................... 11

Summary .............................................................................................................. 18

COUNSELLORS AND SOCIAL JUSTICE .......................................................... 18

Summary .............................................................................................................. 24

COUNSELLORS IN PRACTICE ........................................................................... 24

Summary .............................................................................................................. 30

ETHICS CODES .................................................................................................... 30

Summary .............................................................................................................. 37

SUMMARY: LITERATURE REVIEW .................................................................... 37

CHAPTER 3: METHOD ......................................................................................... 38

QUALITATIVE PARADIGM ............................................................................... 38

INTERPRETIVE DESCRIPTION .......................................................................... 40

SITUATING THE RESEARCHER .......................................................................... 43

PARTICIPANTS ...................................................................................................... 45

Recruitment of Participants ................................................................................ 47
<table>
<thead>
<tr>
<th>Data Collection: Interviews</th>
<th>49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Analysis</td>
<td>53</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>58</td>
</tr>
<tr>
<td>Process of Reflexivity</td>
<td>61</td>
</tr>
<tr>
<td>Chapter IV: Findings</td>
<td>63</td>
</tr>
<tr>
<td>Contextual Information</td>
<td>64</td>
</tr>
<tr>
<td>Demographics and Professional History</td>
<td>64</td>
</tr>
<tr>
<td>Advocacy Activities</td>
<td>66</td>
</tr>
<tr>
<td>Understandings of Social Justice</td>
<td>67</td>
</tr>
<tr>
<td>Counsellor's Social Justice Values</td>
<td>71</td>
</tr>
<tr>
<td>Solidarity</td>
<td>73</td>
</tr>
<tr>
<td>Equality</td>
<td>73</td>
</tr>
<tr>
<td>Justice</td>
<td>74</td>
</tr>
<tr>
<td>Taking Action for Change</td>
<td>74</td>
</tr>
<tr>
<td>Non-Neutrality—Taking a Stand</td>
<td>75</td>
</tr>
<tr>
<td>Community over Self-Interest</td>
<td>75</td>
</tr>
<tr>
<td>Questioning the “Status Quo”</td>
<td>75</td>
</tr>
<tr>
<td>Summary</td>
<td>76</td>
</tr>
<tr>
<td>The Ethical Dimensions of A Social Justice Perspective</td>
<td>76</td>
</tr>
<tr>
<td>Non-Maleficence</td>
<td>77</td>
</tr>
<tr>
<td>Beneficence</td>
<td>92</td>
</tr>
<tr>
<td>Autonomy</td>
<td>102</td>
</tr>
<tr>
<td>Justice</td>
<td>110</td>
</tr>
<tr>
<td>Fidelity</td>
<td>118</td>
</tr>
<tr>
<td>Chapter V: Discussion</td>
<td>124</td>
</tr>
</tbody>
</table>
List of Tables

TABLE 1: Maleficence: Relationship between themes and values..........................77

TABLE 2: Beneficence: Relationship between themes and values..........................93

TABLE 3: Autonomy: Relationship between themes and values.............................102

TABLE 4: Justice: Relationship between themes and values...............................110

TABLE 5: Fidelity: Relationship between themes and values...............................117
Acknowledgements

I would like to thank the many people that supported, guided and encouraged me along the way and made it possible to complete this project. I am grateful to my research committee, Dr. Beth Haverkamp, Dr. Richard Young, and Dr. Deirdre Kelly, who challenged me to be rigorous and to question my assumptions and ideas. My sincere gratitude to Dr. Beth Haverkamp, for being a source of inspiration as a person, and also for her warmth and encouragement, her enthusiasm about my subject matter, and her integrity and intelligence throughout this process.

To the participants in this research I offer my respect and admiration for their courage in questioning the “status quo” and in sharing what they had learned about a difficult topic, and my gratitude for their belief in me and my work, and their willingness to take the time from their very busy lives to contribute to this project. I wish them all the best as they continue to face the ongoing challenges that arise in their work towards social justice.

I say thank you every day for my incredible family, who offer me so much support and love, and who unfailingly believe in my ability to accomplish anything I take on. I especially thank my father for giving me a strong work ethic and a privileged existence, and for all the stability, strength and love he has offered throughout my life. And my mother, who taught me to have compassion and empathy, who gave me my sensitivity and optimism, and who has shown me that change is always possible. I thank my new husband Sean for his love and friendship, his faith in me, for letting me bounce ideas off of him, and for being a constant source of warmth and stability.
CHAPTER I: INTRODUCTION

In theory, counselling psychology has a long history of commitment to social responsibility and social justice, but in research and practice it has emphasized the individual without much attention to the individual’s social context. This may be partly attributed to the social context in which counselling itself evolved, that of the Western world which emphasizes individual fulfillment, achievement, and autonomy (Katz, 1985). However, historically, and increasingly in the last few decades, there has been a call to counsellors to expand our roles beyond changing individuals into actively working for social change, specifically in the direction of social justice (Arredondo & Perez, 2003; Bemak & Chung, 2005; Douce, 2004; Goodman et al, 2004; Kakkad; 2005; Vera and Speight, 2003).

There is growing concern that many of the current counselling theories developed in an individualistic, white and male-dominated culture have the effect of reducing “socially produced problems to ‘private troubles’ within individuals” (Thomas, 1996, p. 101). Martin-Baro argues that “individualism ends up reinforcing the existing structures, because it ignores the reality of social structures and reduces all structural problems to personal problems” (1994, p. 22). Many in the field have argued that we cannot remain neutral and objective as we bear witness to the injustices and forms of oppression that our clients experience (Vera & Speight, 2003, Kakkad, 2005, Goodman et al, 2004; Price, 1989, Martin-Baro, 1994, Kupers, 1993). By remaining “passive witnesses” (Ishiyama, 2000) to the barriers our clients face, we role model for our clients that passivity and inaction are the appropriate response to the injustice (Kupers, 1993). The lack of emphasis on socio-political influences in our clients’ lives has earned counsellors the criticism of being “handmaidens of the status quo” (Sue,
At the core, this debate is an ethical and moral one regarding the best way to ensure that we are doing good and not doing harm in the lives of our clients. The call to social justice work is, by extension, a call to re-evaluate the role of the counsellor, and what constitutes ethical counselling practice.

This ethical debate may be particularly relevant for counsellors working in non-profit community social service agencies, whose clientele are often the most marginalized members of society. Clients' lives are impacted by family, legal, school, medical, social welfare, and governmental systems. Community counsellors may be required to advocate for clients who experience barriers to accessing these systems, and are in a position to provide recommendations to those in power for changing systems to better serve their clients. These counsellors also work within a context of limited resources and their ability to serve clients may be impacted by the distribution of those resources, leading to the necessity of making difficult decisions about who gets counselling, and for how long. In taking on an advocacy role, these counsellors must negotiate a balance between their ethical obligations to their client, the mandate of their agency, and the necessity of maintaining good working relationships with the other organizations that serve their client. The complexity of such a negotiation necessitates proper training in ethical advocacy.

Thus, if counsellors are to expand our roles, "new studies are needed to examine the utility of these different roles [and] the ethical and practical concerns of these variations on traditional practice." (Arredondo & Toporek 2004, p. 52). The criticisms of our current, limited role imply that we may not be fulfilling our principal ethical duty to do no harm, and to benefit those with whom we work. But proceeding into an expanded "social justice" role could create conflict between this principal duty and the obligations of competence,
confidentiality, cultural sensitivity, lack of bias, avoidance of dual relationships, and the problem of deciding what the greater good is, and for whom (Clark 1993; Goodman et al 2004; Kakkad, 2005; Kinzie & Boehnlein, 1993). Thus it seems wise to heed Arredondo and Toporek’s (2004) suggestion and study the ethical and practical concerns of this social justice advocacy role, so that we may be better prepared to move into it.

CONCEPTS AND THEORETICAL ORIENTATION

Prior to proceeding further some discussion is necessary regarding the concepts of social justice and what social justice advocacy would look like. Fondacaro and Weinberg (2002) demonstrate “that understandings of social justice vary across contexts including legal, policy, commercial, work, neighbourhood, family, school and peer contexts to name only a few.” (p. 489). They recommend a social-ecological epistemology of social justice, which examines the concept “at and across multiple levels of analysis, including micro-, meso-, exo- and macro- levels” (p. 490). They discuss two movements in community psychology which sprung from different conceptions of justice. The prevention movement emphasized just entitlement, or distributive justice. The empowerment movement was based on the concept of procedural justice with its emphasis on voice and having a say in societal decision making. It is my expectation that participants in this research may have understandings of social justice that cross over procedural, distributive, and other concepts of justice. They also may experience ethical conflicts in social justice advocacy on all levels from micro to macro. Adopting a social-ecological frame of reference for social justice, ethics, and social justice advocacy provides an orientation to these concepts that can include the experiences and perceptions of the researcher, the participants and the clients that they serve.
Bronfenbrenner's (1979) social-ecological theory of human development emphasizes the interconnectedness of the micro (individual and family), meso (community and organizations) and macro (social structures, ideologies, and policies) systems in contributing to the growth of individuals, or their distress (Bronfenbrenner, 1979; Muskal, 1991; Goodman et al, 2004). These three levels can be conceptualized as a “nested arrangement of concentric structures, each contained within the rest” (Bronfenbrenner, 1979, pg. 22).

Community counsellors work inside these circles to promote the mental health of individuals and families, under the regulations and in the programs of their employing agencies, which are often determined by the interests and policies of the governments and other sponsors that fund them. Within this ecological socio-political context, effective community counsellors must be aware of how each layer of the circle impacts their client and work to facilitate change at all levels (Muskal, 1991).

My definition of social justice has been shaped by my family, my beliefs, my socio-economic position as a white, middle-upper class Canadian woman and my feelings of guilt and gratitude about that position, my research into this issue, and my career as a counsellor, among other things. In my view, social justice begins with distributive justice: ensuring that everyone has equal access to adequate food, housing, health care, and essentials for survival. Beyond that, for me distributive social justice means everyone should have a fair opportunity to reach his or her full potential to love and be loved, and to contribute to humanity. Also, a societal practice of respecting, valuing, and incorporating group, gender, and cultural differences is a necessary part of social justice in a diverse society, and achieving this also requires procedural justice: voice.
Our society currently functions such that some groups have access to the power afforded by our legal, governmental, educational, and social systems, and are thus able to define the rules and concepts by which we live, including even what "justice" is. For others these systems are sources of marginalization; posing barriers to their health, well-being, relationships, livelihood, success, and even their survival. Moreover, their voices are often silenced and they are relatively powerless to influence the systems that hold them back. This process, which can succinctly be termed oppression, leads to outcomes such as "intergenerational poverty, family disruption, violence, drug addiction, antisocial behavior and violence" (Watts, Griffeth, & Abdul-Adil, 1999, p. 258). An ideally just society, in my view, will be one in which everyone truly has a voice that is heard and honoured in the construction of social systems; where oppression is eliminated. Counsellors are in a position of relative power within our society; generally, our voices are heard and respected. We can, and I believe should, use this power to work towards this ideal, just society.

Toporek (1999) defines advocacy as "action taken by the counselling professional to facilitate the removal of external and institutional barriers to the client's well-being" (p. 6). Toporek emphasizes two important aspects of this definition. First, it recognizes that counsellors, as respected professionals, are in a position to influence socio-political systems that may not be accessible to their clients. However, at the same time, it does not "assume that clients are unable to advocate for themselves" (p. 6). This definition of advocacy encompasses a range of activity, from individual empowerment of clients to social activism. It could involve organizing groups of clients to make their voices heard, educating society about the consequences of certain policies or attitudes, or working collaboratively with other agencies that serve a client in order to remove barriers for that client. Toporek emphasizes
that client goals are at the centre of advocacy activities, but that achieving these goals may necessitate the counsellor’s “involvement in the client’s environment” (p. 8). Such involvement is a clear departure from the traditional counselling role, in which counsellors meet with clients confidentially and are completely separated from the greater context of clients’ lives. “In fact,” Toporek points out, “involvement in clients’ external environments tends to be discouraged and considered a risk for disempowering clients or creating the potential for dual roles.” (p. 8). This type of advocacy is, in part, what this research targets, and these are some of ethical risks that it hopes to uncover.

When I refer to social justice advocacy then, I am referring to action taken by a counselling professional on a micro, meso, or meta level that aims to remove a barrier to the client’s well being which is considered unfair and unjust. In the sample considered in this research, this work may involve entering the client’s external environment to work with clients or other groups to remove community and organizational level external or institutional barriers. Given our unique constructions of the meaning of “unjust,” the perception of injustice will depend on the context that the client and counsellor are working in, and subjectivity could also be part of the ethical dimensions

In seeking to discover the “ethical dimension” of social justice advocacy, it is also necessary to explain what would constitute an ethical issue. As I mentioned above, the call for counsellors to become involved in social justice work requires a re-evaluation of the counsellor role, and what constitutes ethical practice. But the counsellor’s role and ethical practice are defined by a shared set of moral values, which are presumed to be held by those choosing to freely enter the counselling profession (Kitchener, 2000). Our professional values form the foundation of our ethics codes, and are closely tied in with our assumptions
and our practices (Prilleltensky, 1997). The counsellors I interviewed, who identified and worked as social justice advocates, make different assumptions, or emphasize different values, leading to a different sense of what is ethically correct. The areas that they find ethically significant related as much to their values as to their professional ethics codes. If we are to understand the ethical dimensions of the work, we may need also to include ethical dimensions based in the social justice values of these counsellors. Thus, in this research, an ethical dimension will include any point of discomfort in which a counsellor finds he or she is questioning how to practice in congruence with professional ethics or values. If the two conflict, that will also be significant.

Social justice advocacy would likely require counsellors to work outside the traditional boundaries of their role and the safety of their offices. Without proper training and preparation for this role, counsellors may not anticipate the ethical implications of their actions and could cause harm to clients. Understanding the experience of ethical issues surrounding social justice advocacy from the perspective of counsellors engaged in social justice advocacy may provide information useful for such preparation and training.

**PROBLEM**

Counsellors in community social service settings, typically middle to upper class professionals, enjoy legitimacy in society that gives them socio-political influence that may be less accessible to the marginalized clients they serve. There are many indications that counsellors are ready and willing to use their professional position to advocate for social justice. The profession has strong roots in social activism, (Douce, 2003; Schmidt, 2003) but some argue that it was in our struggle for the legitimacy we currently enjoy as a profession that we moved away from these roots (Pud & Russo, 1996). Now it seems we are ready to
move back. In a town hall meeting after the 2001 National Counseling Psychology Conference in Houston, 88% of attendees voted in support of the idea that counsellors "should reclaim a social advocacy agenda" (Goodman et al, 2004). Research shows that counsellors have the ability, interest, values, and personality traits that would dispose them to this type of work (Delk, 2002; Eriksen, 1999; Kelly, 1995; Nillson & Schmidt, 2005; Schmidt, 2003). Theorists from feminist, multicultural, liberation, community, vocational, family, and social psychology have worked to increase our awareness regarding the limitations of a Western based, individual orientation, and advocated for a social justice stance that includes work for societal change (Gainor, 2005; Goodman et al, 2004; 2005; Kupers, 1993; Vera & Speight, 2003; Wieling & Mittal 2002).

Even our ethics codes, though they place the individual at the forefront of our concern, have historically also emphasized our social responsibility (American Counselling Association; 2005; American Psychological Association, 2002, 1992; Canadian Counselling Association, 1999; Canadian Psychological Association, 2000). Dhruvi Kakkad, in a paper that was awarded the Graduate Student Ethics Prize by the APA, calls for “a new ethical praxis” in which psychologists “recognize their own professional responsibility in contributing to the local, national, and international debate on social justice issues and actively participate in efforts to challenge the structural underpinnings of injustice” (2005, p.294). However, to date, no research has been conducted into what that new ethical praxis would look like.

Kakkad also (2005) suggests that “perhaps our fear of the complex ethical dimensions that come with such involvement keeps us neutral and fearful of action” (2005, p. 294). Indeed, while ethics codes support advocacy, they provide little direct guidance as to how to
ethically “enter our clients’ environments” to effect social change, and ethically get compensation for that work. In fact, their strong discouragement of dual roles, emphasis on confidentiality, and central concern with the individual may preclude this type of work for counsellors wishing to remain ethical. Training programs in counselling psychology, due to accreditation requirements, usually must focus on traditional, individual approaches and rarely offer courses in advocacy activities (Goodman et al, 2005), or their ethical implementation. Many counsellors may feel unprepared to take on the role of social justice advocate.

If the counselling profession is to incorporate this expanded role and maintain legitimacy as a profession, we must first prepare by understanding what our role in advocating for social change and social justice could look like, what the real ethical issues involved may be. Only once we understand these aspects can we begin to prepare counsellors to take on social justice advocacy ethically and effectively. The aim of this study is to draw on the social justice advocacy experiences of counsellors working in community social service agencies in order to enhance our understanding of the way these issues can impact practice.

PURPOSE

The main purpose of this study will be to explore, from the perspective of counsellors working in community social service settings, the ethical dimensions of their practice of social justice advocacy. The research question is: How do community counsellors experience the ethical issues surrounding their practice of social justice advocacy? It is my hope that this inquiry will add to our understanding of what activities counsellors perceive as social justice advocacy, what sort of ethical conflicts they experience, and in what ways ethical considerations either motivate them to, or preclude them from, acting as advocates in
their practice. Ideally, this research will be useful to support and prepare community based counsellors interested in engaging in, or already practicing social justice advocacy.
CHAPTER II: LITERATURE REVIEW

This section summarizes the scholarship and research regarding counsellors' involvement, or lack of involvement, in social justice work and the ethical implications of that involvement or lack thereof. It is interesting to note that theoretical literature on this topic is abundant, but research is scarce. Almost 200 articles captured for this literature review (out of over 500) contained the keywords justice or advocacy in combination with counselling or psychology; yet only 6 studies were identified that were directly relevant to counsellors and social justice or advocacy (including one each on feminist or multicultural practice). The distribution of literature seems to be reflective of the counselling discipline’s strong interest in, but scarce practice of, social justice advocacy.

This review discusses both theoretical and research literature. The history of counselling with regard to social justice work will be summarized with a focus on the contributions of feminist and multicultural counselling. The research regarding counsellors and social justice work or advocacy is reviewed, and relevance of ethics to social justice work will be elaborated by looking at research into ethical and moral conflicts experienced by counsellors. Finally, I discuss aspects of the ethical codes of the professional counselling organizations in Canada and the USA as they pertain to the expanded role of social justice advocate.

FEMINIST AND MULTICULTURAL COUNSELLING

Theorists from vocational, feminist, multicultural, liberation, community, and social psychology have increased our awareness regarding the limitations of a Western based, individual orientation. This section will review the contributions of two of these theories,
feminist and multicultural counselling, especially with regard to ethics or social justice within these orientations. Since there is no research and little theoretical literature regarding social justice advocacy and ethics, exploring these perspectives will help illuminate some of ethical issues that may arise from adopting, or not adopting, a social justice perspective.

Feminists taught us that “the personal is political” and that counselling relationships do not exist in a political vacuum. Inversely, they told us that the political is also personal, and they assume that most individual problems are a result of oppression (Hill and Ballou, 1998). In the interests of serving justice, the feminist therapy mandate includes social activism as part of practice, as well as actively raising the consciousness of the clients regarding their own oppression. McLellan tells us:

> feminist therapists believe that when the aim of therapy stops short of change—that is when a person is encouraged to simply *adjust* to an oppressive situation by developing more effective coping mechanisms—it could be said that the therapist is actually colluding with the oppressor and giving legitimacy to the oppression. Furthermore, when oppression is legitimated...justice is not served; and when there is no attention to justice or the pursuit of justice, healing cannot take place.” (1999, p. 326).

Feminist therapists differ from traditional therapists in their stance with the client; they tend to work towards equalizing power dynamics, may use more self-disclosure, and take an overt value position. In their study of how feminist therapists “make therapy feminist” in practice, Hill and Ballou (1998) surveyed 35 members of the Feminist Therapy Institute, using open ended questions, regarding actual practices they implemented that were “feminist”. The therapists described working for social change both with individual clients and in society at large. Another theme that arose in the women’s responses was a strong emphasis on ethical practice, especially regarding informed consent about their values, overlapping relationships, and judicious use of self-disclosure. It seems feminist therapists
have recognized the ethical implications of their socio-political stance in practice, and they have also formalized this recognition in their own ethics code.

The Feminist Therapy Institute’s (1999) ethics code was meant to be supplemental to the codes of the organization in which the therapist practices. In this code, therapists are encouraged to seek out a diverse practice, examine the influence of systems of oppression in their own lives and be aware of their own potential to abuse power in therapy relationships. They are expected to “engage in social change activities, broadly defined, outside of and apart from their work in their professions.” (1999, Preamble). There is a recognition that this active involvement in the community may lead to overlapping relationships with clients. Therapists are therefore cautioned to be “aware of the need for confidentiality in all settings.” (Section III, B). Putting the clients’ well being as primary, the feminist therapist “self-monitors both public and private statements and comments. Situations may develop through community involvement where power dynamics shift, including a client having equal or more authority than the therapist. In all such situations a feminist therapist maintains accountability.” (Section III, B). The code also includes a section on social change, emphasizing the therapist’s role in seeking “multiple avenues” to effect change, from impacting legislation to teaching a client to advocate on his or her own behalf.

The code reflects the evolution of the theory in the last decades, where feminists have extended their theories beyond women, and emphasized that race, age, sexual orientation, religion, culture, and socio-economic status all play an integral part in how individuals experience their lives and “in other ways in which culture stratifies human difference, privileging some at the expense of others” (Hill & Ballou, 1998, p. 3). This recognition of diverse forms of oppression is also cornerstone of multicultural counselling theories.
Multicultural counselling has made great progress in making multicultural competence the “fourth force” in the counselling profession. If counselling graduate programs are accredited, a course in multicultural counselling is now usually a requirement. (Sue, Arredondo, Roderick, 1992). Spurred on by a desire to ethically serve our increasingly diverse society, multicultural theorists urged counsellors to move away from their “monocultural” perspective. Competence in multicultural work, which necessitates counsellors’ awareness of their own cultural position, worldview and bias, an understanding of the worldview of diverse clients, and the development of appropriate interventions for these clients, is now considered an essential part of ethical practice (Arredondo & Toporek, 2004; Arredondo 1999; Sue, Burner 1992). The work of multicultural counsellors has resulted in updating of the ethics codes of major North American counselling associations to include recommendations for counsellors working with diverse clients in a multicultural society.

In 2002 the APA released their “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists,” which they introduce as based on the APA’s ethical principles of competence, respect for the rights of others, and the importance of doing no harm, and contributing to social justice (this latter principle was removed from the most recent APA code, see discussion below). They acknowledged the changing socio-political context of counsellors’ work and suggest that counsellors are in a unique position to “promote racial equity and social justice” both because of their “awareness of their impact on others” and the influence of their roles in society (APA, 2000, 17). The guidelines largely reflect the multicultural competencies discussed above, encouraging counsellors to be aware of themselves and clients as cultural beings, and of the impact that
culture has on clients’ lives, and work to employ culturally appropriate methods at all levels of practice.

The sixth guideline is particularly relevant to social justice work on the meta level, in that it encourages counsellors in administrative positions to use “use organizational change processes to support culturally informed organizational (policy) development and practices.” (APA, 2002, p. 50). The discussion highlights the changing socio-political context of psychologists’ work and the transition in psychologist’s roles into administration, education, policy formation and politics. Psychologists are encouraged to “scan the environment” to anticipate changes and develop a “proactive rather than reactive response” (APA, 2002, p. 53), taking an active leadership role in organizational and policy change, and by extension, societal change.

Sadeghi, Fischer and House (2003) studied ethical dilemmas encountered by counsellors working with diverse populations using a modified Delphi technique. They used a qualitative interview process with 24 multicultural counsellors, as well as a literature review, to come up with 19 multicultural ethical dilemmas that were encountered in practice. They used these 19 dilemmas to create a Multicultural Counseling Ethical Dilemma Survey (MCEDS) based on the 8 most significant dilemmas, which they then pilot tested on 25 multicultural counsellors. Finally, they sent the MCEDS survey to 813 members of the Association of American Multicultural Counselling and Development, and received 256 usable responses. The research design appears to be rigorous and the response rate was large enough to provide generalizable results. The ethical dilemmas seemed to be explained clearly and impartially so as not to influence the responses of counsellors.
Most of the dilemmas had to do with cultural differences as they applied to client autonomy, safety, health, and well-being or counsellor competence, but one dilemma was of particular interest to this study:

The counsellor and client are faced with the client needing to choose between working on the symptoms of his or her emotional problems arising from a discrimination situation that has negative consequences, which conflicts with empowering the client to assert his or her civil rights although it would result in negative consequences for the individual. (p. 184).

Counsellors relatively frequently encountered this dilemma—65% had encountered it at least once a year, with 20% saying they encountered it once every 6 months and 15% saying it happened once per month or week. This, along with all 7 others, was identified by the vast majority of those surveyed counsellors as being very significant to the training of counsellors in multicultural ethics. This same dilemma could certainly come up in many types of social justice work. A counsellor who engages in social justice advocacy work may be more inclined to help the client assert his or her civil rights, perhaps while also helping with the emotional issues. However, client autonomy would also be an important consideration.

Goodman et al. (2004) discussed six recurring themes in feminist and multicultural theories as they applied to social justice work: 1) ongoing self-examination; 2) sharing power; 3) giving voice; 4) facilitating consciousness raising; 5) building on strengths; 6) leaving clients with the tools for social change. The authors were from Boston College, whose graduate program emphasizes social justice and trains students in social justice roles, partly through the “First Year Experience” (FYE), a 6-hour per week practicum “designed to expose students to work at the macro and meso levels” of society (p. 808). The FYE programs have not yet been formally evaluated, and this article did not present research but
anecdotal evidence. Nonetheless, examples of the types of practica students participated in can further demonstrate what social justice advocacy can look like;

Students have worked as domestic-violence advocates in a court-system, helped to develop a program for children of new immigrants, collaborated with lawyers to develop the asylum cases of political refugees, helped to develop comprehensive social and health services in local school system, worked in a grassroots political-action organization for the rights and empowerment of the Chinese community, conducted educational advocacy in a school system, developed a set of policy recommendations regarding domestic-violence services for a city’s department of public health, designed and implemented a psychoeducational program on school-to-work issues for high school students, consulted with lawyers who work with girls in the juvenile justice system, and worked on a community organizing project for low-income women with depression. (p. 809).

The students participated in ongoing supervision, a bi-monthly seminar, as well as an ethics class, all of which give them an opportunity to reflect on how their own culture, race, gender and social position have influenced their work with clients. These reflections are presented in end of the year projects which also serve as an informal evaluation for the FYE program. Using the experiences presented by students over the years, the authors elaborated on the ethical questions that have arisen in the FYE projects under the six themes mentioned above. Students faced ethical questions regarding how to deal with their strongly held political values when they conflicted with those of the community members with whom they worked. They wondered how to appropriately share power with clients in these settings, how to choose which community should be “given voice,” how they could ethically speak for these communities that they were not part of, and how to handle situations where community members “voices” seemed self-destructive. They were humbled in their realization that they must strike a balance between consciousness raising and having their own consciousness raised by their clients. They wondered about the utility of “empowering” people, only to put them at odds with the flawed systems they relied on for survival, or to leave them, when
funding ran out in their programs, with only half the tools they need to fight the systems.
Complex moral and ethical questions such as these are difficult to resolve, and no doubt could deter counsellors from pursuing a social justice role.

Summary

Feminist and multicultural counsellors have made important contributions to social justice in counselling, helping counsellors move away from their "monocultural" viewpoint into a recognition of diverse experiences and socio-cultural realities. Multicultural guidelines encourage all counsellors to use their influence to create organizational and social change, and feminist counsellors are expected to take part in social change work as part of their ethical practice. Both orientations have specific ethical considerations and dilemmas that are relevant to a social justice role in counselling.

COUNSELLORS AND SOCIAL JUSTICE

This section will review the relevant research on counsellors and social justice. The majority of the research in this areas looks at characteristics of counsellors and whether these characteristics are suited to social justice work.

Delk’s (2002) dissertation explored attitudes and beliefs regarding the role and function of advocacy work in clinical and academic settings. She used the Delphi technique to survey 148 faculty and practitioners in clinical social work, marriage and family therapy (MFT), and mental health counselling from across the USA. Delk notes that the Delphi technique has limitations, and that diversity is often minimized in these studies to achieve consensus; however this large number of participants indicates that there is likely some diversity. She also cautions that experts in the field may be rushed in answering
questionnaires, and may also have narrow views that have evolved over their many years in the field.

The participants identified three types of advocacy: professional advocacy (advocating for their profession); case advocacy, (advocating for a client or group of clients); and class advocacy, (advocating on behalf of a group of clients who share a problem). Delk asked them to define these terms for the study, and definitions reflect an ecological perspective of client care. Practitioners defined case advocacy as “facilitation of access for a client within a system,” “advocating on behalf of clients in systems or helping clients know their rights and responsibilities” (p. 61). Class advocacy was seen as more political, “support or opposition to policy of governments or other large institutions.” (p.62). Class advocacy, according to practitioners, could include support of candidates or even becoming a candidate in political elections. The vast majority of practitioners reported that they had not learned about advocacy in their training, but rather on the job, and only half of faculty surveyed saw advocacy training as an integral part of their departments.

100% of clinical social workers, 85% of mental health therapists, and 45% of MFT's answered yes that class advocacy was part of professional practice. Those who viewed advocacy as a high priority were more likely to view advocacy as an essential part of ethical practice. However, 78% of MFT's and 61% of mental health counsellors devoted less than 5% of their professional time to class advocacy, and these numbers were 81% and 65%, respectively, for case advocacy. All groups also agreed (although faculty less so) that case advocacy without the consent of the client was a violation of confidentiality.

Schmidt (2002) also noted that counsellors were not involving themselves in social reform efforts despite a stated desire to do so. There is no research that helps explain why
counsellors are not more active in social justice work. Using a cross sectional design, Schmidt hoped to help understand counsellors’ lack of involvement by determining whether counsellors have personality profiles similar to persons involved in social justice; specifically, “a view of the world as unjust, a feeling of personal power to effect change, and a non-dogmatic or open belief system” (p. 24). He employed three instruments, the Rokeach Dogmatism Scale, the Personal Power Scale, and the Injustice Scale, to assess 60 Master’s students in counselling, 10 practicing counsellors, and 10 counsellor educators. These instruments seem appropriate for Schmidt’s purpose and have been found to be reliable for assessing university students, the bulk of his participant population. However, the relatively small number of participants, especially practicing counsellors, create limits to the generalizability of these results to all counsellors.

Schmidt found that all groups produced scores that correspond to a profile for social activism. 63% of respondents rated the importance of counsellors being involved in social activism as 7 or higher on a scale of 1-10. Schmidt makes the rather broad claim that his findings indicate that counsellor’s lack of involvement in social activism “can not be attributed to either the structure or content of their beliefs systems (p. 102). He suggested that research investigate whether counselors lack the knowledge or skills necessary for social activism, or whether environmental, societal, or situational factors impact counsellors in engagement in social activism. It is possible that this research may uncover some ethical concerns that dissuade counsellors from participating in social justice advocacy.

Nilsson and Schmidt (2005) wanted to explore the developmental process involved in counsellors becoming advocates for social justice issues. Their study explored personal and academic predictor “variables associated with desired and actual social justice advocacy
among counseling students" (p. 275). The researchers used four scales to assess the values, characteristics, and desired or actual involvement in social justice advocacy in 134 counsellors and counselling psychology graduate students. The researchers judged the Activity Scale (ACT) adequate to assess attitudes towards and engagement in social justice, although this scale is designed to discriminate between political activists (engaged in protest, debate, and social/political activities) and non-activists and thus may not be a reliable measure for this purpose. Because research has shown that people with effective problem solving skills are more motivated to solve problems, the Problem Solving Inventory was used to measure these skills. The Problem Solving Inventory has been shown to be reliable by several studies referenced by the authors. The Social Interest Scale, and Scale to Assess World Views were used to measure student’s empathy and concern for others and beliefs, values, and assumptions. These scales were chosen because the authors predicted that higher levels of empathy and concern for others as well as a collectivist worldview valuing of diversity and benevolence would predict interest in social justice. Although this may be the case, there was little research presented to support the latter two assumptions. One hundred and thirty-four counsellors and counselling psychology graduate students were assessed. The researchers also administered a demographic survey, and asked about participants’ level of interest in politics.

Results of a regression analysis found that the full model of characteristics the researchers investigated predicted a desire to engage in social justice advocacy as well as actual involvement, but political interest was the only single variable that predicted desired or actual engagement. Men and students from oppressed and marginalized groups (LGB students, students of colour) showed a “greater desire to be involved in social justice
advocacy” (277). The researchers were surprised by the lack of relationship between some of the predictor variables and actual involvement. They suggested that counsellors do not have enough awareness or training regarding their potential role as social justice advocates and that “counselors’ concern for others needs to be guided beyond the individual level and extended to societal and political levels” (p. 276). They noted that a desire to engage in social justice activism and an interest in politics might be two important characteristics that educators and supervisors can nurture into actual participation.

Eriksen (1999) conducted an ethnographic study aimed at generating a broad understanding of the process of counsellor advocacy. Although Eriksen’s focus was on how counsellors advocate for their own profession, some of her observations are relevant to this discussion. Eriksen used three sources of information in her study to increase the internal validity of her results: she conducted interviews with 28 leaders in counselling professions who had been active in advocacy; she acted as a participant observer by working as an advocacy intern at ACA, and she conducted an analysis of advocacy documents. Also for purposes of validity, she entered the research without first reviewing the literature in order to keep an open mind, journalled about her biases, compared her results to public policy and public relations research, and interviewed a diverse group of advocates. These safeguards strengthen the comparability of her results to other like groups (the aim of ethnography).

She notes that in general, counsellors seemed reluctant to get involved in advocacy, and that this reluctance seems to stem from a belief that the skills, values and personalities they had were dramatically different from those of professional advocates. However, counsellors in her study identified using the “skills, values and personalities that make them effective counsellors” as one of the essential components of successful advocacy, and mentioned
inclusiveness, good communication, relationship building, and educational approaches as necessary for successful advocacy.

She also observed that counsellors’ motivation for action was more likely to generate from defining a stressful or threatening situation that is a problem. Examples of such situations were “those which aroused a sense of anger or injustice,” such as losing clients who cannot afford to pay because their insurance will not cover counselling, or being concerned for clients who cannot receive adequate services. Thus, one motivation for advocacy among counsellors was “the pain of those unable to fight for themselves.” Although counsellors easily identified problems, they “neglected the politicking needed to motivate decision makers and the wider public to define their problems as worthy of action.”

Kelly (1995) conducted a national survey of ACA counsellors (n=479) regarding their value orientations using the Schwartz universal values questionnaire, Mental Health Value Survey, an individualism-collectivism measure, and two measures for religiosity. The measures seemed appropriate for the purpose of the study, their reliability had been assessed empirically, and the authors made adaptations to ensure their relevance to multi-cultural populations. This, as well as the large number of participants, lends validity to their results. Results regarding the individualistic vs. collectivistic values were of particular interest to this study. Collectivism was conceptualized as “characterized by a primary emphasis on interdependence, mutual concern, and responsibility in relationships and social in groups (sic)” (p. 648). Individualism, in contrast, referred to “an emphasis on personal rather than group goals and attachments and a regulation of relationship responsibilities in terms of contractual reciprocity among self-interested, self-determined individuals” (p. 648). The authors noted that individualism was the dominant value orientation in the USA and also “a
pervasive value set in many counsellors approaches” (p. 648). Counsellors overall tended to be more collectivistic than individualistic in value orientation, emphasizing concern for others and collaboration, although they were more individualistic in terms of dependence on others. This suggests that there may be incongruence between the values of counsellors and the theoretical orientation of their culture and profession. The researchers found a high level of agreement across the sample on all value themes, and felt that the overall pattern could be “globally summarized as a strong core valuing of holistic-humanistic empowerment for personal development and interpersonal concern” (p. 652). They recommended that future research look at specific methods for value-based intervention.

Summary

The research reviewed in this section demonstrates that counsellors seem disposed in personality, skills, interests, and values to becoming social justice activists and advocates, however despite this disposition, the majority of counsellors are not actually practicing this work. This research pointed to a need to study the factors that hinder counsellors from engaging in social action and suggested that a lack of training regarding both the social justice role of counsellors and effective advocacy was one factor. Another possible factor, mentioned in the introduction of this paper, is the fear of the complex ethical dimensions of such work.

COUNSELLORS IN PRACTICE

Although no studies directly assess ethical issues in social justice work, there is evidence that social injustice creates ethical dilemmas for counsellors. This section will review two studies that indicate that the macro and meso worlds of clients and of counsellors themselves present difficulties for counsellors wishing to provide ethical care. A study
conducted in the field of nursing also sheds light on the possible issues regarding a role shift into social justice advocacy.

Pope and Vedder (1992) used a mailed out critical incident survey to investigate the types of ethical dilemmas encountered by randomly selected APA psychologists. This method had been used previously to survey APA members and the researchers had refined their process in order to increase their rate of return, hence all extra information regarding sex, age, and other information was excluded and participants were asked only to describe briefly the ethical dilemmas they had encountered. 679 respondents provided 703 critical incidents, which fell into 23 categories. Although the large number of incidents and the professional experience of these researchers lends strong credibility to their results, I wondered if psychologists might be inhibited in reporting serious ethical issues to their professional organizations.

The category of confidentiality issues was the most frequently cited by members, and payment issues was third. Although there was no category specifically related to social justice issues, the above categories contained incidents where meta or meso levels of society presented barriers. The authors reported that incidents regarding confidentiality found psychologists in dilemmas in which they had to choose between breaking the law or protecting their clients from harm or injustice. Since this study was released, the ethics code has been updated to specify that psychologists “may adhere to the requirements of the law” in such situations, if they have taken responsible steps to resolve the situation, (APA, 2002, 1.02).

Regarding payment issues, counsellors faced “tensions between the interests of the client and the interests of those providing, administering, or investing in the managed health
These tensions between finances and client interests were also evident in hospital settings and with employee assistance plans. Counsellors at times "distorted" a client's condition so that the client could qualify for coverage, a less ideal solution than advocating to change a system that does not provide adequate coverage for those with mental health problems. In the U.S.A, without a socialized health care system, this problem is undoubtedly much more pronounced.

Holmqvist and Andersen (2003) compared the reactions of 6 therapists who worked with refugee survivors of torture with the reactions of 163 staff in psychiatric treatment homes who worked with "severely disturbed clients" (p. 295), and 9 therapists working in psychotherapeutic units with clients who had Axis I or II diagnoses. They wanted to explore whether different emotions were evoked in therapists by clients with extreme traumatization, and how these feelings changed over time. Therapist reactions were assessed using feelings checklists that were completed after each session (or 5x a year for psychiatric staff). ANOVA was used to compare the reactions of the different groups, and linear regressions looked at differences over time. Only the therapists working with refugees were interviewed. This study has a low number of participants working in specific areas so we should be cautious in extending the findings to other groups, however the method of data collection and analysis seems sound.

As the results of this study show, working with such individuals is one of the most difficult acts of witnessing counsellors are involved in. The therapists working with torture survivors felt less objective, motherly, and enthusiastic and more anxious and embarrassed and over time, more detached than the control group therapists. They reported struggling with ethical and existential issues "which included questions about the suffering that human
beings can inflict upon others...and the power of political and religious dogmatism to dehumanize others” (p. 297). Over time, two salient themes arose in the trauma therapists. One theme was that of meaningfulness, guilt, and views on life. The therapists felt their work was important and alleviated some of the guilt others experience in passively watching human suffering, and also contributed to their larger worldview. However, the other theme was that of increasing boredom and indifference, exhaustion, and negative feelings, all symptoms of burnout. The authors suggest that in part his may be due to a “hopelessness about the root causes of human evil” (297).

It seems, too, that these themes indicate that while the therapists felt passionate about supporting those who had been victims of injustice, they also felt overwhelmed by the stories and at times unequal to the task of helping clients in the therapeutic setting. Kenneth Pope cautioned therapists regarding the potential of “almost phobic” reactions to hearing the details of torture: “therapists may influence the patient to collude in an implicit treatment plan whose central objective is to protect the therapist from discomfort or distress.” (1991, p. 270). Participating in social justice work may be one way for therapists to increase their feelings of empowerment and hopefulness with regards to these clients. However, Pope also warns that therapists can do harm by “attending only to a political agenda at the expense of the client’s individual wants and needs” (1991, p. 270). This study demonstrates the complex personal and ethical dilemmas that social injustice creates for counsellors, and of course for their clients.

There seems to be equal complexity when practitioners attempt to empower their clients so that they may better advocate for themselves. Carolyn Byrne (1999) gained insight into how nurses move into an empowering role by examining their experience facilitating an
empowerment group for persons with chronic and persistent mental illness. Although nurses and counsellors have different roles in health care, in this study they took on a role very similar to that of a counsellor, with a client group which counsellors frequently work with, so this study may provide insight for our profession as well. Five nurses participated, running 7 weekly empowerment groups over a period of 1 year in the supported independent living homes (which were operated for profit) where the clients lived. The goal of the groups was to help members identify their problems and the roots of their problems and take ownership in creating solutions. For example, one group learned to unite in order to successfully negotiate with the owner of their house to allow them access to the kitchen to make meals and snacks. Some members also worked at gaining more control of their medication, which they complained was controlling them and interfering with their lives. The nurses wrote field notes of their feelings, reactions, and reflections at the end of every group, and the resulting 364 field notes were analyzed using methods of grounded theory. Although the results of this qualitative study may be specific to this context, and the sample of 5 is rather small to develop a grounded theory, it nonetheless offers some valuable insights into the process of moving into an empowerment role.

Byrne describes the process the nurses went through “from experiencing a lack of professional control to the dismantling of professional boundaries, to eventually facilitating empowerment groups” (1999, p. 62). The dismantling of boundaries began with the feeling of a lack of professional control. They felt an oppressive force from the home owners, who constantly interrupted the groups and who they feared may react to the empowerment of their tenants by refusing to let the nurses come to the homes. “I notice I feel angry—almost a feeling of fear as well,” wrote one nurse. “If I feel like that, I wonder how the residents
The nurses felt unsettled by the clash of worlds between their usual professional work world and the world of the homes where the groups were held. As they came to know the residents, the nurses experienced a joining in the lives of people with mental illness, understanding "through the eyes of the residents and not the health professional" (p. 65). As the sessions progressed, the nurses began to meet with residents outside their lodging homes, where they further experienced the stigma of mental illness their clients lived with. These experiences forced them to explore their professional selves including confronting the "traditional boundaries they had in place between themselves and these people" (p.67) and the "traditional power imbalances between themselves and the individuals in the groups" (p. 67). They found that they needed to be conscious of the "symbols of power and exclusion" (p. 69) that they embodied in dress and manner and how these could affect their ability to create empowerment. The nurses described feeling "very responsible for making something happen" (p. 68) but this pressure diminished, and the process of empowerment began, when they shared the responsibility with the group. The process that the nurses went through was summarized a shift from "doing for" to "working with" (p. 69).

Nurses, like counsellors, typically have professional roles with their clients defined by strict boundaries. They rarely enter their clients’ lives and join with them to effect change to the extent described in this study, nor do counsellors. This examination indicates that such activity confronts practitioners with a need to examine traditional professional roles and boundaries. Counsellors taking on a social justice advocacy role may find themselves having to adjust their relationships with clients, joining their lives and worlds rather than remaining outside as a professional removed from the clients’ context. Counsellors may have to
experience directly the effects of oppression in their clients' lives. This change of role would need to come with a corresponding change in understanding of ethical practice, especially with regards to professional boundaries and counsellor self-care.

Summary

The above studies provide an initial glimpse into the complex ethical and personal challenges faced by counsellors who encounter social injustice in the lives of their clients. Counsellors may struggle between breaking the law or lying versus providing ethical care for their clients. They face painful ethical and existential issues when they treat survivors of torture. Empowering clients may involve the disorienting deconstruction of traditional boundaries, and a “working with” client that causes counsellors to enter client’s lives. Perhaps advocating for social change is one way that therapists might work to change the situations of their clients and improve their own feelings of empowerment and hopefulness.

ETHICS CODES

This section will discuss the ethics codes of four major North American mental health associations and the BC Association of Clinical Counsellors (BCACC) as they apply to the social justice role of counsellors. I will highlight what the codes offer as guidance in areas that pertain to social justice, as well as some of the principles that may create conflict in an expanded role that includes “entering the client’s environment.”

The ethics codes of the BCACC (2006), CPA (2000), APA (2002), CCA (1999), and ACA (2005) all have incorporated the ethical principles of respecting diversity and ongoing self-examination that were identified by feminist and multicultural counsellors, as well as the principle of justice, which directs them not to discriminate against anyone in provision of services. With the exception of the CPA code, however, these codes offer little specific
guidance with regard to counsellor's ethical practice of an expanded social justice role, although they do mention this role as part of ethical practice.

The BCACC code makes almost no mention of advocacy, except to state that counsellors should "consider the rights and safety" of members of their community and "act so as to support these considerations" (2006, p. 4). The CCA code mentions a counsellor's responsibility to "participate only in those practices which are respectful of the legal, civic, and moral rights of others, and act to safeguard the dignity and rights of their clients" (p.3). They do note that the ethical responsibilities in the code extend to any services and products counsellors provide through instruction, public lectures, demonstrations, and any media (p.4) which are all ways counsellors may work on a meta or meso level.

The ACA code also extends counsellors' ethical responsibility to any public presentation. It provides some guidance to counsellors in "potentially beneficial," consensual, non-professional interaction with clients, such as through mutual membership in an organization or community, which could happen in social justice work. Counsellors are expected, with client consent, to promote change through advocacy "at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or growth and development of clients (A.5.a, A.6.b).

The APA has recently updated their ethics code (2002), removing a general ethical principle that emphasized the importance of social responsibility. The previous code (1992) included "Social Responsibility" as Principle F, stating:

Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering. When undertaking research, they strive to advance human welfare and the science of psychology. Psychologists try to avoid misuse of their work. Psychologists comply
with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public. They are encouraged to contribute a portion of their professional time for little or no personal advantage. (APA, 1992, Principle F)

In fact, the APA updated all their principles in the 2002 version, but in a document that compares the 1992 and 2002 codes section by section, it becomes apparent that most of the old principles are covered under the new principles. However, under Principle F, the document states that there is "no corresponding principle."

Deborah Smith, the chair of the ethics code task force, said of the code "we want to be sure it reflects the values of the profession" (2003). At a time when counselling psychology as a profession is actively considering moving into a social justice role, it is difficult to understand why this principle was removed in this revision. The new code makes little specific reference to psychologists’ meta or meso roles as advocates, except that in the Introduction, where it mentions that the code extends to “public service, policy development, social intervention” (p.2). Also, under the principle of Beneficence and Non-maleficence, psychologists are instructed to aspire to “seek to safeguard the welfare and rights of those with whom they interact professionally” (p.3).

Only the CPA code clearly emphasizes the psychologist’s responsibility to society. Responsibility to society is one of the four major ethical principles, and the code emphasizes the “social contract” that psychology has with society, and the need to “engage in even-tempered observation and interpretation of the effects of societal structures and policies” (p. 28). Specifically referring to work on the macro and meso level, the codes states that “if structures or policies seriously ignore or oppose the principles of respect for the dignity of persons, responsible caring, integrity in relationships, or responsibility to society, psychologists involved have a responsibility to speak out in a manner consistent with the
principles of this code and advocate for appropriate change to occur as quickly as possible (28). Canadian psychologists must also engage in “critical self-evaluation of the discipline’s place in society” and change those aspects that “detract from beneficial societal changes” and must keep well informed on social issues and the political climate, especially with regard to possible misuses of psychological knowledge.

The Canadian Code states that “When a person’s welfare appears to conflict with benefits to society, it is often possible to find ways of working for the benefit of society that do not violate respect and responsible caring for the person.” (CPA, 2000, p. 2). Thus when ethical principles conflict our Responsibility to Society is given the least weight. The code stresses that “the dignity and well being of the person should not be sacrificed to a vision of the greater good of society, and greater weight must be given to respect and responsible caring for the person.” (2000, p. 2).

Seitz and O’Neill (1996) conducted a study to determine whether pre-professional Canadian psychologists handled dilemmas in a way that was consistent with the CPA’s ordering of ethical principles. The researchers designed vignettes that presented psychologists resolving ethical conflicts between two of the four principles, and asked students if they thought the choice was ethical. Thirty students in an undergraduate honours psychology program looked at 4 different vignettes per conflict, with a total of 24 vignettes. They found that the students endorsed solutions to the conflicts that were in agreement with the CPA’s ordering of principles, although results were inconsistent. I also question whether presenting students with already resolved vignettes would introduce bias in the way that they answered, either to oppose the solution, or to support it.
These codes are consistent in their primary emphasis on the responsible caring for the individual client and the importance of the confidential and exclusive relationship between client and counsellor, which operates under informed consent. All of these ethical guidelines are helpful and certainly necessary to protect clients from harm and exploitation, and they provide substantial specific guidance for counsellors in their current role. However, the codes were written with the traditional counsellor role in mind; if counsellors take on an active role in social justice advocacy, there are guidelines that may present complications. Although I may not quote each code as I discuss each guideline, the spirit of all the codes is consistent in the guidelines presented.

The most obvious area of concern is the obligation of counsellors to "provide services, teach, and conduct research with populations only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA, 2002, p. 4). Counsellors currently are not trained in advocacy, and may not have ready access to supervision or experience in advocacy roles. The CPA code emphasises that competence includes self-care "to avoid conditions (e.g. burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others" (CPA, 2000, p. 17). Some of the research reviewed indicates that work with oppressed populations can be emotionally draining for counsellors. Increased access to education and supervision in social justice advocacy seems necessary in order to ensure competence in an advocacy role.

Confidentiality also takes on new dimensions when we enter our clients' environments. The CPA code (2000) offers a good guideline in suggesting that we clarify how we will protect confidentiality, and the responsibilities of all involved family, group or
community members in protecting confidentiality when we are providing services. Confidentiality is crucial to protect the safety of clients’ who are revealing personal information that can be painful or shameful, or put them at risk in various ways if exposed.

On the other hand, often there is a silence imposed around issues such as poverty, sexual abuse, suicide, mental illness, sexual orientation, and cultural difference, and this silence can increase marginalization and inhibit both client and social progress on these issues. Movements such as the civil rights movement, the gay pride movement, and the feminist movement have succeeded because the oppressed broke their silence and courageously “came out” to tell their stories. Telling their stories may empower clients and promote their healing. Counsellors advocating for and with clients may also find that telling clients’ stories helps increase social compassion and understanding and create change. But clients need to be protected from the possible harm that could come with exposing their personal struggles. Free and informed consent would have to be obtained, and this process would require that the counsellors be aware when clients may be participating in activism to “please” the counsellor rather than because of their own desire. To inform clients, counsellors would also have to try to foresee the possible harm that may come to clients if they speak out, and assess whether clients are robust enough to cope with any backlash they may encounter. This is a difficult judgement call for counsellors to make.

This brings up the issue of conflict of interest or objectivity and lack of bias. Counsellors may be justly passionate about promoting social justice in certain areas. This passion, however, cannot impair their objectivity with clients. APA counsellors are instructed to “refrain from taking on a professional role when...other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or
effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.” (2002, p. 6). Counsellors must take care to balance their strong beliefs in what is right and wrong with what may be right or wrong for their clients and the agencies they work within. They must communicate with their clients “to clearly differentiate facts, opinions, theories, hypothesis, and ideas” (CPA, 2000, p. 24) so that clients will be aware of any bias or strongly held values in their counsellors.

If counsellors begin to work alongside their clients, in the client’s environment, dual relationships may occur and professional boundaries will need close attention. Counsellors are generally instructed in all the ethics codes discussed here to avoid dual relationships with their clients; however taking on a social justice advocacy role may mean entering into different types of relationships where counsellors and clients work together as equals, or even with the client as “expert.” In such cases, counsellors must find a way to maintain appropriate boundaries and communicate clearly about the purpose of their relationship with the client. The familiar power dynamic where the counsellor holds the power may shift. Counsellors themselves may feel vulnerable and out of place in the client’s worlds, just as the nurses described in Byrne’s (1999) study.

This discussion only begins to illuminate some of the ethical implications of expanding our roles to become social justice advocates. My hope is that this research will provide insight into the real day-to-day ethical challenges that counsellors face, so that we may begin to prepare as a profession to engage in ethical advocacy.
Summary

While the 4 North American ethics codes discussed here support and recommend counsellors involvement in social change that benefits their clients, their guidelines remain primarily oriented to counsellors engaged in confidential, singular relationships with clients, removed from the client’s external environment. Taking on the role of social justice advocate may open up new ethical dilemmas for counsellors around competence, confidentiality, conflict of interest, and dual relationships.

SUMMARY: LITERATURE REVIEW

In this section I have reviewed the contributions to a social justice perspective of feminist and multicultural counselling, as well as some of the ethical issues identified by these theorists. Research regarding counsellor’s values, personalities, attitudes, and skills and interests indicates that they are well suited to engage in social justice advocacy. However, with the exception of the CPA code, the major North American ethics codes do not provide substantial guidance regarding the specifics of the role of counsellors advocating for social justice on a micro, meta and meso levels. Ethical concerns may arise regarding competence, conflict of interest, client autonomy, and confidentiality.
CHAPTER 3: METHOD

This goal of this study was to understand, from the point of view of community counsellors engaged in social justice advocacy, the experience of ethical issues involved in their social justice work. The main research question is: *How do counsellors who participate in social justice advocacy experience the ethical dimensions of their practice as social justice advocates?* The nature of this research question has informed the theoretical orientation and the choice of a qualitative research method, interpretive description, employing counsellor interviews as the primary source of data. This section will discuss this orientation, research design, and the details of the research plan.

**Qualitative Paradigm**

This study was an exploration of the ethical dimensions experienced by counsellors in their practice of social justice advocacy at the meso level (communities and organizations) in community based social service settings. The concepts of social justice and of ethics can be very subjective and will likely involve the morals, values, and beliefs of both the researcher and the participants. A qualitative research design therefore suits this inquiry because it acknowledges the complex and subjective nature of knowledge (Sandelowski, Holditch Davis & Glenn Harris 1989; Thorne, Reimer-Kirkham, MacDonald-Emes 1997). Qualitative research enables the researcher to begin from a “naïve” position, without any *a priori* theory that directs the findings, taking a collaborative position with research participants (Sandelowski et al, 1997; Lincoln & Guba, 1985). As a result, designs are necessarily emergent, and meanings and interpretations will be constructed with participants during data collection (Creswell, 2002).
Coming from an emic perspective, this research seeks to understand the ethical issues involved in social justice advocacy from the point of view of counsellors who are familiar with the systems involved in this work and how to function within them (Berry, 1989). The objective is to understand and represent both the unique, diverse voices of participants, as well as the commonalities among them. Qualitative design allows the researcher to meet participants in their “natural” settings (Sandelowski et al. 1989), and, often using the participants own words, (Heath, 1997) to describe, explain, and interpret the phenomenon under investigation, searching for common meaning and experience that can serve as a foundation for practice and further inquiry (Creswell, 2002, Sandelowski et al, 1989).

This foundation is the central goal of this investigation, which is pragmatic in nature. Cherryholmes asserts that “pragmatic choices about what to research and how to go about it are conditioned by where we want to go” (1992, p. 13). The choice of inquiry in this case was driven by the desire to move counselling psychologists towards an ethical practice of social justice advocacy. Pragmatism is in accord with social constructionism in acknowledging that knowledge is limited by the historical, social, and cultural context of the knower (Fishman, 2000). However, it is this very knowledge produced in a specific context, which is valuable to this inquiry (Fishman, 2000). Thus the interpretation of this research will center around discovering “what works” (Hanson et al, 2005) for counsellors in a social justice advocacy role, with the intention that the findings of the research will have pragmatic application to counselling practice.

A qualitative approach was used in the studies related to practitioner advocacy described above; Byrne (1999) developed a grounded theory of how nurses move into an empowerment role, and Eriksen (1999) used ethnography to understand the process of
counsellor advocacy. The ethics of psychologists and nurses have also been investigated using qualitative approaches. MacKay and O’Neill (1992) used grounded theory to understand what creates the “dilemma” in the ethical dilemmas experienced by psychologists, and Austin et al (2005) conducted a hermeneutic phenomenological study of moral distress as experienced by psychologists. Varcoe (2004) and colleagues used an interpretive/constructivist emergent design to explore the meaning of ethics and the enactment of ethical practice from the perspective of practicing nurses. This study will employ much the same type of design, interpretive description, to study the experience of ethics and ethical dilemmas in social justice advocacy.

**INTERPRETIVE DESCRIPTION**

Interpretive description developed out of the field of nursing, where researchers sought a method of inquiry that could advance both nursing theory and practice, producing knowledge that contributed directly to understanding “what nurses can do to make a difference” (Thorne et al, 1997, p. 173). A solution to nurses’ use of mixed qualitative approaches that “slurred” methods and did not quite fit their needs, interpretive description is grounded in a consistent epistemology and methodological structure that allows for the development of clinical knowledge. Counsellors, like nurses, have a need for theory that can directly and practically inform practice, acknowledging the “constructed and contextual nature of much of …experience, yet also allow[ing] for shared realities” (Thorne et al, 1997, p. 172). These features of interpretive description make it an ideal method for this study.

Interpretive description has been used to study such diverse topics as the experiences and educational needs of patients receiving cancer treatment (Stajduhar et al, 2000); how men with children living at home experience the effect of cancer diagnosis in their family
lives (Elmberger, Bolund, & Lutzen, 2002); and how nursing undergraduates experience, and the effects on their learning experience of, connection within student teacher relationships (Gillespie, 2001). It was also used to conduct a secondary analysis of interview and focus group data in order to understand how to effectively communicate with patients suffering from multiple sclerosis (Thorne et al, 2004).

Interpretive description is allied with interpretive naturalistic orientations, which provide the philosophical basis for its research design. Thorne, Reimer-Kirkham, and O’Flynn-Magee (2004) describe these philosophical tenets as identified by Lincoln and Guba (1985).

1. There are multiple constructed realities that can be studied only holistically. Thus, reality is complex, contextual, constructed, and ultimately subjective.
2. The inquirer and the “object” of inquiry interact to influence one another, indeed, the knower and known are inseparable.
3. No a priori theory could possibly encompass the multiple realities that are likely to be encountered; rather, theory must emerge or be grounded in the data. (p. 5)

These principles are evident in other qualitative methods with which interpretive description shares features such as grounded theory, ethnography, and phenomenology (Thorne et al, 2004). However, the goals of interpretive description are somewhat different, and aligned more closely with the goals of this inquiry.

Grounded theory and interpretive description have in common a pragmatic approach, emergent design, multiple data sources, and constructivist paradigm. (Corbin & Strauss, 1990; Ponterotto, 2005). But since this research will be looking at a relatively new area, a method that looks for theoretical explanations for basic social processes, like grounded theory, was inappropriate. Phenomenology shares with interpretive description the desire to generate a description of lived experience by inviting co-researchers to share their own
insights and interpretations and honoring the meanings created in the interaction between researcher and co-researchers. However phenomenology seeks clear, systematic, and precise, descriptions of the meaning, emphasizing the subjective nature of experience (Morrisette, 1999). This approach, which does not involve explanatory theorizing and interpretation, is inadequate to generate knowledge about commonalities that could meaningfully inform practice. Ethnography does seek knowledge about both individual and shared views, but the knowledge it seeks is cultural (Maggs-Rapport, 2000). The phenomenon of social justice advocacy under investigation in this study is too diverse and indistinct to be considered a culture.

This inquiry required an approach that enabled purposeful sampling that could ensure an adequate number of participants. Because this is a preliminary exploration, it would be pre-emptive to attempt to generate coherent theories or new truths. However, as one of the primary goals of this research is to inform practice, the methodology needs to allow for thick description, insight, theorizing and interpretation. The data collection could not be dependant on observations, but needed to be able to capture the experience of individuals through interviews or other relevant sources that could enhance understanding. Also, because counsellors will be working in a variety of settings with diverse populations, the inquiry must be able to capture individual experience as well as illuminate similarities that can enhance our understanding of ethics in social justice advocacy.

The “interpretive” dimension in interpretive description is a “critical examination within methodological guidelines that are consistent with…understandings of intended applications” (Thorne et al, 2004, p. 7). The product of the research is a “coherent conceptual description that taps thematic patterns and commonalities believed to characterize
the phenomenon that is being studied and also accounts for the inevitable individual variations within them" (Thorne et al, 2004, p. 7). Thorne and colleagues describe the product as a "tentative truth claim" which can "inform clinical reasoning" and offer insight for practice decisions. Informing clinical reasoning, and making tentative truth claims, is entirely consistent with the goals of this research project.

SITUATING THE RESEARCHER

It is possible that my interest in social justice began in my childhood, which was spent in the remote northern Inuit village called Iqaluit. My mother, who began a career in municipal politics while in Iqaluit, and who taught me compassion, has also influenced my desire to work for social justice. As a child I witnessed first hand the devastation that had come to the Canada’s First Nations as a result of colonization. As I grew up and learned more about the Canada’s history with regards to First Nations, I was deeply saddened by damage done to a beautiful culture, and ashamed of my British/Belgian ancestors and their long history of colonization.

In adolescence I became aware of more ways in which dominant socio-cultural norms and attitudes can devastate individual lives. During that period, I became politically aware and active, and developed the belief that relationships could create insights that effected lasting change not only in the individual, but in the “ripple effect” that individual brought to society. This belief, in part, led me to counselling as a profession.

However, as I began to work in community social service agencies I recognized that the barriers for oppressed groups were such that one-on-one or group conversation could not remove them. Change needed to happen on the meso and meta levels as well. My clients may have the insights to change, and had developed coping skills, but the intergenerational
legacies of poverty, discrimination, and abuse were difficult to overcome. As I tried to create change I frequently encountered ethical issues that gave me pause. For example, as a youth centre supervisor, I advocated for hiring a First Nations youth worker to connect with the many youth we served from a local band. My supervisor expressed concern that First Nations people may have different boundaries and may interact with the youth outside the centre, in their community. I wondered if this should be considered a problem, or culturally appropriate service delivery, and whether we should be the ones to decide how best to support First Nations youth. Trying to create a drop-in program for lesbian, gay, bisexual and transgendered youth, I was cautioned that collaborating with other agencies that served youth in the area may jeopardize our future funding. Funding has been an issue in every program I have worked in, necessitating difficult decisions about who to provide services to and creating competition amongst agencies who could often benefit from their collaboration. It is my belief that the way funds are allocated is an indication of governmental and societal values, and it seems at times that greed and wealth are valued over justice and compassion.

My experiences have convinced me that working on the individual level is not enough to create societal change. When I became aware of the debate around incorporating social justice advocacy into our roles as counsellors I was excited by the possibility of carrying out meta and meso work in my professional role. I was also excited to think that the profession may move in that direction, however I recognized the ethical implications of this type of work. I wondered how we could realize this expanded role without having dual relationships, without violating confidentiality, without pushing our values onto our clients, without harming our clients by our lack of competence? I wondered if we needed to consider new ways of relating to our clients and to society, outside of confidential office settings. Do
our ethics codes support this type of activity, or might they dissuade us from it? The topic of this research arose from these questions. Through this exploration I have become better prepared to ethically create social change through my work, and help to prepare my counsellor colleagues to do the same.

PARTICIPANTS

Sampling in Interpretive Description is purposeful, with the goal of including a relatively small sample of participants who are apt to have experience with and insight into the topic of inquiry such that they can provide rich information that may be common to others and inform practice (Polkinghorne, 2005; Thorne et al, 1997). Specific inclusion and exclusion criteria were applied in selecting participants for this study with a goal of obtaining a sample of individuals who are already attuned to ethical conflicts involved in social justice advocacy, who have had personal experiences of ethical conflict, and who have an interest in the aims of this study. My sample consisted of 10 participants. The criteria for inclusion of participants was as follows:

1. Participants must be Master's level counsellors belonging to the BC Association of Clinical Counsellors, or the Canadian Counselling Association.
2. Participants must have familiarity with the code of ethics of the organization to which they are members.
3. They will be counsellors whose work directly involves and is openly accessible to the community or public, such as counsellors employed in community social service settings, non-profit organizations, or private practice serving EAP and pro-bono clients.
4. They will self-identify as including social justice advocacy in their work for a period of 2 or more years, doing this work at the meso level of society, and experiencing ethical issues surrounding this work. The meso level refers to the level of community or organizations.

5. They will be able to communicate in the English language. This limitation must be set because English is the language of the researcher and confidentiality and interpretability of the data depends on common language.

Exclusion criteria will apply as follows:

1. Counsellors at the PhD level or lay counsellors with only certificate or undergraduate degrees.

2. Counsellors whose work does not directly involve the public or community.

3. Counsellors who have no familiarity with the professional ethics codes of their organizations.

4. Counsellors whose social justice work takes place only at the micro level of individual clients in private, one-on-one relationships, or the macro level of affecting policy and social systems.

A pilot interview was conducted with a colleague who had been involved in social justice advocacy and was known to the researcher and therefore could not act as a participant. The pilot interview occurred in addition to the main sample of 10 participants, and helped to refine the interview process and create awareness other issues that may be important to the study.

I attempted to sample participants who represented and worked with a variety of ethnocultural groups. Thorne et al emphasize the importance of obtaining “maximal variation on
any theme” (1997, p. 174) if one wants to “do justice to a description that has explanatory power for understanding what might be shared or common within a phenomenon” (1997, p. 174). They point out that people’s experiences are woven into the “preexisting tapestry that is their life narrative” (p. 174). As this research explored issues related to abstract concepts such as social justice and ethics, obtaining participants from a diverse population helped insure that I included a variety of perspectives.

Social justice advocacy is an emerging role for counsellors, and ethics can be a sensitive issue, which may explain why it was challenging to obtain a large enough sample of counsellors in the Lower Mainland. In order to increase the probability of obtaining a large and diverse sample, I employed snowball sampling with participants who responded to the recruitment letter. Faugier and Sargeant (1997) discuss the utility of snowball sampling when researching a sensitive topic and reaching populations who may otherwise be difficult to locate. However, to my knowledge, all of my participants responded directly to my recruitment efforts rather than being “snowballed” in by another participant. After extensive recruitment efforts within the Lower Mainland and consultation with my thesis advisor, I decided to extend my recruitment to areas outside the Lower Mainland of BC. Five of my participants came from smaller communities in other areas of the province. This change to my original recruitment plan proved to enhance my data, as participants in small, sometimes isolated communities had a unique perspective to contribute.

Recruitment of Participants

Recruitment began with delivering my letter of invitation (Appendix B) to local (within the Lower Mainland area of Vancouver) community social service agencies that employed professional, Master’s level counsellors who worked with marginalized
populations, and whose work could be expected to include advocacy at the meso level such as cooperation with legal, medical, social housing, or other organizations. Approximately 40 letters were sent by e-mail and post to such agencies. Letters of recruitment were also distributed to local activist and advocacy organizations that may work with social service agencies. When e-mail and post letters yielded only a few replies, I began to visit agencies in person and making connections with staff members who agreed to distribute my letter within their organization. I visited approximately 25 agencies in person.

My efforts to recruit within agencies, though met with strong interest, did not yield more than a few participants who met all the recruitment criteria. Although many employees in these agencies expressed interest, they were not members of their professional association and therefore could not participate. I struggled with the decision to exclude these counsellors, as I feel that their work is equally valid and there may have been unique issues that arose from not being a member of a professional organization. However, after consultation with my advisor I decided to maintain my original criteria and expand my recruitment efforts outside the Lower Mainland. I also e-mailed my letter of invitation to listserves and private practice registries within the BCACC and the CCA, as well as to the CCA’s newly formed Social Justice Chapter.

In addition, this proposed research was presented at the APA’s January 2006 National Multicultural Conference and Summit in Seattle, where it was accepted for a poster presentation. I hoped that this conference, with the theme of “The Psychology of Multiple Identities: Finding Empowerment in the Face of Oppression” would attract a diverse population of counsellors and graduate students who had an interest in social justice advocacy. However, no participants were recruited at this conference.
All participants were asked to contact the researcher on their own in order to avoid any sense of coercion. The recruitment letter included a confidential phone number that was only answered by the researcher. A brief screening interview was conducted with participants who called in order to ensure that they meet the inclusion criteria. If they did, an interview was scheduled in a private location that was comfortable and convenient for participants. Most interviews took place in the participant's counseling offices, with the exception of phone interviews, for which most participants were in their own homes and I in mine.

**DATA COLLECTION: INTERVIEWS**

Data was collected through semi-structured interviews with participants, lasting approximately 1-2 hours. Open ended questions and probes were employed to explore counsellors' experiences of the ethical dimensions of their work as social justice advocates, including specific difficult ethical dilemmas, any instances when ethics may have stopped them acting as advocates, and their general experience of and insight into ethical conflict in social justice advocacy. The interviews were audio taped with the consent of participants, and transcribed verbatim by the researcher. All audiotapes, transcripts, and other participant information was stored in a locked filing cabinet. Numbers rather than names were assigned to each participant's data to protect their confidentiality.

The design of the research was emergent, and I refined my interviewing skills through the process of interviewing (Kvale, 1996). Each interview was informed by my previous experiences interviewing participants, and was sufficiently open ended to enable participants to reveal what they felt was important about the topic. However, the semi-structured interview guide included in Appendix D enabled me to incorporate some consistency in the
questions asked to each participant in order to collect similar data that provided insight into common themes. The first interview also revealed important, but overlooked areas of questioning around the relationship of participants’ values to their professional ethics, which was incorporated into subsequent interviews. During the transcription of each interview, I recorded my thoughts, impressions, and insights as well as any details I wanted to include to improve the next interview.

The interview centered around the main questions: How do counsellors who participate in social justice advocacy at experience the ethical dimensions in their practice as social justice advocates? Participants were asked to describe specific experiences of ethical conflict or tension in their advocacy roles. Prior to the interview, participants filled out a short demographic questionnaire (see Appendix E).

The collection of useful information in interviews depends to a great extent on the quality of the rapport between the researcher and participant (Kvale, 1996; Rubin & Rubin, 1995). Part of this rapport is established through trustworthiness in the researcher, which enables participants to feel safe disclosing personal information (Haverkamp, 2005). I was conscious of the fact that participants in this study may feel vulnerable, especially as they discuss instances where they may have made a difficult ethical choice. I was aware that some participants felt cautious about how I would use the information that they provided. I made efforts to ensure that participants were protected from harm and were aware of their rights as research participants (Haverkamp, 2005).

The interviews began with a brief orienting explanation (See Appendix D) of the purpose and background of the study and the intended use of the findings, and a reviewing and signing of the informed consent form (see Appendix C). I invited participants to ask any
questions that they had at any point during the interview. Since semi-structured interviews “may venture into topics that participants do not anticipate” (Haverkamp, 2005, p. 154), I will use the skills I have gained in counsellor training to watch participants for signs of discomfort, and I negotiated consent throughout the interview process as necessary (Haverkamp, 2005). I noticed that during phone interviews, some participants expressed a bit more curiosity about what I would do with the data and how I would protect their identity. I saw this as a natural reaction to their providing information to someone they had not seen in person, and made efforts to be more explicit about how I would protect identity.

Interview data was withdrawn by one participant who was concerned about being identified and conflicts of interest associated with the research and work that the participant was concurrently engaged in. This participant preferred to be expressly identified rather than remaining anonymous, and suggested I could include the data in this way as long as the participant had a chance to review the transcript and remove some sections that had to do with family and social justice work unrelated to counselling. However, after consultation with the research team and the participant, it was decided that this approach violated the confidentiality agreement and the design of the research, as well as privileging the voice of one participant over others, so it was decided that the data should be withdrawn completely.

Following this interview, participants were contacted again twice. The first time, a summary sheet of their interview was shared with them via confidential e-mail, regular mail, or other confidential means agreed on by the participant and researcher. Participants were invited to contact the researcher with any corrections or additions to the summary sheet. When the initial findings were ready, a summary of findings along with specific quotations used from that participant’s data was sent to participants via the same confidential means,
and participants were invited to provide feedback on the findings. Originally, I had intended to share my entire findings chapter with all participants—however, as the BC counseling community is small, and several participants expressed concern that they could be identified by others based on work they had done, I felt it was appropriate not to share all findings with all participants, but to make sure each participant knew which specific quotations may be used from their transcript, and in what context. This gave participants an opportunity to approve the quotations before this document became public. All identifying information was removed from these initial findings before they were shared with participants. Participants were invited to correct or clarify any interpretations made in the findings, or to add additional information that occurred to them after the interview was over.

Also in order to protect participants’ confidentiality, I decided not to use pseudonyms in the Findings section, which would make it possible to trace a series of quotes to one person. All quotes are instead generally attributed to participants. The disadvantage to this decision is that the reader cannot ascertain whether I emphasize the perspective of certain participants by quoting them more frequently. Single participants were quoted between 5-16 times, and on average, participants were quoted 11.6 times each. Only two participants were quoted less than 10 times, one male, and one female. Three were quoted 15 or 16 times, two males, and one female. After completing the findings section, I also noted that male participants are quoted slightly more than female participants, an average of 12.4 and 10.8 times, respectively. There are several possible explanations for this disproportionate gender representation. On average, males spoke longer than females, and transcripts of interviews with males were an average of 1929 words longer than female transcripts. I interviewed 3
females over the phone, but only two males, which may have contributed to the shorter average interview length.

**DATA ANALYSIS**

Interpretive description, as qualitative research, requires inductive analysis, and Thorne and colleagues (1997, 2004) recommend avoiding techniques that may limit this process and “predetermined analytic strategies, such as content analysis, and overly small units of analysis such as words or phrases...[as well as]...premature coding...[and] complex coding systems” (1997, p. 176). They caution that such techniques may overwhelm the researcher or lead to only “superficial understandings at the expense of deeper and more meaningful analytic interpretations” (p. 176). Instead they recommend a process of immersion in the data and intellectual inquiry, involving reflection on the patterns, themes, and learning offered in the data: “synthesizing, theorizing and recontextualizing rather than simply sorting or coding” (p. 175).

Thorne et al (2004) recommend analytic techniques described by Knafl and Webster (1988). The techniques described by Miles and Huberman (1994) are also ideally suited to interpretive description. Consistent with the recommendations of all of these authors, analysis began as the data is collected, allowing for a back and forth process whereby the data informed and refined strategies in the ongoing inquiry (Knafl & Webster, 1988; Miles & Huberman, 1994). The primary form of data was interview transcripts, supplemented by my journal notes of personal reflections and reactions throughout the process, as well as attendance at the APA’s National Multicultural Conference and Summit and the Therapeutic Conversations 2007 conference in Vancouver, BC, both conferences which focused on social justice issues.
The analysis focused on words and meanings as described by the participants and interpreted by the researcher. Data analysis was an iterative process of immersion in the data and immersion in the field, decontextualizing and recontextualizing the information, moving from general to specific, and from theorizing to developing concrete insights into practice (Knafl & Webster, 1988; Miles & Huberman, 1994; Thorne et al, 1997; Thorne et al, 2004). This process was guided by questions such as “Why is this here? Why not something else? And what does it mean?” (Thorne et al, 2004, p. 13).

After each interview is completed and transcribed, a “contact summary sheet” was prepared which summarized the main concepts, themes, issues, and questions that arose in the interview. Contact summary sheets focused on what I “need to know about a particular field contact” (Miles & Huberman, 1994, p. 51) and questions or insights that may be relevant to the central themes or to subsequent data collection. The Contact Summary Sheet is attached as Appendix F. These summary sheets were shared with participants and their feedback solicited.

Knafl and Webster (1988) point out that data management and analysis should informed by the goals of the study. This research ultimately aims to inform the ethical practice of an emerging counselling role, and will use the technique of “sensitization” (p. 199) described by these authors as used in a study of nurses employed in clinical settings in a relatively new role. This process involves a process of coding in order to develop categories and subcategories that will facilitate an “accurate, complete description” of the counsellors’ role and their experience of ethical issues. Because interpretive description encourages the researcher to be open to the process, codes were not developed prior to beginning analysis.
The themes, descriptions, and practice issues that arose in the development of contact summary sheets were developed into a set of “semi-final” (p. 200) categories.

The transcripts were re-read and sorted into categories by cutting out relevant text and placing it in large envelopes with the name of each category and the subcategories within it printed on the outside, as well as notes regarding category definition and relationship to other categories. Each participant’s transcript was marked with a different coloured highlighter down the left margin so I would be able to determine how many different participants were represented in each category. As I went through this process, I kept notes in my journal regarding the criteria that were applied to that category and difficulties in applying them, which contributed to a process of revising and refining, and ultimately describing and defining the categories. This process was considered complete when the categories were reoccurring regularly in the data and no new categories arose. The same process was applied to the development of subcategories. Finally, I composed a memo to myself outlining each category and what was included and excluded from that category.

Miles and Huberman (1994) suggest comparing codes with a different person during the research process. I sought help from a Master’s student in counseling psychology who had coded data in a past position as a qualitative research assistant (a confidentiality agreement was sought before giving access to the data). The coder was also female and Caucasian, and had worked as volunteer in restorative justice groups, thus had some familiarity with both the counseling ethics and social justice issues associated with the research. The individual was asked to sort segments of transcripts into the categories using the category descriptions from the memo. This process alerted me to some areas where data fit into two or more categories, or where categories overlapped, however 78% of our sorting
was in agreement. Following this exercise, I wrote a rough draft of findings and discussed it with my research advisor. She suggested that the findings section had not achieved interpretive description's goal of being "accessible to practice application" (Thorne et al, 2004). She suggested that my categories and subcategories, which included, for example, "Power" as a category and "Deconstructing power", "Use of in advocacy decisions", "Not being part of the system" as subcategories within, did not explicitly apply to the projects goals of illuminating ethical dimensions.

Thorne et al emphasize that the interpretive dimension of interpretive description:

is not a free-floating theorizing, but rather a critical examination within methodological guidelines that are consistent with nursing's disciplinary understandings of the intended applications....and therefore provide a backdrop for assessment, planning and interventional strategies, in keeping with recognized nursing standards of evidence, logic and ethics (2004, p. 7).

Thus, in reexamining the categories I had arrived at, I asked myself how they applied to counselling ethics, and could be used to enable counsellors to recognize the ethical dimensions and apply the findings to their own ethical challenges. I reconsidered the categories and subcategories in the context of larger ethical principles, asking myself why these themes had arisen in response to my questioning about ethical dimensions, and what ethical issues were represented in each category. In accord with Thorne et al's suggestion that findings should be located "within the framework of the existing body of knowledge (in whatever form that might take)" (2004, p. 6), I consulted the ethics codes of the BCACC, and CCA, which were the organizations of my participants. I also consulted the CPA ethics code, Beauchamp and Childress's (2001) bioethical principles, and Kitchener's (2000) text on ethics in psychology.
Each document highlighted different principles, although all can be seen as related to and derived from the 4 major principles of Autonomy, Non-maleficence, Beneficence, and Justice identified by Beauchamp and Childress (2001). The latter work, however, did not discuss the issue of fidelity, which was relevant in my findings, and was not written specifically with psychology in mind. The ethics codes of the CCA and CPA did highlight social responsibility, however, the remaining categories were not general enough to encompass the range of issues raised by my participants.

Kitchener's (2001) text provided the most helpful framework for re-examining my categories in the context of ethical principles that applied directly to counselling practice, in that she discussed each principle and the different practice issues that arose from each, and included a discussion on psychologists' responsibilities in social justice. I realized that each of the categories that had emerged could be interpreted as a conflict or unease related to one of the principles Kitchener discussed. Thus, I chose to use Kitchener's framework of 5 foundational ethical principles for psychological practice (Non-maleficence, Beneficence, Autonomy, Justice, and Fidelity) as an analytic tool to apply to the findings, providing a structure that would help clarify the direct relevance of each category to ethical principles and practice.

The application of these foundational principles may present the impression that I have made the mistake that Thorne et al refer to as “Premature closure”, which “occurs when you affix an existing structure onto the findings early in the analytic process and then seek only to confirm it” (2004, p. 16). However, on the contrary, this structure was used later in the analytic process, after the categories had been developed, in order to ensure that the findings “illuminate critical elements [that] render them accessible to practice application”
In applying the analytic tool of Kitchener’s foundational principles, it was necessary to split some categories and merge others, however, the original themes that emerged from the data remained.

As a simultaneous process to the development of categories, I employed journaling and memoing, as described by Miles and Huberman (1994). Memos were written by the researcher, to the researcher as a way to capture ideas about relationships between and among the emerging categories, intuitions, and insights about the phenomenon under investigation, and to clarify issues that were perplexing or surprising. These memos helped me move from the specific to the general and inform my final analysis.

**TRUSTWORTHINESS**

Morrow (2005) acknowledges that “all research is subject to researcher bias” (p. 254), and that although qualitative research is subjective by nature, there are steps that can be taken to manage subjectivity. Shenton (2004) discusses the four criteria proposed by Guba (1981) for ensuring trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability (p. 64). This section will explain how I ensured trustworthiness in this research using these four criteria as categories.

*Credibility* is one of the key aspects of trustworthiness and refers to the validity of the research in reflecting what occurs in reality. Using an established research method such as interpretive description is one way to enhance credibility. Ensuring that there is a diverse sample is also important. By widely advertising my research, snowball sampling, recruiting a culturally diverse population, and presenting my research at a conference, I hoped to create every opportunity for a wide variety of interested practitioners to participate.
Credibility is also improved by the researcher’s “familiarity of the culture of participating organizations” (Shenton, 2004, p. 65). I became familiar with the “culture” in several ways, including my own work in community based social service agencies, reviewing the published information regarding participant agencies, in-person visits to a variety of social service settings during recruitment, attendance at the Therapeutic Conversations 2007 and APA conferences, and participation in two activist “witnessing” groups.

The above activities also contribute to the process of “triangulation,” which adds to credibility by employing different methods of data collection. My journal notes, which included observations of feelings, intuitions, interactions, and participant body language, were an additional source of data that enabled a process of reflection on my own bias, assumptions, and reactions. Also, since my participants were employed in different settings, cities, and with different client groups, I achieved “site triangulation” (p. 66), which reduces “the effect on the study of particular local factors peculiar to one institution.” (Shenton, 2004, p.66).

Another tactic that improved credibility was my care to establish rapport with participants and ensure that I informed them of their rights not to answer questions they were uncomfortable with, to have their confidentiality and place of work protected, and to withdraw at any time. Indeed, there were instances where participants indicated that they preferred not to discuss certain information and shared their reasons for this, which gave me confidence that they understood and were exercising their rights in participation, rather than misrepresenting their actions.

In my findings, I have employed thick description so that readers can see for themselves the situations described and the contexts involved. This will also help readers
ascertain if the results are *transferable* to their own experiences. Because this is qualitative research with a small sample, the results cannot be generalized but this thick description may help readers recognize similarities.

In positivist research, *dependability* is established by making it possible for the same results to be found by another researcher repeating the same procedures. However, qualitative research involves subjective interpretations and smaller sample sizes, and thus this type of dependability is difficult to achieve. However, by explaining in detail the research method and procedures, the process of data collection, and reflectively appraising the project when it is completed, I can enable the research to be repeated by another, if not with exactly the same results. Shelton (2004) also notes that credibility and dependability go hand in hand, so by taking many steps to ensure credibility, I also increase dependability.

*Confirmability* relates to the concept of objectivity in positivist research, an ideal difficult to achieve in any research as human bias can enter into many parts of the process. In qualitative research, confirmability is enhanced by the researcher’s acknowledgement of the role his or her own subjectivity in the research. To this end, I have attempted to explain why I have chosen the research method and techniques such as interviews, memos, journaling, and contact summary sheets. I have included a section on my own background to explain where my interest in this topic developed. At the same time, I have used journaling and debriefing to explore and challenge those hopes and expectations, and bring subjective reactions to the surface so that I could continue to be transparent about them throughout the research process and in writing up the results.
PROCESS OF REFLEXIVITY

Throughout this process, I have been honored by the support and validation I have received from participants and from the myriad of agencies I visited in person during the recruiting process. Many people expressed interest in my research and said that they felt it was important work and they were glad I was doing it. Participants often told me that they were pleased to meet another counsellor who was interested in social justice, and contacted me with thoughts and information about professional development after we had met. As participants who responded to my recruitment letter had many years of experience and many well-considered perspectives on the research topic, at times I felt somewhat intimidated as a younger, less experienced counselor who was new to the subject area. This intimidation may have held me back from asking questions that felt too challenging or intrusive early in the research. Sharing this feeling with my research advisor, gaining more experience with the subject matter, which helped me form my own opinions, as well as the openness and warmth of participants helped me calm these feelings and bring more focus and depth of inquiry to the interview process. Several participants shared that the process of exploring these ethical dimensions of their advocacy work was very meaningful to them, and even worked through ethical dilemmas as they spoke to me.

The interviews for this research were completed over a 6-month period, and at times more than a month passed from one interview to the next. This timing was helpful in that it enabled me to transcribe and review the previous interview before proceeding to the next, but also challenging in that it necessitated moving in and out of the data collection. To prepare for each interview I reviewed my journal notes and summaries of interviews already conducted in order to reacquaint myself with the themes an issues that were emerging.
During the early phases of data collection I debriefed with my supervisor regarding themes that were arising, and we incorporated some questions into the data collection process.

Near the end of data collection I was given the opportunity to reflect on my research during a witnessing group at the Therapeutic Conversations 2007 conference. I was interviewed by local counsellor and activist Vikki Reynolds, who brought forth some of my concerns about questioning the “status quo” of the counseling profession. My gender training as a female, and coming from a family where females were strong caretakers and discouraged conflict, created concern that I could offend or create controversy with my research findings. Also, my history as a “good” student had taught me to look for cues regarding what instructors “wanted” and find ways to provide that. However, I also came to understand through the interview that my commitment to this research topic was rooted in my hope for a better world, and this made it important that I find a honest voice that was both respectful to my own and my participants’ point of view and willing to ask questions about our profession. Following the interview, I was given verbal and handwritten feedback from the witnesses, which helped me recognize that I have not been as “obedient” as I perceive myself and that throughout my life I have challenged the status quo in a respectful, non-confrontational way. This process helped give me confidence that I could justly represent the voices of these participants, and my own voice. Re-reading the handwritten feedback was helpful to remind me of these insights throughout the writing process.
CHAPTER IV: FINDINGS

The purpose of this research was to explore, from the perspective of counsellors working in community social service settings, the ethical dimensions of their social justice advocacy work. In this section, I present my analysis of the qualitative interviews and the themes that emerged in those discussions. These categories were generated in response to specific questions, as well as by themes that emerged more generally as the interviews developed.

I also hoped to add to our understanding of what activities counsellors engage in that they perceive as social justice advocacy, and how they define social justice for themselves. To this end, I requested that counsellors self-identify as social justice advocates, and then asked them to elaborate on their advocacy activities and ideas about social justice when we met for the interview. In order to create a context for our discussions, it was also important to have a general understanding of participants’ work settings and experience and training in ethics. This contextual information is presented prior to presenting the main findings that resulted from our interviews about the ethical dimensions of social justice advocacy work. In the interests of protecting participant identity, I will present all information in a general way, rather than linking any data to a particular participant.

I had expected to hear counsellors talk about the specific ethical dilemmas that they encountered when they engaged in social justice advocacy, and had expected these ethical dimensions to relate directly to their professional ethics codes. However, each person chose also to speak about their social justice or moral values, why they worked with a social justice orientation, and how that orientation and value system connected to their professional
identity, practice, and ethics. These other elements were integral in understanding their view of the ethical dimensions of social justice advocacy work. In large part, ethical and value conflicts were their impetus to adopt a social justice orientation, and thus part of the ethical dimensions of the work. Since values underlie professional ethics codes (Kitchener, 2000, Prilleltensky, 1997), it became necessary to conceptualize the social justice values that were demonstrated by these participants and relate them to the ethical dimensions of their work and their ethical judgement process. These findings are thus separated into three major sections, beginning with contextual information, followed by a brief description of the social justice values exhibited by participants, followed by description of the themes that arose under each of the foundational ethical principles of the counselling profession.

CONTEXTUAL INFORMATION

The following three sections provide information regarding the context of the sample, including demographics, advocacy activities, and understandings of the meaning of social justice.

Demographics and Professional History

The group of participants included 5 males and 5 females, all of whom had Master’s degrees in Counselling Psychology and were members of either the BCACC (5 participants), CCA (3 participants), or both of those organizations (2 participants). Six participants came from the Lower Mainland area of British Columbia, while three worked in smaller, more remote towns in the province and two in a small city in the province. Most were Caucasian, with one participant who was Latin American, another who was Portuguese, and one who was of Jewish descent. One participant identified as belonging to the LGTB community. Participants were not asked directly about their cultural or group affiliations, so these are not
known for several of the participants who did not disclose them voluntarily. As a group, they had between 3 to 35 years of counselling experience, and an average of 14.5 years of experience. It should be noted that I have included “lay” counselling experience in the above figures, as several participants had worked in such roles prior to obtaining their Master’s degrees and felt that this was valid work experience which should be recognized. Some participants had had careers in other areas prior to becoming counsellors, including social work, probation work, teaching, and mediation.

All were familiar with the ethics codes of their professional organization and had received formal training in professional ethics. Several described themselves as very familiar with the ethics codes. One participant had done research himself in the area of counselling ethics, another had taught an ethics course that other counsellors used to receive registration in their professional organization, and another served as a consultant in ethics with a professional counselling organization. Most reported that they had “always” included social justice advocacy as part of their professional practice, with the exception of 2 who had been doing so for several years.

Four participants were currently in full-time private practice, and two were in part-time private practice. Of those in full time practice, two had started fairly recently after a long career in social service agencies, while the two other had started less recently after prior social service careers. Those in part time private practice also had parallel careers and/or past careers in community social service. Participants had worked in a myriad of community social service setting, seeing child, adolescent, couple, family, and individual adult clients with a wide range of issues. In general, participants’ clients included: those referred from EAPs; victims of crime; children, women, and men involved in or affected by family
violence; aboriginal peoples (both on and off reserve); refugees; immigrants; survivors of torture; people recovering from trauma; people with disabilities; people involved in forensic investigations and custody disputes; families whose children had been or may be apprehended by the Ministry of Child and Family Services (MCFD); foster parents; community college students; adults and youth struggling with substance misuse; cancer patients; members of the GLTB community; and youth “at risk” (including youth in foster care, suicidal youth, and homeless youth).

Advocacy Activities

I also asked participants to describe the advocacy work in which they were involved. By far the most common work counsellors engaged in was case advocacy for clients within systems such as the education, justice, child protection, income assistance, housing, immigration, medical, and social service systems. This type of advocacy was part of the work of every counsellor I spoke to.

Another common form of advocacy took place within the counselling profession. Several counsellors were working with their professional organizations, one with a social justice chapter and three advocating for changes to professional standards and training practices. Others described advocating within their places of work to change policies and practices that they felt were harmful to clients. They saw this as social justice work because it improved the both the quality of our work and our credibility as counsellors, which in turn could prevent harm and improve advocacy efforts for clients.

Also common was advocacy work involving educating community members and other professionals working in systems that affected clients. For example, one counsellor educated teachers about the effects of domestic violence on children, another worked to raise
community awareness about issues surrounding male survivors of sexual abuse. Two counsellors were involved in anti-racism work. Other advocacy activities included: working to empower aboriginal communities to recognize the effects of colonization or residential abuse and their strengths in resisting it, with the goal of enabling these communities to become their own healers and advocates; work for LGTB rights; international human rights work; community development work; building partnerships with other service providers around client issues; and working for reform of the domestic violence court process.

Several counsellors also felt that their work with individual clients, in which they brought in a social justice perspective, was relevant in that, as one participant put it, “it provides a context of power analysis and oppression, and encourages some people to maybe view the context of who they are in a new light.” Although my sampling criteria excluded participants whose social justice work took place only on micro the level of one-on-one client relationships, most of the counsellors I interviewed also did this work. This became relevant to the findings reported below because it was often a way to resolve an ethical conflict related to advocacy, or to work in congruence with counsellor values and ethics.

Understandings of Social Justice

Since “social justice” can be defined in many different ways, I asked each counsellor to tell me how they would define social justice. I also asked them what had shaped that definition in order to obtain a background for the meanings they had created. This questioning revealed that the meanings they had for social justice had some roots in their personal histories. This background will be illuminated prior to discussing the participants’ definitions of social justice.
The Influence of Personal Experience

The influence of personal experience was integral in shaping participants' social justice orientation and perception, which appeared to be part of their identities. Although some participants remarked that their relationships with their clients and their education had taught them about the impact of systemic barriers on individuals, for most, views on social justice had been formed much earlier. Several counsellors referred back to early childhood, when they had become aware of concepts of social justice. One remarked that “social issues were just always part of who we were when we were growing up, you know it was just um, and our values,” while another, whose father was a boy scout leader, described how “there was always a sense of kind of the whole boy scout thing where you’re helping other people.” Another talked about how childhood experience as a “misfit” in school had created “a strong identity with people who are being under attack.” Two counsellors who came from cultural backgrounds outside North America reflected on how their upbringing in that culture had alerted them to issues of racial, religious, or economic oppression. Some referred to adult experiences as well, such as becoming a single parent on welfare, or having personal relationship with someone from an oppressed, impoverished culture. The social justice orientation of these counsellors was deeply rooted, and had begun prior to their counselling careers.

Defining Social Justice

All participants were asked how they would define social justice. Three chose to define it specifically with regards to their counselling practice, while the remainder sought more comprehensive definitions. Two main areas were highlighted by participants: the importance of understanding context, and the balance of individual and community.
Understanding Context: The importance of understanding and taking into account others’ context was part of creating social justice for these counsellors, and was especially highlighted by counsellors who chose to define social justice in terms of counselling work. These three emphasized that therapy of social justice required a “deeply contextualized view” of clients. Recognizing context in planning counselling interventions seemed to be imperative to working within the meta-ethical principles of justice and non-maleficence, as one counsellor described:

Because if you don’t take people in their context it can come out as blaming the victim so that they become the problem instead of whether it’s the system or environment or whatever it is...so you know to me social justice is, you take that into consideration, you don’t end up medicating people because they can’t function in a bad environment.

Another noted the importance of moving beyond just hearing “the story of what it means to be a refugee or an immigrant or that struggle, to really trying to understand the politics and economics.”

Others also referred to context in the more comprehensive definitions, recognizing that social justice has a “a political factor, an economic factor” and also requires “historic perspectives being taken into account.” As one counsellor pointed out, these external factors were important because they influenced people’s ability to become “the person they’re intended to be, without being hindered by rules and regulations and lack of resources like—so yeah, basic needs, safety, shelter, food, uh, education.” Taking context into account enabled the recognition that justice requires different solutions for different situations, and is more than a matter of applying the same rules to all people without regard for the unique barriers faced by different groups and individuals.
Counsellors’ own context was also part of this understanding, as counsellors realized that the context they came from influenced their perspectives on social justice and their assumptions about what is “just.” One pointed that out oppression can take many forms, and even privilege can be oppressive: “it’s such a tricky thing to use definitions that include ideas of oppression, which would lead us to a more difficult definition which is the definition of oppression.” Another suggested that “all of us are oppressors and oppressed,” and enacting social justice was a continual, careful process of “connecting to the truth” in our interactions with one another:

Responding in ways that create more room and more space for the innate self to exist in each of us. And responding in ways to oppression or violation that is currently happening in ways that invite people into the change process.

Of course, knowing just what that “truth” is was a challenge, which will be elaborated on in later sections.

**Balance of Individual and Community:** Most of these counsellors’ definitions highlighted the necessity of balancing the individual interest with the interests of others. They emphasized that the creation of social justice involved a constant process of negotiation which often required the putting aside of self-interest in favour of community interest.

Several counsellors made statements that indicated their strong valuing of community. One explicitly said that social justice was “located in community,” and that “community is a very significant concept that we seem to be losing sight of.” Another saw the doing of social justice as doing things “for the good for the community, without self interest,” while another saw “community building” as part of doing social justice. One reflected on how over the course of his career, he had shifted from having a pathology perspective on his clients’ isolation from community recognizing that “this isolation was actually about social justice.”
Another counsellor described how as she had come to adopt a social justice orientation, her conception of psychology had shifted: “psychology for me has always been the love of the individual, now it’s becoming more the love of community, and how we fit.”

When participants articulated their definitions of social justice, they usually spoke of achieving the “virtually impossible balance” of the interests of individuals, groups, and societies. One participant cited the Dalai Lama’s definition of social justice, which seems to express it very succinctly: “It’s the necessary interface between my desire to be happy and everyone else’s.” That interface was a place of constant negotiation, which required elements such as “avoiding using people as a means to an end,” “valuing of diversity,” and “fairness, equality, [and] respect.” The negotiation was necessary to ensure that each individual or “collection of people” could achieve a reasonable level of self-actualization, or at least be free from “unnecessary suffering” due to injustices such as poverty, abuse, exploitation, and discrimination. The participants’ definitions reflected awareness that social justice is a continual, shifting process of improvement in achieving the ideal balance. It was a process that required a valuing of community over self, and a thorough comprehension of the effects of contextual issues in both one’s own life and the lives of others.

COUNSELLOR’S SOCIAL JUSTICE VALUES

As early as my first interview, it became evident that often we were discussing dimensions of the participants’ social justice values in relationship to the ethical dimensions of social justice advocacy. Although my interview questions were structured to elicit specific scenarios in which participants had experienced ethical dilemmas in doing social justice advocacy work, every counsellor I spoke with also emphasized the social justice dimension of my research. One had responded so strongly to the social justice aspect that even after
reading the recruitment poster, reviewing and signing the consent form with the researcher and hearing the orienting statement, he expressed surprise when I asked my central interview question about ethics. Participants often chose to speak more theoretically about why and how they worked with a social justice orientation and what that meant to them as a professional. Many counsellors I spoke with seemed to have trouble recalling ethical issues they had encountered in their social justice advocacy, but spoke instead about how their desire to maintain ethical practice had been an impetus to work from a social justice orientation and engage in advocacy. It became evident that their social justice values were integral to ethical practice, as they perceived it.

I began to ask participants to elaborate on the relationship between their ethics and their values. The counsellors I spoke with generally felt that their values played a key role in their professional ethics, in that their values influenced their ethical decision-making. Counsellors said things like “values sort of come first for me” or “they’ve never really been separate for me” or “ethics don’t make sense if they aren’t in line with our values” or “it needs to be more than ‘I’m not going to be sued’.” It seemed that for many, values were the lens through which they interpreted their professional ethics, which one person described as “vague” and another saw as not going far enough. Having values and ethics in congruence was an aspiration. One counsellor described looking up the ethics codes to “see if they fit what I think.”

It wasn’t that participant values differed substantially from the values and foundational ethical principles of the counselling profession, but that their social justice values led to a different emphasis on and interpretation of certain aspects of those principles, which they perceived as different from that of other counsellors. This difference was
frequently discussed with regards to their sense of belonging in the counselling profession, and issues they had with the professional discourse and ideology. In this first of two sections, I will elaborate briefly on each of the main social justice values that were expressed by counsellors, and how these values became apparent. This will be followed by a table that shows the relationship of those values to the foundational ethical principles of the profession. The specific evidence that relates to each value will be elaborated on in the following section when I discuss the points counsellors emphasized under each foundational principle. However, outlining the values now will be helpful in lending clarity to that discussion.

Solidarity

A strong sense of solidarity with clients emerged as counsellors talked about their belief in standing up for those that were oppressed, their own experience of feeling “marginalized” when they tried to effect change for clients, the accountability they felt to clients to engage in advocacy and social justice work, their desire to “equalize” power and position themselves as allies of the client, and the obligation they felt to be able to support clients through systems that affected their lives. Solidarity seemed stronger with clients than with other counsellors, as many participants expressed feeling different from their colleague and voiced concerns about the profession as a whole.

Equality

The participant’s valuing of equality was especially evident in their emphasis on “deconstructing power” and positioning themselves as equal to clients rather than a “hierarchical expert.” These counsellors explicitly acknowledged the power imbalances in their relationships with clients and actively worked against the impact of their power and privilege in counselling relationships. Valuing of equality was exhibited in the stands they
took and work they did against discrimination in all forms, and their valuing of diversity. Others also questioned some of the inequalities within our profession which they viewed as privileging counsellors with more education and not ensuring equal access to counsellor education.

Justice

Since they identified themselves as social justice advocates, it is not surprising that these counsellors strongly valued justice. This was demonstrated by their strong sense of responsibility to stand up against injustice. Many described having chosen the counselling profession because it is a field in which they can contribute to the creation of social justice. One spoke of how "the vision of creating a community where people’s needs are being met and who they are and how they are in the world is welcomed" was "very much part of why I do the work that I do." The connection between counseling work and social justice was fundamental for these counsellors, and they felt a strong ethical responsibility to uphold justice. One contended that:

Counselling itself is about social justice in the biggest possible sense....People are able to go somewhere and get some help for things. Most of which are bigger themes a lot of the time, but they can as individuals go and get some help and that was a result a lot of this kind of social justice work...As a whole profession we have a lot of benefit from the idea of the existence of a whole social justice aspect. We wouldn’t exist if it wasn’t for that.

Taking Action for Change

These counsellors expressed a strong value regarding speaking out and taking action, or what one called "not being silent when there’s injustices and wrong things." This value was evidenced by each person’s involvement in social justice work both in their work and spare time, their willingness to take on their employers and even quit jobs if they felt policies
were unjust, and even a sense of guilt that they did not do enough to fight injustices that they saw. Some expressed that they felt “burying ones head” was unethical.

Non-Neutrality—Taking a Stand

Related to a valuing of taking action and not “burying ones head” was a valuing of taking a stand on issues of injustices. Counsellors exhibited this value when they questioned the perceived counseling norm of being neutral and unbiased, and were transparent about their values and political opinions with clients and colleagues. Even when they were not actively working against injustice, they were making their positions known to others and working to educate clients and colleagues about the effects of injustice.

Community over Self-Interest

The valuing of community was exhibited in counsellors’ definitions of social justice, which highlighted community over self-interest. They often referred to a sense of responsibility to contribute to the betterment of community, and their social justice work was part of this responsibility. They tried to ensure that they were not acting out of self-interest but out of what they felt were the interests of their clients or their communities. This created conflict when, for example, their way of earning their income seemed to not be in the best interests of clients.

Questioning the “Status Quo”

These counsellors demonstrated an unwillingness to accept things at face value. They questioned professional norms, their training (which was called too “status quo political” by one), the dominant counselling theories and discourse, their agency policies, the policies of
other systems, and even their own beliefs. This questioning seemed to center around ensuring justice, and the best interests of the client and community, were being served.

Summary

The values listed above are certainly not the only values held by these participants, nor are they necessarily those of all counsellors who define themselves as “social justice advocates,” as this was only a small sample. However, these are the values that emerged as significant to these counsellors and shaped their approach to counseling work, their profession, and to social justice advocacy. The suggestion that there is a set of “social justice values” that these counsellors held suggests that counsellors who work from a social justice perspective, or hope to, may benefit from having a clear understanding of their values, where they came from, and how they align or don’t align with the values underlying the professional ethics codes of the counseling profession.

THE ETHICAL DIMENSIONS OF A SOCIAL JUSTICE PERSPECTIVE

In this section, I will elaborate on the ethical dimensions of their work that counsellors discussed. As I mentioned above, the people I interviewed focused more on the social justice aspect of our discussion. Although they often had trouble recalling specific ethical issues that they had encountered in doing social justice work, they freely recalled the ethical dimensions that prompted them to take a social justice stance in their work. Their social justice values caused them to emphasize certain aspects of the meta-ethical principles. Most often, it was not the social justice advocacy work that led to ethical dilemmas, but ethical dilemmas that led to social justice advocacy work. At other times, counsellors experienced ethical and value conflicts with the role they were in and questioned the norms
of their profession and policies of their places of employment. Their values interacted with professional ethics to create conflicts that can be framed as fitting under one of five foundational ethical principles of the psychology profession; non-maleficence, beneficence, justice, autonomy, and fidelity. As the reader may recall, the themes and values were derived from the primary analysis of participant interviews; in the secondary stage of analysis, Kitchener’s 5 meta-ethical principles were used as an analytic tool to explore the relationship between the emerging categories and foundational ethical principles.

Non-Maleficence

Counsellors have an ethical obligation not to cause intentional harm to others, as well as to avoid actions that carry a risk of creating harm. Counsellors’ values around taking action to effect change, solidarity with clients, and questioning the status quo came into play as they worked to avoid causing harm to clients, and questioned the harm that may be caused by the profession as a whole, and systems that they worked within as professionals. The counsellors I spoke with highlighted three main themes in this area: avoiding unintentional harm through advocacy, not being “part of the system,” and concerns about counsellor training. The following tables outlines these themes and their sub-themes, as well as the values that related to each theme.

Table 1: Non-Maleficence—Relationship between themes and values.

<table>
<thead>
<tr>
<th>NON-MALEFICENCE</th>
<th>Values related to themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Themes related to this principle</strong></td>
<td><strong>Values related to themes</strong></td>
</tr>
<tr>
<td>Avoiding Unintentional Harm Through Advocacy</td>
<td>Taking action for change; non-neutrality—taking a stand.</td>
</tr>
<tr>
<td>Not Becoming “Part Of The System” Strong Identification With Clients.</td>
<td>Solidarity; justice.</td>
</tr>
</tbody>
</table>
Conflicts Around Reporting Harm To Self And Others

<table>
<thead>
<tr>
<th>Questioning the status quo; community vs. individual self-interest.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout—Ethical Angst</td>
</tr>
<tr>
<td>Concerns About Counsellor Training And Professional Regulation.</td>
</tr>
</tbody>
</table>

### Avoiding Unintentional Harm Through Advocacy

This theme centered around counsellors’ awareness that advocacy could create harm in clients’ lives if not handled properly. The issues of respecting autonomy and confidentiality in advocacy decisions are related and discussed under “Autonomy” and “Fidelity,” respectively. This category had to do particularly with counselors ensuring they were acting from clients’ needs and motivations rather than their own. These counsellors expressed a strong value regarding taking action to create change, and at times found themselves wanting to take action on behalf of clients. However, they found it necessary to “check” themselves in this value, lest their own emotions about a situation lead them to engage in advocacy that puts clients into potentially harmful positions.

Counsellors were quite aware that advocacy could create “huge consequences” for clients within families and communities as they became “visible in their situations.” They were concerned about the potential harm that could come from clients’ visibility, and highlighted the importance of examining their own strong feelings of wanting to “do something.” This seemed especially pertinent when counselors were personally upset by the situation about which they were advocating. One counsellor explained how she avoided letting the “energy of crisis” pull her into advocacy work:

[I feel like] I have to do something, who do I call, and where am I going, and sometimes it’s been helpful to go you know this can probably wait, OK we can deal with the crisis and you’re feeling stronger and emotionally doing what you need and dealing with the triggers rather than calling in the world right now to take care of this.
Maintaining calm seemed to be something counsellors had learned from experience to be an important part of avoiding doing harm. A counsellor who frequently advocated for clients with their social workers described how he worked to “open a space for communication without then getting into a place where you were starting to get reactive with the social worker and in fact making it worse for the client.” A counsellor who recounted an experience where he had been moved by this “energy of crisis” to take a stand within his agency and later was embarrassed about how he had conducted himself, said he had learned “how to look at [him]self to see sort of the self-aggrandizement that I might of been experiencing to be absolutely sure that I’ve got the moral high ground on this issue.”

Some highlighted the importance of gathering information about the situation before jumping in to advocate, rather than relying on the client’s side of the story or one’s own perception. For example, one counsellor felt “at odds” with an interdisciplinary judicial reform committee on which he sat. He perceived this committee as biased against the community he worked with due to unawareness of certain cultural differences in domestic violence patterns. But because he had no research to support his perception, and had not validated it with colleagues who worked in the community, he refrained from discussing it with the committee.

Much as these counsellors had strong values about taking action for change, they also were wary about using client situations to try to create systemic change:

Being really clear that when I’m doing advocacy work it’s not about changing the system in that moment, that may be a by-product, but it’s about advocating for that particular person, and I think that being really clear about the difference for me is helpful because it keeps me, because I think it’s very difficult to do more general advocacy work, in terms of systemic change, when a client is involved, so it doesn’t jeopardize their experience.
This seems a foundational aspect of not doing harm through advocacy—the importance of counsellors ensuring that they have examined the motivations behind their own desire for action, and are not using clients to fight a battle that belongs to the counsellor. **Not Becoming “Part of the System.”**

This theme arose strongly around counsellors’ ethical conflicts and feelings of guilt associated with their role in the systems that they saw as oppressive to their clients, and how they sought to avoid being part of that oppression. This theme was related to counsellors’ valuing of justice and solidarity with clients, but it also related to felt conflicts with the other foundational principles of autonomy, beneficence, justice, and fidelity. Several sub-themes emerged as counsellors spoke about the difficulty they encountered as they tried to help clients engage with systems. These sub-themes were: strong identification with clients, conflicts around reporting harm to self and others, and danger of burnout due to “ethical angst.”

**Strong identification with clients:** Their valuing of solidarity seemed to contribute to a strong identification with what clients experienced as they engaged in these systems. This was exhibited in a sense of distrust in systems and of marginalization similar to that their clients experienced. The stories that they had heard from clients, as well as their own experiences interacting with systems, had exposed them to many systemic flaws and barriers and created cynicism about the systems they worked with. They lamented the “bidding war for the care of the poor” in social services, expressed perceptions that the justice system’s decisions “don’t take child development into consideration,” described the medical, justice, or insurance systems as “non-relational and adversarial at times or ill-informed or harmful,” and income assistance as “a hard system” that was “dehumanizing.” Others complained of
health and service "decisions being made on behalf of the community by people that don’t have a clue," and assisted housing programs exhibiting "so much lack of organization that you can’t tackle any of these things at a general level." The child protection system was the subject of the most criticism, which will be elaborated on in a later section.

Although they had tried to create change, most of the counsellors I spoke with did not seem to feel they could make an impact on the larger system. There was a sense of defeatedness and hopelessness; it was almost as if counsellors were sharing the feelings of marginalization their clients experienced. Several counsellors expressed feelings of powerlessness, referring to themselves as "marginalized," "the lowest in the hierarchy," and "barrired." One described a "whole systematic threat to people that they’re going to lose their contract if they don’t comply." Phrases such as, "it’s really hard," "people are thinking I’ve lost my mind," "I don’t even get to speak," "it was just untenable," "I was really frightened," "it was exhausting," "It ended up getting more and more difficult to deal with," "it can be quite scalding," "I could see that it was hopeless," "I’m sure that’s what our clients go through as well," came up as counsellors described their efforts to help clients navigate the systems while protecting them from harm. Although they were often able to help clients get what they needed in specific areas and small ways, this often required tremendous effort on the part of the counsellor, and seemed to have little impact on the overall system. One counsellor claimed to have worked 5 hours a week for a year, all pro-bono, to secure adequate housing for a client with disabilities.

Although certainly these counsellors seemed to experience some marginalization in their efforts to change the system, and this created strong empathy and identification with what clients went through, one counsellor made the important distinction that "my struggles
are privileged struggles—they’re different.” The class divide that gave counsellors power relative to their clients was a source of great ethical discomfort to these counsellors as they tried to avoid being part of doing harm. Their valuing of equality, solidarity, and speaking out to create change, made it difficult for them to reconcile their positioning within the systems that created barriers for clients, especially as they were often unable to break those barriers down. They recognized that as part of these systems, they were also part of creating barriers for clients, and felt a responsibility that came with their ability to impact clients’ predicaments for better or, inadvertently, for worse. They did their best not to ally with systems of power, and to stand up for the best interests of clients. Some expressed a confidence that being on the side of the victim or underdog assured them that they were practicing ethically. One described having: “A sense of right, as well. If I have to weigh in on the side of someone—the victim or the bad guy, of course I go with the victim,” while another stated, “I’ve never had much in the way of ethical concerns, because my advocacy is always in favour of the underdog.” Others seemed more conflicted, especially when they fulfilled legal obligations or agency policies that they recognized as creating more barriers in the client’s lives. One acknowledged her role in creating barriers.

I was working on Employment Insurance and calling their case managers and you know doing advocacy this way, now I’m the one going “No no, sorry, this won’t work and you can’t do this and this is where we stand in the system.”

Others struggled with the knowledge that their high fees, or a lack of funding to agencies they worked for, created barriers to clients obtaining help—this will be discussed further under “Justice.” By far the most frequently cited example of feeling “part of the system” came up around their legal obligation of reporting harm to self and others.
Conflicts around reporting harm to self and others: The issue of reporting disclosures of abuse and intention to harm oneself or another emerged as a prominent sub-category under “Not becoming part of the system.” All counsellors are undoubtedly affected by their obligation to sometimes go against their clients’ wishes in reporting abuse and preventing harm. For these counsellors who identified as social justice advocates, their valuing of solidarity, justice, taking action and speaking out seemed to create strong emotions about the reporting process, which created a wide range of responses and ethical interpretations of their duty to report. They struggled with conflicts around feeling they were harming rather than benefiting clients, losing their ability to help clients through systems (fidelity), and taking away client’s power (autonomy).

One counsellor seemed to sum up the sentiment of many when she said “part of my difficulty there is if I report, what the hell’s gonna happen? You know, I’m not convinced that it’s gonna be a good thing.” Understanding the context of their clients lives meant counsellors could see that often a string of injustices had contributed to the reportable actions of clients. One counsellor who worked in a First Nations community where child abuse was widespread questioned:

When they do get them back, then they’re guaranteed not to hit their kids anymore? I don’t know, I think that’s not what we’re looking at. Maybe just trying to reduce it as much as possible and make sure they know of alternate ways and are trying alternate ways and are looking at some of the successes with alternate ways of working and the effects of praise vs. disciplinary processes. But the community has been raised on disciplinary processes, and damned if some of those disciplinary processes didn’t come from residential schools, where discipline was on a horrible sort of level.

There were also concerns that reporting could result in more harm to the client. One counsellor pointed out that if a woman was in an abusive relationship, it may increase danger
for her and her children if the abuse was reported, which worried her when she had to report.

Others had experienced reporting that resulted in jeopardizing the safety of their clients.

The child disclosed to me, I reported to the Ministry, the Ministry went to the house and told the dad not to allow the sexually aggressive older boys to be unsupervised around his daughter. The young girl then had to deal with the father’s anger—alone—on the next access visit. No one from the Ministry spoke to the child—just her dad. The only response she heard was her father’s extreme anger. And the boys were still in the house.

This counsellor also questioned the utility of putting the child through the court system, which, in her experience, rarely convicted people of child abuse, but allowed continuing contact between the child and abuser—sometimes discontinued temporarily—but then returned because the traumatized child could not meet the justice system’s standard for evidence. She wondered how to keep the standard of “do no harm when disclosures necessitated inter-agency collaboration.”:

Do no harm that is mandated by my governing body, and trying to navigate a child through that, knowing that the system needs this really high, I mean the bar of evidence. So for me it’s yes the child disclosed, but they can’t tell you month, day of when it was, they’re traumatized and they don’t have any—their memory is chaotic, they don’t have a good linear memory to be able to say—last Thursday.

Their distrust that the system would actually help their clients, and at least not harm them, made most participants deeply uncomfortable with the reporting process. Reporting was especially difficult if they felt that it would damage or end their trusting relationship with the client, and thus their ability to advocate and help the client through the system. Many counsellors had experienced the loss of a client, or at least a very damaged relationship, after a making a report, though some had been able to achieve reporting in a way that strengthened relationships. To make matters worse, especially in small towns, the report often resulted in little change in the clients’ circumstances, as resources to help clients
were simply unavailable. Two counsellors described taking suicidal clients to the hospital, waiting with them for up to 5 hours to be seen, only to have the client released immediately. This put them in a difficult ethical position: should they risk harming the client and their relationship with him or her by putting them through what they saw as an ineffective system, or should they risk harming the client, and their own professional reputation, by not reporting abuse to the appropriate authorities? The solution for many counsellors was to try to find a way to make the report happen while preserving a strong relationship, so that they could still act as a support and advocate for the client throughout the process.

Counsellors laid the groundwork for preserving the relationship by providing very clear informed consent. Several counsellors described how they took care to ensure that clients knew exactly what abuse was, what would have to happen if the client was to tell the counsellor about abuse, and what impact that may have in the client's life. This information was not only given at the start of counseling but also as an ongoing part of ensuring informed consent, and was especially emphasized when working with children. Still, they expressed conflict over the knowledge that what they saw as an attempt ensure client autonomy and protect their rights may result in them not “getting the disclosure.”

So you find a way, these are the parameters if you tell me, this is what I'll have to do with it, but if I do it I'll try to do that with you, or you know if it's about this or about a sexual abuse disclosure, and I think maybe sometimes that means that I don't get the disclosure, I'll never know, but I support that they have that right to know... and what are the ethics around, should I have given them better informed consent? That might have stopped them. Or have I given them the idea that I don't want to hear what they want to say, but I did— but I wanted to make sure that they understood. ...So trying to think about the ethics of that, just from a counselling practice point of view but also from a social justice point of view as kids have rights as well.

One counsellor, who worked primarily with children who were abused in a small town with limited resources, if she suspected the existence of abuse, explored with the
children who in their lives could be of help to them and who they should be cautious around. This way, she hoped to help them realize the best place they could get help among their personal resources, because she felt that if they disclosed the abuse to her, she could not help them as much as someone else could. Her motivation seemed to be to preserve the good that could come from her relationship with the child, while ensuring that the report was still made. She commented:

This is a hideous thing, isn’t it? No counsellor should ever be thinking this way! But I have never had a disclosure that allowed further relationship – outside ‘helpers’ intervene and end the relationship. Perhaps they think my task is complete at that point? And they take possession of the ‘file’. It is a very vulnerable place that we often mismanage due to the conflicting mandates and interagency competitive histories around funding. We cannot share across organizations.

When working with adults, some took time, even if it meant delaying the reporting for a week or two, to help the client see the importance of protecting the abused child, even from the client themselves. They readied clients to face the consequences that reporting would bring, assured them that they would be there to offer ongoing support, and then helped the client make the report themselves. These strategies, though clearly not completely comfortable, enabled counsellors to fulfill their legal obligations while also maintaining a strong relationship with their client so that they could help them through the legal and child protection systems. They seemed to place a higher value on client autonomy, avoiding the perceived harm that the system would do, and ensuring the perceived good that counseling could do, than on “getting disclosures” and reporting abuse immediately.

Others employed different strategies to protect clients. One, who didn’t often have to report but worked with clients who were involved with the child protection system, described how she preferred to stay just out of it:
Not offering information and not offering to the client to share information with other professionals unless I'm asked to. Not offering an opinion on whether or not it would be a good idea for them to have their kids back, or for them to have their kids removed.

Another, who had experienced great anxiety over not reporting abuse immediately once when she was a practicum student, had learned that reports were “the only times when I take over.” She did her best to ensure that no harm came from reporting:

So when there needs to be a call to the Ministry or the police then I try to deal with the fact that there’s possibilities of what could happen, and some of these are not necessarily what you’ll want to have happen, but we’ll work as much as possible together to have your voice and to figure out a plan with the Ministry and that you’re putting out the call and that I’m here to support you and that they can talk to you directly is usually a good thing.

Another counsellor, who had a background working in the criminal justice system, seemed to have less mistrust in the systems, and a described a strong sense of responsibility to prevent harm in the community. This counsellor, with client consent, sometimes reported potential abuse or harm that clients mentioned, such as someone dealing drugs to minors or owning illegal firearms, or past sexual abusers who may have access to children, without evidence of immediate and specific danger. Making these reports was aided by a network of connections that enabled this counsellor to report “informally” without compromising the safety or even revealing the identity of clients. For this counsellor, preventing harm or potential harm due to criminal activity was part of social justice, and also a “moral requirement.” “Because legally we have no protection, ethically if we knew something like that and didn’t act on it even if nobody connected it to us, how would we feel?” This counsellor seemed to have a stronger confidence that the system would help, and thus less fear of harm coming to clients as a result of reports.
Overall, the legal responsibility to report harm was something that these “social justice” counsellors struggled with ethically, and resolved in a wide variety of ways. All seemed to agree that there was no ideal solution to this dilemma. It seems that counsellors who wish to work as social justice advocates, and who come from a social justice orientation, could benefit from training in and exploration of the ethical and value issues associated with their legal responsibility to report, and how to negotiate the reporting process with clients in a way that minimizes harm both to clients, and to the victims of abuse.

**Burnout—Ethical Angst**

The risk of burnout is another category under non-maleficence. Although most participants didn’t refer to burnout as a major problem for them, most did spontaneously bring up the danger of burnout and its effects on their ethical judgement, and the care they took to monitor themselves and maintain self-care practices so that they wouldn’t be “impaired,” as one put it. Seeking supervision and support from colleagues helped many of these counsellors prevent burnout and “get back to [their] essence as a counsellor.” For one counsellor, the danger of burnout was involved in her decisions not to advocate in areas where she felt she couldn’t be effective:

> I need to be conscious about where I put my energy. So I don’t burn out. And that’s part of social justice for me because I’m no good to myself or my family or my community or the people I work for if I’m burnt out.

Another told me that when she felt burnt out she could easily feel resentful or frustrated by clients:

> In this work, in order to maximize your time and effort you can really turn quickly to becoming the system...when you become the system you have power over the client and you use it to their disadvantage. You use it to reward behaviours or to threaten, almost.
Others had also felt this resentment arising, and had perceived it in the social workers they worked with. One counsellor paraphrased Christian mystic Thomas Merton, who said “advocates and activists who do too much and work too hard undo all their work and replace it with more violence.” This counsellor cautioned that “it takes time to show up with your best self, with everything so taken care of that you can listen from a nearly pure place of attention and mindfulness.”

Many of these counsellors had felt overwhelmed by working in programs that were poorly funded and placed constraints how often they could see clients and what they could do for them. There was a sense that they felt unable to meet the overwhelming needs of clients, and powerless to change the system. One described feeling shocked with herself when she had advised a roomful of students not to become a counsellor because “even though there’s the need, there’s no funding.” Another, referring to stands he had taken with EAP’s to maintain his ethical practice, said “So you see how complicated it gets and how much it can cost. Not just financially but you know, wear and tear.” Some others reported having an “internal dialogue” that told them “I should be doing more, I should be getting more involved, I should be” or, “whatever I’m doing is no big deal, I’m never in physical danger, I’m never cold or hungry.”

One counsellor referred to local counsellor Vikki Reynolds’ ideas about burnout, which Reynolds referred to as “spiritual pain” at the Therapeutic Conversations conference (Reynolds, 2007). The participant called it “ethical angst.” These ideas seemed to fit for many of the counsellors in this study.

She calls it ethical angst. You know, it actually isn’t burnout, that we have this kind of construction around being burnt out, really a lot of people have lots of great ideas
and lots of good intentions and great practices but they’re in ethical angst because they can’t do this job and they end up getting sick and going off on stress leave, and I wonder if it isn’t ethical angst for a lot of people.

The risk of burnout due to “ethical angst” may be stronger for counsellors who entered the work in the hopes of contributing to justice only to find that they are often barriered from doing this as they would like to. Creating a network of colleagues for debriefing and paying attention to self-care and how they are using their energy may be especially important for social justice counsellors to maintain ethical practice.

**Concerns about Counsellor Training and Professional Regulation**

The final category under “Non-Maleficence” cited concerns about counsellor training and professional regulation. A myriad of concerns came up with regard to a sense of inadequacy or injustice in how counsellors are trained and regulation of the title of “counsellor.” The central ethical concern in this area seemed to be the potential that harm may come to clients because counsellors were not competent to do the work, or at least that the maximum good was not coming to clients. It was these ethical dimensions that compelled some counsellors to become involved in advocacy work within their professional organizations to improve training and professional regulation processes.

One counsellor focused much of the interview on discussing the number of counsellors who were being trained in techniques that were not based in evidence, and being allowed to graduate and practice using these techniques, even as part of a professional organization. Not only could this harm vulnerable and uninformed clients, but this participant also felt it harmed our profession’s credibility and thus our voice as advocates. Stressing the need for a process for determining “what becomes an accepted counseling practice,” this counsellor worried that the lack of this process was a “credibility eraser for
counsellors and by extension the profession which makes it possible to dismiss things that would otherwise be taken seriously.” Another counselor thought that obtaining one’s own therapy should be a requirement, not a recommendation, during training, and that trainees should be willing to make long-term commitments to their practicum clients rather than abandoning them when their training was complete. But another counsellor was frustrated by professional organizations and training institutions requiring volunteerism and unpaid practicums for trainees. She saw this as a way that we “marginalize ourselves as counsellors” and maintained the status quo by allowing governments to expect that “volunteers and charity will take the place of their responsibility.” She wondered, “if we as a collective profession don’t value ourselves, and the work that we do, how valuable can we be to respond to oppression that is happening in the world?” For both of these counsellors, increasing the credibility and perceived worth of our work was critical in enabling us to have a legitimate voice as social justice advocates. It was also part of not doing harm systemically and personally to clients.

In BC, although there is the professional designation of “Registered Clinical Counsellor” (R.C.C.) which requires Master’s level training, no training is required to adopt the label of “counsellor.” Several participants expressed concern about the lack of training evident in some of the counsellors in agencies they had worked with, which they felt further undermined the credibility of the profession and could be very harmful to clients. One advocated for agencies to require R.C.C. designation in order to hire counsellors, as a start to remedying the problem.

Still, most also valued the contribution of those people with less training who worked in transitions houses and settlement services, and felt it was unjust that their work was
underpaid and undervalued. Some questioned why I was limiting my research sample to Master's level counsellors and excluding these workers, who were so involved in social justice advocacy work. One remarked on the way we “begin to narrow the field of what’s valid” once we get more education. Another contended that who gets admitted into graduate training “has everything to do with ethnicity, class and gender” and argued that:

If you care about the clients wouldn’t you be looking for those selection factors that predict the maximization of therapeutic accountability, first of all, do no harm, and that maximize therapeutic effectiveness, so it does raise some question, I think it’s a straight ahead empirical question of what are the correlatives of GPA’s and GRE’s, what are those correlatives and do they have anything to do with effective counselling?

His concern was that some potentially excellent counselors were barriered from entering the system. Most of the counsellors who addressed this topic agreed that the profession needed to work on finding a better way to administer training and regulation that would ensure justice in the granting of professional status, increase the credibility to our profession and voice as advocates, and protect clients from harm from untrained counsellors. Advocating for change within our professional structures seemed to be of vital importance in developing a social justice orientation and strengthening our voice as a profession. However, it also seems that it may be difficult to come to agreement regarding what is necessary, as these 10 counsellors expressed very diverse opinions.

Beneficence

The counselling profession exists in order to “do good” or improve the lives of clients. However, the best way to do good is not always obvious or agreed upon by members of the profession, and certainly this was the case for these counsellors. Their social justice values impacted their interpretation of beneficence. They questioned the “status quo”
practices of the profession, and adopted different practices that they felt promoted good, rejecting some more commonly accepted ways of working as less beneficent or even harmful. They had also experienced some success with advocacy in a way that seemed to “do good” in terms of promoting social justice, without compromising any other ethical principles. Four themes emerged that related to beneficence: understanding what is good, and how to do it; questioning the traditional counsellor role: the ethical imperative of advocacy; educating others and making connections for change; and crossing boundaries to do good. The following tables outlines these themes and their sub-themes, as well as the values that related to each theme.

**Table 2: Beneficence: Relationship between themes and values.**

<table>
<thead>
<tr>
<th>BENEFICENCE</th>
<th>Values related to themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Themes related to this principle</td>
<td>Understanding what is “good” and how to do it.</td>
</tr>
<tr>
<td>Questioning the traditional counsellor role: the ethical imperative of advocacy.</td>
<td>Questioning the “status quo”; taking action for change; solidarity.</td>
</tr>
<tr>
<td>Educating others and making connections for change.</td>
<td>Taking action for change; community vs. individual self-interest.</td>
</tr>
<tr>
<td>Crossing boundaries to do good.</td>
<td>Solidarity; equality; questioning the “status quo”.</td>
</tr>
</tbody>
</table>

**Understanding What Is “Good,” And How To Do It**

This category developed as some counsellors spoke about their awareness that they had strong values and political opinions about what was “good” or “right,” and the necessity for them and others to examine their opinions. One counsellor complained that counselling training was too “status quo political,” and it seemed that many of these counsellors felt their values and political perspectives contributed beneficence in counselling work. Another observed that counselling work “is political in some ways” and some explicitly rejected the
idea that as therapists they should be "neutral" or "unbiased." One pointed out that, "It seems like somehow there's been a separation from the political with counsellors and I feel that, well that's certainly a position that I won't take." Another questioned the extent of moral relativism in our field: "Why would you go to anyone who is so relative about everything that there really isn't any foundations for them? That basically describes the state of a lot of the field right now."

Still, they warned against the danger of counsellors assuming that they were doing good simply because they had good intentions, and called for a more active questioning of what is "good." A counsellor who had worked in agencies for most of his career noted that:

Accountability to codes of ethics the accountability to standards of practice has been, I think not taken seriously at a professional level because it was thought well, we're an agency with a social policy mandate and we subscribe to a code of ethics and, we're all good guys. So, uh, we're going to do this really well.

Another questioned this in the context of adequate training and regulation of our profession, and called it: "The biggest meta-issue, there's lots of sub-issues inside of it. Basically who do we think we are, and why do we think we're doing good? And how are we measuring that as a profession, um, entirely."

While these counsellors felt that taking a stand was important, they were also aware that with their willingness to take a stand came a need to continually examine and question their own values and political opinions. Some pointed out that values themselves could be oppressive, and potentially create harm if unexamined. "I guess it's whose values then go down as the values that are best, right?" asked one counsellor, while another said:

I've seen some moral reasoning that runs along that line. Of, um, I know in my heart of hearts that this is right. Well, how do you know that? Because, I believe it so deeply. That doesn't make it right.
So although counsellors took a position, they also recognized the need for relativism and questioning of these positions. Most of these counselors were diligent in their efforts to question the “rightness” their opinions and values, describing how they examined their practices with clients, sought supervision and consultation, did their own therapeutic work, were transparent with clients about their beliefs and politics, and accepted and sought feedback and education from clients and colleagues about their point of view. This work seems especially important for counsellors who want to bring a set of “social justice values” to their work to ensure beneficence. The questioning also extended into questioning the appropriate role for counsellors in different contexts, as we will see in the next section.

Questioning the Traditional Counsellor Role: the Ethical Imperative of Advocacy.

This theme emerged as counsellors frequently discussed feeling that their social justice stance led them to work in a different way from other counsellors, and their sense that sometimes these non-traditional methods were the best way to do good. These counsellors’ valuing of questioning the status quo was demonstrated in their questioning whether generally accepted counselling techniques were truly beneficent. They voiced some discomfort with feeling that they were different from others, but seemed to feel that the difference was necessary for them to work within their ethics and values.

Because they recognized the ethical challenges related to power and value issues that came with advocacy work alongside clients, most counsellors were, on the whole, reluctant to get involved in their clients’ lives, preferring a more traditional counsellor role of “helping people find their own voice, and however way they do that.” But most participants had also experienced that sometimes, “therapy” was not the client’s most urgent need and attempting to do “therapy” could even be harmful unless they first advocated to remove a barrier that
was compromising client safety. Thus these counsellors were often moved to become involved in advocacy work by what felt like an ethical imperative. This often came up with clients who were living in conditions of poverty or abuse, where counsellors felt it was more important that they help clients secure clothing, medical attention, a safe living environment, or food rather than try to do any individual therapeutic work. Counsellors used terminology like “I have no other option” or “it was what needed to be done” and “it would be unethical not to” when they referred to the impetus for this advocacy work.

The system fails to pick up what’s happening in that child’s environment, then you know no amount of counselling is going to help, so that’s when the social justice piece needs to kick in and the advocacy piece is going to kick in. And I really, I don’t like to go out in the world unless things are really falling apart.

Another described how she had taken on the role of housing advocate after another advocate had referred someone to her for counselling. “But his so called advocate says oh you should do trauma work and if you do that then it’ll solve everything and I’m like, we’re not doing anything until you have a place to live.”

These counsellors’ values around social justice, sense of solidarity and identification with their clients, and need for personal integrity, seemed to give them a sense of obligation and responsibility to become involved as advocate. One counsellor discussed an unwillingness to ignore injustices.

Because once you know how to see these things, you can’t not see them. Trying to choose not to see them is an ethical issue...Some people would try and find a way not to have to engage something, because they don’t feel like it or they know how much work it would be or what risks and pain that would be. You know I see that with other therapists and counsellors too.

Another talked through her reasoning for working from a social justice perspective.

I don’t know that these are ethical considerations but more I mean they feel ethical in terms of competent practice, but I don’t know, I don’t—I think that when I kind of
frame all of this stuff, how I think about how I practice, of, bring social justice into my work I think about it’s only ethical to do it because it’s about competency and not doing harm, so I don’t think about—you know I guess that what I really think is that I don’t think about that I push the rules or bend the rules in terms of what I do, but it’s more about if I don’t do it I think that it’s unethical.

This ethical imperative that counsellors felt to advocate was sometimes problematic because they felt as if they were not doing what they were “supposed to” be doing as counsellors. One reflected, “I don’t know many other counsellors who engage these things the way I do but I’m sure they’re out there.” Another felt more comfortable referring this work, when possible, to organizations that specialized in advocacy, who may be more effective and were free for the client. Though some resisted the idea that only one-on-one or group counselling work was considered “therapy,” they still often expressed discomfort about taking on the role of advocate and were curious about the experiences of the other counsellors in my sample.

One counsellor described a time when she chose not to engage in advocacy because “that’s not the role we were in at the time.” Others chose to advocate even though it was not a role they had been trained for or one they saw many of their fellow counsellors engaging in.

Somehow I think that that pushes the boundaries of the traditional counsellor role and I think it’s necessary to push it, because I think it’s much too small a role and it’s much to removed a role…it’s too separate from what else is going on in the world.

Another counsellor reflected:

I don’t know how right or wrong it is because you’re kind of trying to figure it out as you go while you’re trying to find your ethical boundaries. It’s not really written anywhere it’s you know, I have a child that needs winter boots, as they were showing up in –40 degrees in old running shoes, so therefore I will go find boots, kind of thing.

Those that were more experienced in advocacy had a greater level of comfort and had created a network of professionals in other fields that they could trust and turn to for help.
These networks seemed to be very helpful in engaging systems and a few counsellors talked about the importance and benefits of collaborating with other professionals in ensuring clients get the best care and access to information. One said, "[when] I think about social justice I think about access to information" and another reflected:

It's almost as if some counselling programs and counsellors exist in a parallel universe, and aren't—I’m going—they call it eclectic but I would prefer that it was referred to as interdisciplinary, which means that if you think something works in counselling you’d better test it against the standards of other fields that might have a say in it.

In general, counsellor-advocates seemed to feel that they were outside the norm in their willingness to enter the "universe" outside of counselling to work for their clients. However, they also saw that often, the therapeutic benefit of getting someone access to resources or information was much higher than that of one hour of traditional "talk" therapy. Thus, their ethical obligation to "do good" moved them to do "what had to be done" rather than what they felt the profession expected them to be doing.

**Educating Others And Making Connections For Change**

Many counsellors were witness to injustices their clients faced as a result of a lack of knowledge, misunderstandings, or rigidly held, unexamined perspectives on the part of other professionals, and were in a position to try to address it—these instances arose as the theme of educating others and making connections for change. In these situations, the challenge for counsellors was to try to provide education or open up a discussion in the hopes of creating new awareness and perspectives for these professionals, and even turning them into allies. The risk was that if these conversations went badly, the counsellor may jeopardize a
professional relationship and create hostility that could affect not only their current client, but future clients as well.

Counsellors described a myriad of such issues they had encountered in other professionals: “I think people don’t realize the impact of domestic violence on children,” “they may think they have the client’s best interests at heart but certainly by their actions, that doesn’t seem to be true,” “[they] don’t see the experience the way I’ve seen the experience,” “I see a lot of people who are numbed, numbed out,” “workers who, I think they had a lot or racist ideas.” Although counsellors expressed frustration with these other professionals, they also expressed empathy and understanding that all professionals are working within their own limited and flawed systems. Coming from this position of empathy and understanding helped counsellors offer education or a different point of view without creating defensiveness. One counsellor described her approach to this work as:

working to find ways to invite people into that transformational process, to entice that authentic part of them that I somehow truly believe wants to be free from being imprisoned or holding others in a prison.

Counsellors described many successes with this approach. One counsellor had learned to get teachers onside by teaching them about the effects of domestic violence on children:

So I don’t know if they really know, at least in my experience, ‘cause once you start teaching them they go, “oooooh,” then they do respond better. But that’s more psycho educational....something I would do as a presentation to teachers so you’re not targeting one child and identifying them and disclosing things about them.

This counsellor was successful in getting teachers involved in helping students who would have to go through a court process around abuse by teaching them necessary language and
linear thinking skills. Another counsellor worked with social workers whom he saw as “numbed out”:

So you start to speak to them, and you know they will often times—cause I try not to be aggressive—I used to be very confrontational actually—and so uh, what I’m finding is a lot of them are phoning me back and, and thinking about some of the things they’ve said to me about their clients.

This counsellor went on to describe an example of a social worker who had realized that the way she was behaving was “not really her belief system, and she had been co-opted as well” and asked him how they could become allies in helping their mutual client.

Several counsellors took part in presenting or creating workshops to increase understanding about issues like racism, sexual abuse, domestic violence, or mental health. Most also engaged in this work one referred to as “connecting to the truth” with other professionals. They reported that these conversations had rarely gone badly, although at times they had not been successful in shifting perspectives.

The ability for counsellors to find that place of “connecting to the truth” with other professionals seemed to be a powerful and ethical form of advocacy that counsellors derived a lot of satisfaction from, and that had the benefit of creating allies and connections that they may be able to call on to help future clients, and help create systemic change. In many ways this seemed to be one of the ideal avenues to “do good” for these counsellor-advocates.

Crossing Boundaries to do Good

I had expected counsellor involvement in social justice issues to create boundary issues in terms of dual relationships. However, this didn’t seem to be an issue in the advocacy work they did, although some counsellors in small towns described having to be a bit more attentive to keeping physical and social boundaries. Counsellors working cross culturally
also described having to at times accept that the norms of other cultures required them to loosen their boundaries around things like accepting gifts or self-disclosure, in order to build relationships. What did emerge as significant were instances where counsellors had crossed traditional counsellor boundaries to offer help to clients in need because it simply felt like the right thing to do, as a person—these instances fell under the category of crossing boundaries to do good, and were only mentioned by a few of the counsellors in the sample.

One counsellor described how she had often given rides to clients even though she realized it was against her agency policy and could be seen as “over-involvement” with clients. She described clients needing rides from remote communities to access medical services, or having to take the bus with a newborn baby in –40 °C weather in order to come to counselling, as mandated by the Ministry. Another counsellor had helped a client move after a terrible tragedy befell her family. Another described how he had, on occasion, given clients money for groceries. These crossings of traditional counsellor boundaries seemed to be related to the counsellor’s values about what was right and wrong, which led them to reject the detached, professional role that their ethics code recommended. This counsellor seemed to sum up the sentiment behind these acts when he said:

If a client is in need and you are able to find a way to respond to the need without hiding behind the idea of hierarchy and privilege of an ethical code that promotes distance, as well as hierarchy and privilege, it can be an act of social justice if you can make a difference in someone eating that day.

Although not all counsellors discussed crossing boundaries in this way, enough did that it seems significant to consider how a social justice values of equality and solidarity may affect counsellor boundaries, and how counsellors should best negotiate the conflicts in values that
make them want to offer help at a human level, and their professional obligation to keeping this help within the counselling role.

Autonomy

Counsellors are ethically bound to respect the autonomy of the people they work with, ensuring clients are free to make informed decisions about their lives without the influence of coercion, or threats. As counsellors who valued equality, justice, and solidarity, this group of participants was cautious about inadvertently being part of replicating oppression and marginalization by taking power away from clients. Although they did not shy away from taking positions and speaking out, they were much more cautious when it came to using their power, or ensuring that their position of power was not influencing clients’ actions or beliefs. Still, their desire to change things made using power sometimes necessary, and balancing that with client autonomy became essential. The ethical dimensions that arose around autonomy emerged in three different themes: the need for transparency about social justice values; the importance of ensuring autonomy in advocacy decisions; and discomfort with power—equalizing power. The following tables outlines these themes and their sub-themes, as well as the values that related to each theme.

Table 3: Autonomy: Relationship between themes and values.

<table>
<thead>
<tr>
<th>AUTONOMY</th>
<th>Values related to themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The need for transparency about social justice values.</td>
<td>Non-neutrality—taking a stand; Justice; Solidarity.</td>
</tr>
<tr>
<td>Ensuring autonomy in advocacy decisions.</td>
<td>Non-neutrality—taking a stand; taking action for change.</td>
</tr>
<tr>
<td>Discomfort with power—equalizing power.</td>
<td>Solidarity, equality.</td>
</tr>
</tbody>
</table>
Need For Transparency About Social Justice Values

As discussed above, the counsellors I met with expressed strong political opinions and values and rejected the idea that as therapists, they should be “neutral.” The suggestion that therapists should be “neutral” is rooted in the ethical principle of protecting client autonomy, and the need for therapists to respect the different values and views of their clients. I asked counsellors how they handled these value positions with clients, and the theme of being transparent about their values emerged in response to this question, as well as in other examples given in our interviews.

It is likely that all counsellors have non-neutral positions about things such as discrimination, exploitation, and abuse, and the counsellors I spoke with felt it was both ethical, and a matter of integrity, to be transparent about those positions with clients. As one counsellor pointed out, this gave clients “a greater ability to actually consent to working with me.” Counsellors accomplished this transparency in various ways, including mentioning in their informed consent form that they come from a feminist perspective, explicitly stating some of their views in the first session, opening up a dialogue about differences when they came up, or just letting their values become evident in the course of counselling sessions. Several counsellors stated that their clients appreciated their transparency, and had even sought them out because of their reputation for holding certain value and political positions. It seemed that this transparency provided opportunities to strengthen the therapeutic alliance, build trust, and create dialogues that increased understanding and promoted change. One counsellor who helped clients with disabilities receive income assistance said:

Well they’re more comfortable with me when I can say that the way the income assistance program is administered in this province is pretty dehumanizing. When I say that it’s not enough money to live on, when I say that you shouldn’t have to line up
like cattle to get your cheque, you shouldn’t be told that they’re only going to leave one phone message for you and if you don’t respond, you’re out of luck....it creates a trusting relationship.

Another, who described facing anger and resistance as a white male working in aboriginal communities, said “Generally those people become allies very quickly when they discover actually I’m kind of different because my model is so sensitive to these issues.”

Instances where clients’ values conflicted with those of counsellors were more challenging to negotiate. In these instances, counsellors described how they tried to open up a dialogue about the issue:

I’ll say “I want to stop you for a sec if that’s OK, I just want to let you know that I’m really against those ideas that you’re talking about, I’m against racism, when you start talking about people that way.” Actually that’s led to some really interesting conversations ‘cause I didn’t get defensive, but I don’t want people to get defensive, I want to get into a discourse, so you know where did you get those ideas, what’s your experience with those ideas?

Another counsellor talked about how she looked for ways to help clients recognize the commonality of their values, even when they were reacting to labels such as “feminist”:

But how do I present those principles, which are probably within their values system as equality and working against oppression and things like that, in ways that they can hear? And I think that’s very much what social justice work is, is about presenting things in ways that people can hear and get excited about and come on board with, and so tapping into the values that they have already.

Cross-cultural value differences were approached with even greater care. One counsellor described struggling in his work with First Nations cultures, part of which was facilitating groups to identify and reconnect with traditional values. He struggled with what he perceived as sexism and homophobia in the values that groups identified, which he also saw as related to the influence of Judeo-Christian values and the history of sexual abuse aboriginals had survived in residential schools:
And how do I deal with that piece of the culture, um, how do I lionize certain aspects and try to downplay others and it's a difficult ethical challenge and a fine line to walk because I'm an outsider, it's not my place to come in and judge which parts of the culture are worth keeping.

This counsellor described walking a fine line of being "softly subversive" and trying to provoke thought without explicitly stating his own positions on sexism and homophobia.

Another, who worked often with people who were actively engaged in harmful, unjust, or illegal activities, struggled with whether it was right to help someone who engaged in such activity, and whether it was ethical to refuse to help. The resolution was setting some conditions on the counseling work with some clients:

My basic conditions for anyone doing something objectionable is that they stop doing it right now, and then we'll talk about continuing counseling. If you want to get some help for depression but you are going to continue to [engage in unspecified crimes] then I can't help you. But if you want to work towards stopping that then I can help you. What conditions can we legitimately place, and how can we say no?

This counsellor understood the obligation to respect client autonomy and to "do good" by helping people, but weighed that against the need to take an ethical and moral stance against the crimes the client was committing, rather than being complicit in those crimes by helping without objecting to them. Overall, these counsellors felt it was important to client autonomy that they be transparent about these sorts of positions, not only as a way of enabling informed consent, but also so that they were not complicit in injustice, and may even help clients come to different attitudes.

**Ensuring Autonomy in Advocacy Decisions**

This theme included instances when counsellors talked about their efforts to insure they were not pushing their views or desire for action onto clients, and ensuring that the decision to involve the client in advocacy came from clients themselves and with fully informed consent.
Because they were aware of the potential harmful consequences of advocacy to the client, the need to empower clients to find their own voice, and the power imbalance in their relationships with clients, counsellors were cautious about becoming involved in advocacy.

When I asked them about any ethical concerns that had held them back from advocating, the issue of client autonomy came up frequently.

One of the things that I’m conscientious of is that you know, not everyone wants advocacy—you know not everyone is interested in that and um, my idea of advocacy can be very different from someone else’s and... and respecting that people need and choose to do different things than I might do given different circumstances and histories and personality or whatever.

Some would suggest to clients that they could do some advocacy work, and two even admitted sometimes they were eager to do advocacy, but they took care make sure they didn’t influence clients’ decisions. One, referring to a time when a client refused advocacy for getting her access to resources to overcome addiction, reflected:

I suppose it was an ethical issue, if I went too far then I was, I was pushing her into something rather than making it possible, and it’s, you know sometimes it’s a little hard to know where that boundary is.

Another admitted,

I mean there are times when I’m thinking in the back of my mind like, how do I create the list so that when they’re ready the list is you know, but then I think no that’s way too much work for me. And part of it, for me is a learning of, people have incredible resources, and sometimes my role is to just get out of the way, and to not know... it’s great when I do have somebody that they can talk to or I know something about something, but I know that I get off on that.

The process of deciding to advocate for a client was a careful one, ideally driven by the client desire, informed consent and active involvement. Informed consent was taken very seriously by most of these counsellors:

Informed consent, which is ongoing process not just a piece of paper the first time you see them, but an or going thing—if you want me to help you find stuff is it OK if
I talk to this or talk to that or do this or do that. Right. Client’s informed consent drives it.

Further complicating this issue, some counsellors pointed out that certain clients may not have strong boundaries and could be easily influenced, especially those that were used to “people coming in and intruding on their lives and saying ‘you will do this, or.’” This placed extra responsibility on the counsellor to be sure that their client was genuinely in agreement with the advocacy work. Counsellors were aware of their power and influence with clients and part of ensuring autonomy in advocacy decisions was their own obligation to check themselves, and ensure that, as described above, they were wanting to advocate for the right reasons and not coercing or unduly influencing clients.

**Discomfort With Power, Deconstructing Power**

This group of counsellors was attuned to the power dynamics in society and in counseling relationships, and most exhibited some discomfort with the power they had and made efforts to “deconstruct” it, which emerged as a theme. One counsellor suggested that to be effective social justice advocates we need to use our power to benefit clients and change systems:

> It comes down to individual counsellors knowing how to exert influence and being comfortable in that idea. The idea of having some power and then being comfortable using it doesn’t sit with people in this field very well.

This counsellor’s perspective on colleagues seemed to be true of most of this sample, who were more concerned with ethical dimensions of use of power with individual clients than with using it to effect change. Many struggled with how to address the power differences in their work with clients, feelings of powerlessness in regards to the systems they worked in,
and how to use power in their advocacy work. For some, there was a sense of guilt that came
with privilege, which most of these counsellor-advocates felt accountable to:

I think there’s an element of guilt that makes me always question my right to be there,
which turns out to be very useful in this context, uh, although psychologically it can
be very challenging.

Another counsellor talked about the importance of being careful with this guilt, making sure
he did his own work around it:

So I don’t get into that kind of “friend” thing where I’m asking them to help me out
with my collective guilt about how they’ve been oppressed, you know so, cause that
can be pretty offensive too.

On the whole, the counsellors’ awareness of their power and the potential for their clients to
be harmed by their unintentional misuse of power, was the source of a lot of caution.

The idea of “deconstructing” or equalizing power came up with many counsellors
who saw this as one way to reduce the influence the client may feel from the counsellor.
This stance also had to do with the counsellors social justice values around equality and
solidarity, and a reluctance to take the position of “expert,” or “above” clients somehow.
They recognized that as people coming from middle class lifestyles, it was problematic to act
as social justice advocates for marginalized clients. One person described this as “the biggest
ethical dilemma” he faced: “what is the place for a person of acute privilege to be assisting
others to empower themselves?”

These counsellors found it important to work to equalize and deconstruct the power
and privilege dynamics in their relationships with clients. They did this by positioning
themselves as working alongside their clients, “avoiding participating in a hierarchy,” and
explicitly acknowledging the power issues in counseling relationships with clients. One
counsellor used the a method of “permission asking” that he had learned from Narrative
Therapy and Reynolds (2007), which was part of creating safety and autonomy by giving people permission not to answer therapist’s questions and being explicit about the purpose for asking certain questions. Other counsellors, referring to international, cross-cultural work, discussed the importance of learning from clients where they come from and what they need rather than imposing their view of what was needed.

So for us to come in with all these ideas of what should work—it just doesn’t. And it’s been proven year after year in colonization, it just doesn’t work this way....The question is now that the world has become smaller, and that we care, these issues have been there forever but it hasn’t really entered my consciousness. Is now can we do this together? Can we partner, can we really hear and listen and live in these conditions our selves for a while, and figure out how different or how similar are we?

Another counsellor who worked cross culturally pointed out that “deconstructing” power helped gain the trust of clients, which was both a benefit and a responsibility:

I also emphasize continually that they are the experts in their culture and their community and what I know I’ve learnt from other communities so I’m really sharing from one community to another, I’m simpl--I’m a conduit. I’m also sharing from my own experience but it’s equivalent to each of their experience. So, what I find is the amazing thing is by doing that you become very powerful. Not only do you avoid a lot of the conflict that comes from people feeling the need to establish their sense of power in the face of you representing a piece of their ongoing colonization but also, being someone willing to acknowledge it increases your validity and your credibility for them, and so it’s been quite wonderful that everything, step, I’ve done to put them at ease has actually inadvertently made me more valuable to the community. So it’s uh, it’s dangerous cause it could actually be used as a technique. That’s not what it was intended to be.

This counsellor also stressed that the counsellor’s role in maintaining safety meant that they had to maintain a certain amount of power, especially in group work.

Which means you’re kind of a benevolent authority that flattens the hierarchy but it’s never forgotten that you’re in charge and to think that anyone in the group forgets I would be foolish because no-one ever does.

These counsellors seemed aware that although it was essential to work towards equalizing power in their alliances with clients, they could never fully eliminate the power
dynamic, and other precautions and checks would be necessary to ensure client autonomy. The risk, perhaps, was that they may become too cautious and also avoid using their power to make changes that could benefit clients.

Justice

The social justice value and meta-ethical principles were well aligned on the issue of justice. As mentioned above, many counsellors had chosen their careers because it felt aligned with their value of justice. One pointed out that by helping those who had suffered from abuses or discrimination heal and become stronger, they could enable these people to have stronger voices for change, and that in itself made a difference. Another described how she had decided to move into counselling after observing the lack of access that the children she worked with as a teacher had to therapy and support. As much as these participants felt that counselling was a profession that was aligned with their social justice values, they did experience ethical discomfort with what they saw as injustice in some of the current norms of the profession. This discomfort came up in two different themes: injustice in service delivery, and a just approach to counselling and treatment. The following tables outlines these themes and their sub-themes, as well as the values that related to each theme.

Table 4: Justice: Relationship between themes and values.

<table>
<thead>
<tr>
<th>Themes related to this principle</th>
<th>Values related to themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injustice in service delivery.</td>
<td>Justice; taking action for change; non-neutrality—taking a stand; community vs. individual self-interest.</td>
</tr>
<tr>
<td>A just approach to counselling and treatment.</td>
<td>Justice; questioning the “status quo”.</td>
</tr>
</tbody>
</table>
Injustice In Service Delivery

This theme came up as counsellors expressed discomfort about the fees they charged, the unequal way counselling resources were distributed, and some of the conditions imposed by funders. This relates to their wish to avoid being “part of the system,” but this category is concerned with how counsellors saw, and worked against, structural barriers in the way their service was delivered. There was a sense of frustration in these counsellors, who found that the justice-based values that had brought them to the work were often in conflict. Although these counsellors felt that counselling and advocacy work could increase social justice by strengthening the voices of marginalized clients, they recognized that there were problematic injustices in the execution of that work. “It also therapizes that which should be political, which is a negative. Uh, it takes money intended for the poor and gives it to middle class incomes. That ain’t so hot.” Indeed, many counsellors expressed discomfort around how they set fees for counselling, or how counselling was paid for.

It does relate to power but it relates to something else…it relates to, on a certain level it’s a replication of the exploitation...uh, a white guy is getting his lifestyle maintained uh, through the despair of a community that is being oppressed and is impoverished by the very thing that gives the white guy the privilege to have his lifestyle.

Those in private practice looked for ways to lower their fees for clients living in poverty without disempowering them. Two counsellors did pro-bono work with clients referred by EAP’s so they could ensure that the client received adequate counselling. Several counsellors did advocacy work for no cost, but this limited the amount of time they were able to give to it. One counsellor was explicit with clients about having a sliding scale that enabled the more wealthy clients to subsidize those that they saw for no or low cost.
Those working in agencies, and for EAP’s, struggled with the restrictions imposed on their services, and cuts to funding and services and created barriers for both clients and counsellors. One felt that, “particularly those who cannot pay for therapy got a, I would say just a massively substandard service in terms of the kinds of protection of dignity, privacy, confidentiality.” Having to work in these environments created an ethical dilemma for counsellors: do they remain “part of the system” of injustice, or risk losing their jobs to stand up to it? Four of the counsellors I spoke with had quit jobs because they were unable to change, or ethically work within, unjust policies—one had done so twice. Two counsellors had left agency work for private practice, where they felt they could work more in line with their ethics. When I asked one what had stopped him from fighting the system while he was “inside” he responded:

probably the pressure, you know the contracts, and the funding, and the whole culture in my social—agency where I work, and probably the fact that I knew then that I needed to stay in the job, where I had paid into a sort of an annuation fund for my retirement, so I’m thinking well how ethical is that?

This counsellor described how at the beginning of his career in this agency, he had been able to see clients for up to two years, but over years, funding had been cut to provide just three sessions: “The society I work with doesn’t want to lose the contract so we just totally agreed, and offered really no resistance to this at all, and so I ended up leaving my job after that.” Another counsellor working on an isolated Aboriginal reserve described how her supervisor accused her of being “obsessed” with sexual abuse because she received so many disclosures, and asked her to focus counselling on helping the women function better in their domestic duties, which is what the funders of her program preferred. She, too, ended up quitting this job.
Because you are furthering the oppression by silencing them in that. You’ve created a climate where they can’t speak and they must remain silent, you know or the boss won’t be funded or whatever.

One counsellor, however, described his success in single-handedly changing an agency wide policy that compromised the confidentiality of clients by invoking the ethics code of the BCACC, which he was a member of, and refusing to follow the agency policy. He stressed the importance of professional organizations in supporting counsellors to take a stand.

I really then had this strong sense that I was part of a group who without considering the particulars of the situation or the politics and the power needs of the management people or the provincial budgets they had decided—this is as far as we go and we’re going to stick together on this one.

This counsellor’s experience points to the possibility that through solidarity about ethical and social justice issues as a profession, we may be able to impact the larger systems that administer our work. However, although all of these counsellors belonged to a professional organization, no others described using the backing of that organization in that way to ensure just and ethical service to clients. Instead, most chose to quit, or find other ways around these barriers. Some counsellors talked about learning how to “work the system” to get the client what they needed. Counsellors who were obligated to report to stakeholders in other systems, such as the MCFD, the justice system, Ministry of Employment and Income Assistance, or EAP providers, took a clear ethical stance that their client was their priority. Another took care to explain to clients that although she may have to use terminology like “borderline” to apply for funding for their counselling, she did not “therapeutically believe” in this label. Counsellors spoke directly to funders and administrators to find out exactly what was required of them and their clients, and then found ways to provide that without compromising clients’ confidentiality or safety. This also enabled them to inform clients
regarding what sort of information they may be obliged to share, so that clients could be
cautious about what they told counsellors—a less than ideal solution, but one that some felt
was important to ensure client autonomy.

All of the counsellors who provided client information to funders, government
agencies, lawyers, or social workers described how they fully involved the clients in the
writing of reports about them, and got client consent for every word that went in there. The
word “negotiating” came up frequently in these descriptions—counsellors negotiated with
clients and with other stakeholders about the details that would go into reports to arrive at a
solution that would protect the client and help them get what they needed, provide enough
information to the stakeholder, and maintain the counsellor’s integrity and honesty in report
writing.

Again, the importance of connections came up in these discussions. Having a good
connection to a doctor, social worker, lawyer, police officer, teacher, or other influential
professional in a client’s life, seemed to facilitate just service delivery. One counsellor talked
about using connections to “a lot of people in decision making roles” to arrange things for
clients, get things done by others when his involvement would create an ethical conflict, and
also to work against injustice in his community. Another counsellor had built a network of
professionals that she could call on to provide services to her clients. The creation of a
network of connections came up with four of the five counsellors that lived in smaller towns
and cities, but was not mentioned by the counsellors in the Lower Mainland. Counsellors in
small towns may have had more of an opportunity and an imperative to create these
relationships as they often described having limited access to resources and other
professionals.
As managed care becomes the norm, and funding is cut to counselling services, counsellors with a social justice orientation, and perhaps counselling as a profession, may find it necessary to take a stand against the systemic barriers that limit them from proving their services in accordance with professional ethics. Our ability to influence systems will be affected by our credibility and value as a profession, our respectful connections to professionals in other disciplines, and our willingness to take the risk of speaking out with the confidence that our professional organization will support us.

A Just Approach To Counselling And Treatment

Many counsellors chose to talk about how they worked to create a just approach to counselling through the use of certain techniques of framing and languaging and the rejection of other, more “mainstream” techniques—these conversations were brought up spontaneously by most of the counsellors I spoke to and formed this category of a just approach to counselling and treatment.

Part of the argument for counsellors to take on more of social justice advocacy role has been a criticism of counselling as being harmful through its maintenance of the status quo and, as one participant put it, “implicitly blam[ing] people that are harmed.” This complicity in maintaining the status quo seemed to be what counsellors sought to avoid in what they perceived as a different approach to clients. This approach involved the positioning of the therapist as an equal and ally rather than a hierarchical “expert,” as described above. Some counsellors saw injustices inherent in some more popular or mainstream counselling approaches. One who worked with children was frustrated by the popularity of the behaviour modification approach to therapy with this client group.
there aren't that many, especially that do expressive therapy, have that perspective, rather than the behavior 'mod stuff, too. I just to me that's kind of blaming of the person—it's your behavior—behave yourself and things will be fine. (laughs) That'll be $100 bucks!

While another, who came from a different culture, described how she questioned the cross-cultural appropriateness of Bowenian systems theory during her training:

Bowen did many great things, but uh, every week I'd go in and talk about, but what about culture, what about—you know this idea of individual vs. collective is, is and every week I'd be told well families are families, it doesn't matter what part of the world they're from it doesn't matter.... but it was so horrid to me to go, you know how do you, how do you impose a theory of all families and all families are like this when in my experience, your family and my family are completely different. Completely different!

Several of the counsellors were influenced by feminist counselling theory, and three were influenced by the Narrative and "Just Therapy" approach (Waldegrave & Tamasese, 1994; Waldegrave, 2005). Many preferred the Narrative therapy method of positioning "problems" as outside of clients. Most of the counsellors I spoke with stressed the importance of bringing context into their work with clients, rather than constructing client "problems" as arising from within the client. They discussed how they worked with clients in a way that freed them from feeling that they were dysfunctional, empowered them, and helped them recognize their ability to resist oppression. This included making clients aware of how "gender training" may come into play in abusive relationships, with men enacting "machismo" and women enacting "caretaking" behaviors. It included teaching aboriginal clients that the problems in their communities were "a product of the outsiders, not a product of the culture," in the hopes of working against internalized racism. It included being vocal about the barriers and flaws they observed in the systems their clients interacted with. It
included helping clients see that they were not isolated in their situations by bringing in accounts of other people from all walks of life who struggled with similar issues.

Only one counsellor emphasized the importance of working from evidence-based practices, and worried about harm that could come to clients through using approaches that were not based in evidence. That is not to say that the others in the sample were not concerned with this, however they expressed more concern about using approaches that empowered clients, highlighting strength and resilience and avoiding the “pathological” lens that they saw as coming from a medical model. The perceived emphasis on diagnosis using the DSM-IV was spontaneously mentioned as problematic by 5 of these participants, who seemed to feel it was unjust to apply such labels (one called it “name calling”) to clients. Although some acknowledged that receiving a diagnosis could be helpful in some cases, they also noticed that their clients could begin to “internalize” and identify with their diagnosis, which may “limit possibilities” for them. They looked for “different languaging around [diagnoses] that doesn’t have the pathological lens to it of the DSM-IV,” or provided a more holistic explanation about the effects of stress on brain and nervous system development, and focused on the context and circumstances that had led to that label being assigned.

Suppose you turned to all the “borderlines” and said you know what, everything we know about coming into the world as a vulnerable human being does says that it’s all based on trust and for whatever reason we don’t understand the people who were the holders of that trust on your behalf couldn’t come up with the goods. Suppose we said that instead of saying, “You know, I think you’re a borderline.”...it’s not about who you are it’s about how causes and conditions have unfolded.

Counsellors worked to help clients challenge ideas that they were dysfunctional, instead helping them see themselves within “a story of survival.” Two had incorporated Alan Wade’s ideas about “tracking resistance” with clients (Wade, 1997), with resistance
meaning the ways in which they had resisted harm in their lives. They helped clients recognize their natural inclination to resist harm, identify the sometimes subtle ways in which they had done so, and understand how the power dynamics of “victim/oppressor” relationships had worked to silence them and suppress resistance, thus empowering clients to see that they had not accepted oppression and marginalization. They saw this as an approach that was aligned with justice, which gave them confidence that their work with clients did not “maintain the status quo” and “blame the victim.”

Fidelity

The counsellors I interviewed raised issues around fidelity both in the sense of trustworthiness, and the sense of promise keeping. Their valuing of solidarity with clients exhibited itself a commitment to promise-keeping that emerged in two themes: striving for integrity and congruence, and placing their counsellor role first. Their valuing of taking action for change also brought up a theme about trustworthiness; breaking confidentiality to advocate. The following tables outlines these themes and their sub-themes, as well as the values that related to each theme.

**Table 5: Fidelity: Relationship between themes and values.**

<table>
<thead>
<tr>
<th>FIDELITY</th>
<th>Values related to themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Themes related to this principle</td>
<td></td>
</tr>
<tr>
<td>Striving for integrity and congruence.</td>
<td>Solidarity; taking action for change; non-neutrality—taking a stand..</td>
</tr>
<tr>
<td>Placing the counsellor role first.</td>
<td>Solidarity.</td>
</tr>
<tr>
<td>Breaking confidentiality to advocate.</td>
<td>Taking action for change.</td>
</tr>
</tbody>
</table>
Striving For Integrity and Congruence

This theme emerged around counsellors explaining how they endeavored to be congruent with their social justice values in all areas of their life. It almost seemed a matter of loyalty to clients, and essential to maintaining integrity both personally and in counselling relationships. There was a sense that to espouse social justice values but then not act in accordance with them was dishonest, to themselves and to clients. One counsellor felt that he had to get involved in political action “if I’m gonna call myself a counsellor that embraces social justice ideas.” Another put it this way: “You know it’s great to go to the Christening and smile at the baby. It’s also important to change the dirty diapers and do the laundry.” Thus, fidelity to clients was part of the impetus to become involved in advocacy, and to speak out both at work and in their personal lives about injustices their clients faced.

Some counsellors expressed that integrity came from a strong sense of self, and from knowing where they stood on certain issues, as well as from life experience, which made them comfortable refusing to compromise their values under pressure. Several seemed comfortable with the congruence they had between their values in all areas of their lives: “I guess I’m pretty clear about who I am in terms of saying what I believe in anywhere at any time,” one explained. But several others mentioned feeling a sense of guilt at not living up to an ideal they had for themselves. One counsellor who had lost connection to his own cultural heritage but was asking aboriginal peoples to connect with theirs, explained:

If I’m making a demand of them to reconnect as a source of valuing I can’t make it unless I’m willing to explore it at least myself. That was my own hypocrisy, not theirs. So that was an ethical piece that’s very personal.
Another discussed his difficulty with having to “play politics” in advocacy work within the professional association, compromising in order to make progress.

It’s necessary but I don’t like it. And I’ve had a couple of times where I’ve decided you know, should I resign over this? But it’s always resolved itself so I haven’t had to do it. And again that’s a political art too, isn’t it—to have some integrity when you’re working with all of this?

Another observed that he found it easier to stand up against injustice with the backing of his profession than as an individual:

I sort of morally cringe that I’ve said things to you know various authorities, police officers, judges, lawyers, medical panels and things like that when I had my professional hat on that if I didn’t have the support of that identity and all the backup that implies I wouldn’t have had the courage to do that just as me. And I just so admire people who do say I don’t have anybody standing behind me, this is just—I think this is right and I’m going to do it and I have a reasoned position. Yeah, so, unfortunately [my ethics and values are] not the same. They’re not the same and that’s an aspiration but it would be even worse if I told you they were the same!

It seemed these counsellors felt accountable to their clients to ensure that the values they espoused and the positions they took were ones that they lived up to. Not doing so created a sense of disloyalty and dishonesty. Counsellors who take a social justice stance may find that congruence and integrity in all areas of their life is important to their feeling ethical.

**Putting The Counsellor Role First**

Fidelity also seemed to be a key issue in the reluctance to become involved as advocates that some counsellors felt. The theme of putting the counsellor role first came up as one of the ethical dilemmas that kept counsellors from getting involved as advocates at times. Especially when there could be legal involvement, counsellors preferred to support their clients from “behind the scenes” rather than take a more public position, as this may require them to sacrifice their counsellor role. They wanted to be able to stay with their
clients to see them through their involvement in the legal system, and they also wanted to be
able to protect client confidentiality.

And I stay very much in the background because I don’t want to be a witness or have
the police come to me to get a statement you know because it compromises my role to
a large extent, that would mean me, you know handing off to another counsellor.

Another described her efforts to dissuade the police from involving her evidence in a child
abuse investigation:

So I say if you have other evidence and you don’t need me then don’t use me,
because—you know as soon as you start to use me I have to disengage from the client,
because I’ve got all these conflicts and—well it’s not that I have to disengage from the
client it’s that I know things are going to be so disruptive and things go awry, you
know—our relationship is forever altered and my presence as their support is ended—
so once again they see disclosure as a feeling of being punished, the people they care
about disappear.

Instead of becoming involved in the clients’ environments and risking becoming a
witness or otherwise jeopardizing the clients privacy and confidentiality (as well as taking
the risks with autonomy already discussed), counsellors worked from behind the scenes to
prepare clients to interact with the systems themselves and become their own advocates.
These counsellors taught clients specific skills that would help them negotiate systems. They
coached clients to ask social workers questions about exactly what was required of them, and
to write down all the information they received. They encouraged parents to become their
own “case manager” when their child was involved with multiple professionals, and worked
with them to achieve this. They explored clients’ expectations around systems, and helped
prepare them for the possible consequences of engaging systems. The latter activity involved
a fine balance of not creating negative expectations for clients, while “giving enough
information so in the moment they don’t move into shock or they can still respond and
defend themselves.” They helped to connect clients with people that could help them, and
helped them with specific preparations for meetings and court appearances. They found ways to enable clients to make honest, human connections with workers—for example, one counsellor helped a child in the foster care system write a letter to a social worker explaining that he would like to play ball but doesn’t know who to ask. When clients had suffered injustice within the systems, counsellors helped them understand the context.

In effect, these counsellors were acting as “coaches” for client self-advocacy, while maintaining their role as counsellor and not crossing any of the ethical lines of fidelity and autonomy that advocacy work created. These methods also empowered clients to engage the systems themselves with the counsellor’s support, and taught them skills they could take away from the counseling relationship. This solution to many of the ethical issues that came with advocacy work seemed to work well for both counsellors and clients.

**Breaking Confidentiality To Advocate**

Another ethical dilemma that came up was the issue of confidentiality in advocacy work. As described above, most counsellors took precautions to ensure they didn’t advocate out of their own self-interest, and that clients made autonomous decisions around advocacy. Still, some counsellors described some discomfort around times when they broke client confidentiality in order to advocate, or were unable to advocate because they had to protect client confidentiality. Both types of situations came up about equally, but not nearly as often as I had expected. Some counsellors admitted that they had shared information before getting written consent from clients, although they had sought verbal consent first. Often, such situations came up when clients were involved with more than one professional and counsellors were working to coordinate services with other professionals that were difficult
to reach. One counsellor also described her discomfort with other professionals sharing information with her about her client and wondered “whether or not to hang up and say sorry, I can’t talk to you, or try to walk the line of hearing what’s being offered without breaking confidentiality myself.”

On the other hand, there were times where counsellors felt frustrated by their inability to help a client further without breaking confidentiality. One counsellor wished he could advocate for clients with Fetal Alcohol Spectrum Disorder, who he thought would benefit from some extra support from service providers to “set up a system that would allow them for reminders, that would allow them for routine in their lives,” but said that they often didn’t give consent for this. Another expressed the frustration she had felt sitting in a case management meeting with a client’s school that was focused on getting the client medication so that he would function in school, without any discussion of the historical context of abuse at home, and the mothers attempts at recovery, which was contributing to the child’s behavior. She explained that though she could likely have gotten consent from the client to bring this up, “I won’t disclose to people I know are going to be talking about it in the hall.”

Generally, counsellors had no difficulty respecting a client’s wish to maintain privacy and confidentiality, and in fact worked hard to protect it, even if it meant they could not do as much good for the client as they would like. However, sometimes, their value around taking action for change and their desire to do good may have allowed them to share information with other professionals to get things done, without obtaining written consent.
CHAPTER V: DISCUSSION

This study explored the ethical dimensions of counsellor involvement in social justice advocacy. The findings revealed that counsellors' social justice values influenced their interpretation of professional ethics, and that they viewed their social justice perspective as part of beneficence. Their values, and desire to maintain ethical practice as they saw it, were often the impetus to engage in advocacy, which in turn created other ethical dimensions. Participants' social justice values included: solidarity with clients, equality, justice, taking action for change, taking a stand—non-neutrality, community over individual interest, and questioning the status quo. Their awareness of their strong values about social justice created extra caution that they ensured advocacy activities were motivated by clients, and not by the counsellor's emotional response to injustice. Thus, supervision, debriefing, self-examination, and being open to feedback and dialogue with clients were important. They were hesitant to engage in advocacy if they felt the client could be empowered and supported to self-advocate, or if they felt it would compromise their role as a counsellor. Still, there were times when advocacy seemed necessary to remove a barrier that compromised client safety, or when counsellors were in a position to provide education and shift perspectives in other professionals and colleagues. At these times, fully informed consent was imperative, though not always achieved. A sense of solidarity with clients was evident in counsellors' desire to equalize power in relationships with clients, questioning of appropriateness of professional boundaries, distrust of the systems they worked with and within, the sharing of feelings of marginalization and powerlessness that their clients experienced. Indeed, the majority of ethical dimensions expressed by counsellors were related to barriers within systems that
affected their clients, and their ability to work in line with professional ethics and social justice values. Concerns were also raised regarding whether counsellor training and regulation was adequate to prevent harm to and do good for clients. Many of these counsellors felt their practice differed from the traditional norms of the profession and that this positioning was necessary to ensure beneficence and non-maleficence. Their strong sense of fidelity to clients led to a desire to maintain integrity in upholding their social justice values in all areas of their lives.

**Fit with Existing Literature**

In a number of ways, the findings of this study fit with existing theoretical and research literature regarding the call to move into counsellor advocacy work, counsellor’s current involvement in advocacy, ethical dilemmas related to social injustice. However, the present study focused on exploring the experience of counsellors who were already involved in social justice advocacy with regards to the ethical dimensions of that work.

**Theoretical Orientation of Counsellors**

The counsellors interviewed endeavoured to develop a “just approach” to counselling and treatment, which they saw as an important part of enacting beneficence, non-maleficence, autonomy, and justice. They drew from multicultural ideas, but were more heavily influenced by feminist, Narrative and Just therapy ideas. Goodman et al (2004) outlined the six recurring themes in feminist and multicultural theories as they applied to social justice work: ongoing self-evaluation; sharing power; giving voice; facilitating consciousness raising; building on strengths; and leaving clients with tools for social change. Ongoing self-evaluation was stressed by several of these counsellors to ensure that they understood what was “good” and how to do it, as well as how their values and emotions were
influencing their desire to engage in social justice work that may not be in the clients' best interests. Like the feminist therapists studied by Hill and Ballou (1998), these social justice therapists felt it was important to ethical practice that they be transparent about their social justice values with clients as a matter of informed consent. These counsellors also followed practices recommended in the Feminist Therapy Institute's ethical code, such as examining the influence of systems of oppression in their own and clients' lives and developing awareness of their own potential to abuse power in therapy relationships. They struggled to avoid being "part of the system" of oppression through their work.

Sharing power, which was referred to by these counsellors as deconstructing or equalizing power, also arose as a theme and was important to the approach to practice that these counsellors took, and the impetus for Narrative techniques such as "permission asking." Positioning themselves as allies with some experience and knowledge which was "equal to each of [the clients'] experience" and knowledge, these counsellors sought to avoid the role of "expert" and worked to help clients find their own voice and learn how to use it effectively, often coaching from behind the scenes. They also "gave voice" by trying to create honest, non-confrontational connections with other professionals in order to provide education and perhaps a new perspective about the issues their clients faced.

Consciousness-raising was facilitated by the process of "bringing in context" in which these counsellors helped their clients become aware of the contextual influences on their current circumstances. Again, Narrative techniques and theories were applied here, with an approach of "externalizing" the problem, and reframing the client's story as "a story of survival," as one counsellor put it. Contextual influences also included exploring the impact of things like "gender training," colonization, or other socio-political factors that were
contributing to the client’s “problem.” Counsellors were also able to raise consciousness as part of being transparent about their values, which opened up dialogues with clients that challenged unjust ideas, encouraging clients to explore where those ideas had come from. It also included attempting to move clients away from identifying with DSM-IV labels that may be limiting their self-perception, to seeing how “causes and conditions had unfolded” to lead to the assignment of that label. One caution in this area would be to ensure that counsellors do not inadvertently give clients the impression that they do not share responsibility for their actions and circumstances, because ostensibly they were all due to context. Counsellors should also be aware of how biases against the medical model may prevent them from recognizing valid medical illnesses that require medical treatment.

Building on strengths was the preferred mode of practice for these counsellors, and one of the rationales behind the technique of “tracking resistance” (Wade, 1997) that several of these counsellors employed. Wade observes that whenever a person is harmed, they resist, and that such resistance is ever present. When hearing clients’ stories, the therapist focused on their response to the violence rather than how it affected them, helping clients identify and acknowledge the implications of their own resistance. Often, the client’s “symptoms” can be seen as resistance, rather than pathology. The counsellors I interviewed generally seemed to prefer focusing on socio-political context, circumstance, strength and resilience.

The Feminist Therapy Institute’s code of ethics encourages its members to engage in social change activities aside from work in their profession (1999). Indeed, all of the counsellors I spoke to did such work within communities and organizations, and engagement at this meso level was a criteria for participation. However, it was not the social change activities that these therapists engaged in outside their work with clients that brought about
ethical dilemmas. Rather, it was case advocacy for clients, and their own struggle to maintain social justice ethics within "the system" of managed care, cuts to funding, and a medical-based model of care. The APA's multicultural guidelines (2002) encouraged counsellors to take an active role in organizational and policy change, and indeed, some of the counsellors I spoke with were active in their professional organizations, on multi-disciplinary committees, and in their agencies in an effort to effect change. However, many also seemed to feel somewhat powerless to change the larger systems that affected their clients, and were frustrated by repeated unsuccessful efforts which often resulted in their leaving their jobs, rather than influencing their organizations to change. Bringing about change as one person is often difficult, and counsellors could benefit, as some of this sample did, from forging supportive connections within the profession and with other disciplines to facilitate change. However, this effort may necessitate compromise of some social justice principles, something that created guilt or frustration for some of these participants. Compromise and negotiation seems necessary and may even help ensure informed and collective, rather than personally motivated, decision-making.

The support and backing of the professional organization counsellors belonged to seemed to be one potential avenue for strengthening the influence of individual counsellors. However, within my small sample there were diverse views on which directions the professional organization should take towards social justice work. These views were influenced by individuals' backgrounds and values, which are not always a reliable basis for decisions that affect others, especially in a professional context. As much of the counselling profession seems to be calling for a move in this direction, it seems imperative that we begin a dialogue on what our priorities should be for activism, research, and training that increases
social justice. Our voice will have more credibility and strength if it is united. Finding that common voice will require, again, compromise, questioning, listening, examining, and articulating—which are skills possessed by most counsellors.

Counsellors and Social Justice

The research on counsellors and social justice indicated that while counsellors seem to believe that case and class advocacy is important, and have the skills, values, and personality profiles that fit for social justice advocacy, they are only minimally involved in social justice advocacy (Delk, 2002; Erikson, 1999; Kelly, 1995; Nillson & Schmidt, 2005; Schmidt, 2002). The findings of the current research may shed some light on some of the ethical complications that keep counsellors from becoming more involved in advocacy.

Even the participants in this research, who identified as social justice advocates, expressed caution about “going out into the world” to advocate for their clients. Ethical concerns about ensuring client autonomy in advocacy decisions, jeopardizing their ability to continue a counselling relationship due to conflict of interest, and doing no harm through advocacy, made it preferable to counsellors to teach their clients to advocate for themselves while supporting them strongly from “the background.” If we hope to expand our role to work alongside our clients in class and case advocacy efforts, careful consideration of how to negotiate these ethical issues will be imperative.

Another concern seemed to be the sense that advocacy was not what they were supposed to do, or not appropriate for the role of counsellor. Some of these counsellors were involved in class advocacy activities such as working for judicial system reform, or anti-racism work, however this work was separated from their counselling relationships. The literature on social justice has emphasized the need to “expand our role” (Vera & Speight,
2003), however, it was the counsellors in this research who took on this work as an addition to their role. The expanded role for them involved collaborating with other professionals, and doing case advocacy for clients more than other counsellors may. The ethical pitfalls of involving clients in class advocacy seemed too many. This research suggests that more dialogue and guidance is needed regarding what areas are appropriate for counsellors to “expand” to, as many of these counsellors felt that even the slightly expanded role they took on was pushing the expected boundaries of the profession. Areas that seemed to bring success were educating other professionals and community members, community building, and creating networks for change. Also, engaging the support of the professional organization seemed to enable class advocacy. Still, currently, this type of work would be unlikely to be compensated, and the thus the profession also must consider whether this “expanded role” will be pro-bono, and if not, what would be a just system of compensation.

Erikson (1999) contended that counsellors’ motivations for action often generated from recognizing a stressful or threatening problem situation, such as situations “which aroused a sense of anger and injustice.” The participants in this research also felt moved to advocate by injustice and anger at the systems that they saw as harming their clients—however they were cautious about acting out of “the energy of crisis” and made efforts to evaluate their motivations for advocacy. They were aware of the harm that could come to clients as a result of becoming, as one put it, “visible in their situations” and had learned that often, gathering more information and taking time to calm down and assess the possible gains and losses that could result from advocacy was helpful. This sort of “risk assessment” seems imperative to engage in with clients as part of involving them in advocacy decisions and ensuring informed consent. Counsellors should also question for themselves why they
are choosing advocacy as an intervention, whether they are the best person to perform this advocacy, and how they anticipate it will benefit clients more than other interventions.

Erikson’s finding that counsellors’ use of the “skills, values, and personalities that make them effective counsellors” were also part of making them successful advocates, although counsellors did not seem to recognize these attributes. One of the most seemingly successful, and ethically uncomplicated, advocacy activities that the participants of the current research engaged in was that of educating others by engaging them in dialogues in ways that “invite people into the change process.” These counsellors used their skills to open up communication with colleagues, other professionals, and even clients about issues of social justice, helping people understand how some of these issues were already “within their values system.” Remaining calm and non-confrontational, working in the spirit of cooperation, and trying to listen to and understand the other’s point of view, all aided in counsellors' ability to connect “at the truth.” Education and consciousness-raising is a key area where counsellors’ skills could be utilized in advocacy.

Counsellors in Practice

This research also lends support to some of the findings from studies regarding the effects of working with marginalized and traumatized clients, however it also differs in some ways. Holmqvist and Andersen (2003) found that therapists working with traumatized clients felt less objective, which was a finding the present sample certainly echoed in their rejection of neutrality, their valuing of taking a position, and their perception that counselling was “political” in some ways. Therapists in Holmqvist and Andersen’s study reported feeling alleviated guilt due to their work to relieve human suffering, but also experienced exhaustion, negative feelings, and “hopelessness.” The counsellors in the present study did
not report feeling alleviated guilt—in fact several felt guilt at not doing enough, and a sense of “ethical angst” at the barriers they experienced within the systems that employed them. Although I presumed that social justice work might enable counsellors to feel more empowerment and hope regarding stopping injustice, the opposite seemed more true for the counsellors I interviewed. Systemic barriers frustrated the participants in this research, sometimes creating a sense of marginalization and powerlessness. This identification with clients’ problems, while it may increase empathy and solidarity, may also contribute to burnout and ineffectiveness. Worse, counsellors may find themselves giving up and “becoming the system”. It is imperative that counsellors working as social justice advocates seek support around these issues in order to ensure that they maintain hope in change and effectiveness as change agents, if they hope to role model these things for their clients.

The ethical angst created by systemic barriers that impede counsellors from working in congruence with their professional ethics is also supported in the literature. Pope and Vedder’s (1992) study regarding the types of ethical dilemmas psychologists faced found that payment issues, especially related to conflicts with those administering and funding health plans were the third most common issue counsellors cited. Also common were instances where psychologists had to choose between breaking the law or protecting clients from harm or injustice. The participants in this research, similarly, raised issues of conflict with EAP’s, funders of programs, and agencies more than any other issue. The legal obligation to report was also discussed frequently by this sample as a difficult choice between harming clients by putting them in contact with what counsellors perceived as a poorly run system, or breaking the law. This challenge was met in a wide variety of ways, which demonstrated the participants’ relative values influencing their decision-making. This finding suggests that
there is a risk that counsellors will allow their own values to guide them to what our profession deems unethical, such as routinely not reporting abuse or suspected abuse, or, conversely, reporting crimes that we are not bound to report because we oppose the behaviour. However, a third alternative is to neither accept the status quo nor break the law or ethical codes, but work as advocates and educators and attempt to improve the outcomes for clients. Perhaps if the profession encouraged advocacy as the ethical path in these situations, counsellors would be less inclined to follow their own values in these decisions, but instead speak out and make an impact, working together with the affected clients.

A 1992 study by MacKay and O’Neill used grounded theory to study “what creates the dilemma in ethical dilemmas,” and conducted in depth interviews with 20 psychologists. These researchers found that in 11 of the 20 cases, “the decision maker is pulled in one direction by ethical considerations, but that direction is blocked by some other obstacle. The obstacles [they] found were the legal system, employers demands, interprofession relationships, and inadequate resources.” (p. 228). The finding of these frequent “mixed dilemmas” in MacKay and O’Neill’s study is strongly supported by the findings of this study. It was often the “blocked” direction that moved counsellors toward attempts to change the system so that they could continue to work in accordance with professional ethics. Other times, counsellors found ways around the blocks, “working the system,” engaging networks that could help remove the block without putting the counsellor in conflict, involving clients in writing reports to funders to ensure they were comfortable that their privacy was adequately protected, or quitting their jobs.

A phenomenological study by Austin et al (2005) looked at moral distress as experienced by psychologists working in psychiatric and mental health settings. They define
“moral distress” as “one’s reaction when one believes one knows the right thing to do but does not do it” (p. 198) often due to external constraints or barriers. This definition seems to fit with Reynolds (2007) concept of “ethical angst” or “spiritual pain” experienced by counsellors. Similar to the counsellors in the present research, those in Austin et al’s study dealt with their moral distress in a variety of ways, including “silence, taking a stance, acting secretly, sustaining themselves through work with clients, seeking support from colleagues, or exiting” (p. 197). They concluded that “moral distress appears to be grounded in a sense of professional integrity,” (p. 210), which certainly seemed also to be the case for the counsellors advocates I spoke with, who struggled with guilt that they weren’t doing enough to stand up for justice for their clients, and felt an ethical imperative to engage in advocacy. They also pointed out that “the practice environment is invested with political, social, and personal issues in which manipulation, conflicts, and power struggles flourish” (p. 210). These influences need to be considered in the resolution of ethical dilemmas and the conception of ethical practice, making solutions complex and contextually specific. The authors contend that recognizing the inevitability of moral distress can “move us beyond the assumption that resolving moral dilemmas through a straightforward reliance on codes of ethics forms a complete moral repertoire” (p. 210).

Although we cannot expect to eliminate the existence of moral distress or ethical angst in our work with marginalized clients, we can act as a profession to remove some of the barriers that contribute to this distress and do harm to our clients. The frequency with which counsellors are placed in an ethical dilemma related to systemic “blocks” to ethical practice, is a strong part of the rationale for counsellors to become more involved in social justice advocacy as a profession. One counsellor in my research was able to successfully change an
agency policy that violated client confidentiality because he was a member of the BCACC, and refused to comply with a policy that was against their ethics code. If all counsellors took such stands, and the professional organization supported them in their efforts to maintain ethical practice, it is possible that agencies and funders would be obliged to adapt policies, providing enough sessions to address the issues that brought them to counselling, introducing reporting policies that did not violate confidentiality, and increasing funding to provide services to those trying to access them. Of course, as Kitchener points out, issues of justice in who should receive counselling services, who should pay, and for how much treatment have long been a subject of debate (2001). Counsellors may continue to be frustrated by being unable to meet the need they witness with the resources they are given, just as doctors, teachers, police officers, and other professionals who work for the wellness of others undoubtedly are.

Still, professional organizations can also take initiative to support counsellors working in community social service agencies by making public statements against unjust policies, and outlining the ways in which they risk harm to clients. In the 15 years since the studies above were conducted, the managed care system has grown, as have cuts to funding for counselling services. As the CPA emphasizes under the principle of Responsibility to Society (2000 p. 28), it is our professional responsibility not to comply with policies that violate our ethics codes, and to protect our clients’ rights as they access public services. By not doing so, we harm the credibility of our profession, the integrity of our ethics codes, and our commitment to doing good, and no harm, as a profession, which runs the risk of further undermining our funding. If, as one of my participants contended, access to counselling
services is a result of social justice work, then we need to continue that work to ensure access to just service.

Finally, the present study also lends support to some of the findings generated by Byrne's (1999) study of nurses running empowerment groups. Like the nurses in Byrne's study, the present sample experienced a "lack of professional control" due to the intrusion of other systems on their ability to practice ethically. They too experienced a "joining in the lives" of their clients, which exhibited itself as identification with clients' struggles, sharing their feelings of marginalization, distrust in the systems, and strong sense of loyalty to clients that contributed to a desire to maintain integrity and congruence regarding social justice values in all walks of life. Also, like Byrne's nurses, most of the counsellors in the present research found the need to "explore their professional selves," or question the dominant practices and ideologies of the counselling profession, including the traditional boundaries and power imbalances that were in place between themselves and clients. The counsellors in the present research felt that some of the norms of our profession were "replication[s] of the exploitation," "promoted distance," blamed the victim, and hid behind "hierarchy and privilege," as well as being "too separate from what's going on in the rest of the world."

Counsellors who adopt a social justice perspective may find that it is important to engage the profession as a whole in a dialogue about whether our current norms are congruent with our ethics codes. At the very least, they may find that their own view of ethical practice will necessitate a questioning of professional norms, and may contribute to a sense being different from their colleagues.
FIT WITH ETHICAL PRINCIPLES AND CODES

The findings of the current research suggested that any discussion of the ethical dimensions of social justice advocacy must include a discussion of social justice values, and how those values interact with and influence the interpretation of ethics codes. Although I expected to discover ethical conflicts related to social justice advocacy work, what I found just as often was that ethical conflicts were the impetus to become involved in advocacy.

The values these counsellors held were woven into their meanings of beneficence. In some ways, these counsellors seemed to feel that they maintained a higher ethical standard than some of their colleagues, those who simply accepted the “status quo” or “buried their heads” and didn’t work to change the flawed systems that blocked both them and their clients.

Kitchener (2000) points out that when individuals freely choose to enter the profession of psychology, we presume that they hold the values the profession promotes. Those values underlie our ethics codes, as evidenced by the Values Statements that precede the discussion of ethical standards under each principle of the CPA’s (2000) code of ethics, or the first sentence of the CCA (1999) code which states that it expresses “the ethical principles and values” of the association. As Prilleltensky (1997) points out, “Psychologists have certainly become more daring in questioning the value base of their work, but their commitment to articulating moral visions remains tenuous at best.” If, as a profession, we undertake to adopt a social justice perspective, a moral vision is inextricable from that undertaking. If we wish to attain credibility, informed consent to our services, and effectiveness as change agents, then articulating that moral vision is imperative. Prilleltensky argues that at the minimum:
Psychologists articulate their personal and collective vision of the good life and the good society. That is, they should make clear the values, models, and ideals they wish for individuals and society. Do they prefer an individualistic or collectivist vision for society? Do they embrace ascetic or consumerist lifestyles? Do they espouse hedonism or altruism? (p. 518).

The call to a social justice agenda could, in fact, be seen as a call to articulate that vision. If we as a profession can come to agreement on how to articulate and then enact this vision, we will have undoubtedly shed more light on the spirit in which to interpret different ethical guidelines, and make ethical judgements. The participants in the current research operated from a moral vision, which influenced their ethical judgement. However, the specifics of their moral visions differed, leading to different judgements. For example, one counsellor who believed in speaking out when there was injustice and making people accountable for their actions felt it was ethical to report abuse, potential abuse, or potential harms, and sometimes refuse to work with clients who continued to engage in harmful acts. Others, who did not believe that the justice system always provided justice and valued loyalty to and equality with clients, struggled with feeling that it was actually harmful to report abuse and wondered if it was better to work with clients to reduce harm, rather than reporting.

Although some variation in ethical decision-making is to be expected, this research demonstrates that there is too much risk in allowing counsellors to make ethical decisions based on their personal values. Although they may be well-intentioned, counsellors who are led by their subjective values, judgements, and experiences in their ethical decision making may overlook important aspects of the issue, creating unintentional harm. For the same reason that counsellors are discouraged from bringing religious values into practice, and are encouraged to inform clients of those values at the outset, counsellors who have strong social justice values must practice caution and informed consent. Some clients may prefer a social
justice oriented counsellor (many of my participants found this to be the case) just as some prefer a Catholic counsellor—however, all clients have the right to know if counsellors values will influence their work. We work with a vulnerable population which is often easily influenced by their counsellor, and as passionately was we may believe something, we must also ensure that our ethical decisions are not influenced by our passionate beliefs, but arrived at through professional judgement based in good discernment and aided by consultation with colleagues. This is precisely why the ethical codes are based on professional, not personal, values, and we are expected to adopt them.

However, perhaps our professional values need to be re-examined and redefined in light of the widespread support for a social justice agenda currently being voiced (Goodman et al, 2004). Articulation of a vision of social justice, and the values that accompany it, for the counselling profession, will be imperative in guiding counsellors and ensuring that they, too, can have informed consent when choosing to adopt the values of the profession.

This research brought up some interesting questions about how our professional ethics codes fit with a social justice perspective, and prepare us for advocacy work. For the most part, the current meta-ethical principles, as outlined by Kitchener (2000) seem adequate to address the types of issues that may come up in advocacy work. However, adopting a social justice perspective as a profession, and as individual counsellors, requires that we scrutinize our values and ethics codes, how we are putting those into practice, and whether they truly support social justice or maintain the status quo. This section will explore some of the questions that arose, as well as some that did not arise but may be important to ask as we move into a social justice advocacy role.
Prilleltensky (1997) points out that “several authors have documented psychologists reluctance to question their own ethics and values” (p. 519). Some participants in the current research, however, stressed that this questioning is imperative in order to prevent harm. It is possible, as some participants suggested, that counsellors don’t feel the need to question these things because we feel “we’re all good guys”. However, many authors, as well as my participants, have suggested that norms such as a therapeutic neutrality, looking at problems as intrapsychic, and maintaining a role “too separate from what else is going on in the world” contributes to the maintenance of the “status quo” of unjust social structures, and “blames the victim” for problems that often arise from their ecological setting (Goodman et al, 2004; Kakkad, 2005, Kupers, 1993; Martin-Baro, 1994; Price, 1989, Sue, Arredondo & Roderick, 1992, Thomas, 1996, Vera & Speight, 2003). For the counsellors in the current research, taking a contextual, or ecological perspective on client problems was essential, as was making their positions on the issues that affected their clients explicit, and being active in the world outside the therapy room to remove social injustices. We cannot assume we are not doing harm simply because the existence of our profession is based in good intentions.

The movement into a social justice role invites several areas of potential harm. Most importantly, I would suggest, is the need to ensure competency in counsellors taking on an advocate role. If counsellors want to work alongside our clients and engage the ecological systems that affect their lives, they will need to have a sound knowledge of how those systems work and what the obligations and roles of other professionals are. This is essential to ensure competent advocacy and their ability to inform clients about the consequences they client reasonably expect if they become “visible in their situations.” Also, as one counsellor
pointed out, our “credibility” as a profession must be strong. Currently, in BC at least, a lack of definition regarding who is given the title “counsellor” means that people can adopt the mantle without any training or adherence to a code of ethics. Even counsellors who have training do not always work in ways that are validated through research as beneficial to clients. The debate as to whether, and to what extent, counselling can be empirically measured and validated when counselling relationships are largely impacted by the relationship between therapist and client, and counsellors’ ability to adapt interventions to fit the clients needs and personality, is a controversial one in this profession (Chambless & Ollendick, 2001; Garfield, 1996). It is outside the scope of this project to resolve that debate, but I would suggest that ensuring effectiveness in interventions and treatment is fundamental to earning respect for our profession. Similarly, inconsistency in approach, which was evidenced in this small sample, and a lack of training for counsellors “advocates” may raise issues regarding competence and the validity of our advocacy interventions, and thus limit the credibility of our voice as advocates. We, and our clients, will benefit from advocacy training, as well as research evidence that supports advocacy as a therapeutic intervention.

Another related and important part of competency in social justice advocacy is our ability to work effectively with other systems without creating harm to clients. The current research raised both some cautions and some confidence that we will be able to do so. Caution arises from the evidence that counsellors who work with marginalized clients feel a sense of hopelessness that they can effect change in the larger systems, and begin to identify with feelings of marginalization that their clients experience, creating a sense of distrust in systems. The current sample highlighted the need for counsellor-advocates to seek support and supervision around these feelings, in order to maintain a sense of efficacy and hope for
creating change that they can role model for their clients, and work through feelings of anger and frustration that may create confrontational relationships with other professionals. Also, in order to have credibility of voice, we may need to be able to speak the language of these other disciplines, even if it is not language we would apply ourselves. We also must ensure that we have gathered the information we need to enter into a learned, rather than reactive, discussion. For example, we may need to use language of DSM-IV diagnosis and understand psychopharmacology in order to advocate effectively in the medical system for a client who wants to look for alternatives to medication.

The success some of these counsellors had in changing perspectives of other professionals by using their skills in creating open, respectful dialogues suggests that we have a good foundation for becoming competent advocates. The current sample also demonstrated careful self-evaluation regarding advocacy decisions to ensure that they were not acting from their own “energy of crisis.” They took care also to avoid burnout through ongoing self-care practices and supervision. These skills will help safeguard clients from harm and promote justice in their interaction with other systems.

Beneficence, Autonomy, and Neutrality

The questions of how to do good, how to know we are doing good, and how far that obligation extends are central to the debate about whether counsellors should enter into social justice work. Beneficence is the principle that underlies the emphasis that some of our professional ethics codes place on social responsibility (CCA, 1999, CPA, 2000). The counsellors in the current sample generally seemed to follow the ordering of principles suggested by the CPA, putting respect for the dignity of individuals above their responsibility
to benefit society—evidenced by their reluctance to advocate without client informed consent and involvement, and their care to not involve clients in their own personal “axes to grind.”

Clark (1993) poses a question that the current sample also raised, and which is central to our ability to develop an ethical practice regarding social justice work: “How can psychologists maintain objectivity and yet work to benefit society?” (p. 303). He points out that “in some cases, the only socially responsible answer to community values may be to oppose them” (p. 307). Certainly, for the counsellors in the current sample, their willingness to take a position on the social policies and practices that were harmful to their clients was central to their ideas of beneficence—and they reported that this usually strengthened the trust and alliance in the relationship. I would argue that by taking an ethical position that psychologists must work to benefit society, we are taking a clear position that we are not neutral or objective. We cannot operate in the same manner as, for example, stockbrokers or salespeople, who do not as a profession have to examine their practices and positions to ensure that they benefit society. We must struggle with the question of what is beneficial to society, and how our answers to that question should or should not affect our interactions with clients and other professionals. When they were relevant to ensure informed consent, to avoid collusion with unlawful or harmful client activities, or to make clients aware of counsellor values that may conflict with their own, the current sample took care to be transparent about their positions. The idea of neutrality for counsellors exists to protect clients from coercion, parentalism, or abuse of power from counsellors. There is a risk that counsellors who bring their personal values too strongly into their work will unduly and unfairly influence clients, or even systems. Counsellors should ask themselves whether their social justice values are relevant to client issues and what the impact may be of disclosing
them directly or indirectly to clients, and take appropriate action to avoid the risks of coercion and parentalism.

As professionals we will also have to be transparent when our political positions on social justice may create conflict of interest. Clark outlines some examples in which counsellors’ desire to “do good” through positions on social justice may lead to conflict of interest. In one example, a psychologist who believes prison is harmful to adults and especially juveniles takes the role of evaluating juvenile offenders regarding whether they should be tried as adults—the psychologist always recommends that the youth remain in the juvenile system. Similarly, some of the counsellors in this research were influenced by their social justice values in decisions about reporting abuse and illegal activity, depending on what they saw as more harmful—the system they reported to, or the abuser/activity. The APA (2002) code specifies that if the code “establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard,” but may “adhere to the requirements of the law” if they have taken all reasonable steps to meet the ethical standard. This leaves room for interpretations that allow counsellors to break the law if they feel it is unethical to follow it. However in such situations, counsellors must also consider that such behaviour, ethical and just as it may seem to them, risks undermining their credibility with the legal and child protection systems, which can jeopardize their ability to advocate effectively for future clients. Consultation and supervision is imperative in making these decisions.

How do we ensure we are doing good in trying to promote social justice? How far should our responsibility to society extend? These questions need to be further examined by our profession. Clark asks whether “any psychologist whose behaviour is so determined by
explicit social agendas can ethically perform as a psychologist?” (p. 318). I hope that the present research points to the possibility that such performance is possible and that, in some ways, social agendas may even enhance ethical practice. Some of the counsellors in the current research, however, did find it necessary to leave jobs that they felt conflicted with their view of “doing good.” Reynolds described how she was explicit about her political views in job interviews so that employers could refuse to hire her if they felt her biases created conflict of interest (Reynolds, personal communication, June 4, 2007). Refusing to take part in an unjust system is one way to avoid conflict of interest—however the counsellors I spoke with clearly demonstrated that it was impossible to ignore one’s role in the system. Reynolds (2007) suggested in her presentation that we admit that we are not neutral—we are sitting in our positions of power and privilege, we are part of a system that has the power to harm clients, and indeed, often does—and we have made a commitment to do good. We must avoid conflict of interest due to political agendas, but at the same time, we must not hide behind neutrality and avoid our responsibility to better society by speaking out against injustice and refusing to participate in it. This is a difficult balance the profession must strike in order to move in a social justice direction, which is why articulating a “moral vision” is imperative.

The counsellors in the current research seemed to feel that it benefited clients to be validated in their sense being a victim of injustice, or to have their consciousness raised regarding the same. Another area where the current sample felt they differed from their colleagues was in their belief that sometimes, social justice advocacy was the most beneficial and therapeutic intervention for clients. Some contended that it was unethical to attempt therapy until clients’ basic safety needs were addressed. Doing good may also necessitate
the recognition that talk therapy is not the immediate need of the client, but advocacy to remove barriers in their environments is. Whether it is the counsellor or the client that engages in that advocacy, the important thing seems to be that the clients’ problems are recognized as created by injustice rather than some flaw within the client.

To help their clients these counsellors, at times, even crossed the boundaries that they felt their profession required, seeing “hierarchy and privilege” and promotion of distance in those boundaries. Although they did not report regularly taking part in these boundary crossings, they did raise the question of whether our professional boundaries create a distance that prevents us from sometimes reaching out to clients as fellow humans, even when doing so would do no harm. It is likely that many counsellors are often put in such positions, making it necessary to scrutinize our motivations for crossing boundaries with some clients and not with others, and to be very clear with clients about the limits of our relationships with them. We must also weigh the risk of disempowering clients in our efforts to help. Still, engaging in social justice advocacy alongside clients, and working for equality in the distribution of power in our relationships, will undoubtedly raise ethical questions about how to negotiate boundaries that are best for clients.

Autonomy

Concerns about autonomy centre around ensuring that individuals are “free from both controlling interference by others and personal limitations, such as inadequate understanding, that prevent meaningful choice.” (Beauchamp & Childress, 1989 as quoted in Kitchener, 2000). This definition of autonomy highlights the balance that counsellors who hold a social justice perspective need to strike. On one hand, they must work to ensure that they are not exerting “controlling interference” by promoting a social agenda with clients and choosing or
encouraging interventions that involve the client in fighting the system. On the other hand, if the client does not have “adequate understanding” of the contextual and unjust influences on his or her distress, counsellors should raise the clients’ consciousness about these influences and their avenues for recourse. This can ensure that the client can make a “meaningful choice” about how to proceed with treatment and action, as well as potentially benefiting clients by releasing them from feelings of self-blame regarding their distress.

Counsellors must work to balance these two obligations of autonomy. The counsellors in the current research made frequent reference to their awareness of the impact power dynamics and their ability to influence clients, especially those who were vulnerable and used to being told what to do by people in authority. We must ensure that we make clients aware of all the choices they have to address their distress, including counsellor advocacy, self-advocacy, changing their environment, adapting to their environment, or doing nothing. For each option, counsellor and client could explore the possible benefits and risks. Involving the client in this type of risk assessment without disclosing the counsellor’s own preferred choice seems to be an ethical path through the middle of these two parts of autonomy.

A more difficult issue regarding power was voiced by a participant who asked “what is the place for a person of acute privilege to be assisting others to empower themselves?” This sentiment was echoed by students being trained as social justice agents in Boston Colleges FYE program discussed above (Goodman et al, 2004). The authors noted that:

By identifying consciousness-raising as a fundamental ethical and professional responsibility, practitioners, researchers, and students are implicitly characterizing themselves as having achieved some level of critical consciousness. This may place some in an awkward position that feels presumptuous....A crucial part of this work
entails learning to occupy our areas of expertise with humility and a willingness to
admit to areas in which we are lacking. (p. 824).

This humility was something the counsellors in the present research worked towards through
efforts to share power with clients, making it clear that although they brought some expertise,
the client also brought expertise about their worlds and can educate the counsellor. We can
acknowledge the power and privilege differences between ourselves and clients and discuss
them in a way that facilitates understanding. The counsellors I spoke with found that such
efforts strengthened their therapeutic relationships, and increased trust from clients.

Justice

One issue that did not come up in the present research, but that is relevant to the
research question, is how we decide whom to advocate for. Reynolds discussed how she
asks counsellors in supervision if they advocate for all clients equally, or work harder for
those clients that are “good” and less hard for those that are sullen, withdrawn, or hostile
(Reynolds, personal communication, June 4, 2007). If we are going to position ourselves as
social justice advocates, the issue of justice in how we apply our efforts is relevant. We
cannot advocate for every client, or for every cause—some issues, circumstances, and
individuals may arouse our passion more than others. As professionals, it is normal to
specialize in one area, which counsellor-advocates may also do with regards to class
advocacy—choosing to focus on domestic violence or refugee work. This is appropriate and
ethical in that it increases the counsellors’ competence in that particular area. Also, the
counsellors in the present research indicated that most decisions to get involved in the
clients’ environment were motivated by the client and made only with client consent. If
counsellors make their case advocacy decisions based on those two factors, then they are
likely to be "justly" choosing for whom to advocate, since the clients themselves would be choosing. But how do counsellors decide to whom they give their pro-bono hours to or how much effort they are going to put into a particular case? Some self-evaluation is necessary to ensure that we are not discriminating in how we respond to the social justice advocacy needs of our clients.

Kitchener (2000) also stresses the importance of counsellors deciding what kind of treatment is fair for clients. The participants in this research suggested that at times, advocacy felt like the just and ethical intervention, rather than attempting therapy with someone whose environment was too unsafe to enable them to benefit from therapeutic work. This recognition of the need for ecological interventions may be one criterion by which counsellors decide when to suggest advocacy as an intervention. This work could help counsellors build safety for their clients, and also build a trusting relationship for the therapeutic work to follow.

Kitchener (2000) outlines the debate between justice of need, which suggests that counsellors should provide services to those who need them, versus justice of merit, which suggests that counsellors deserve to be compensated for their work after the years they have put into their education. The counsellors in the current research who were in private practice frequently mentioned doing pro-bono advocacy work, or taking clients pro-bono in order to bypass unethical treatment mandates. They also expressed their discomfort with charging high fees and the injustice inherent in a "white guy" getting his lifestyle maintained by the despair of others. This is an uncomfortable reality of many helping professions. It may be even more uncomfortable, if the client is working hard alongside the counsellor and positioned as "equal" to the counsellor, to ask for substantial fees. Furthermore, advocacy
work can take more time than clients could afford at standard counselling fees. These complications are a good argument for counsellors to work as “advocacy coaches” behind the scenes, leaving the work to their clients, or to refer advocacy work to others. Social justice advocacy by counsellors in private practice is unlikely to become regular practice unless it is sustainable—some sort of compensation is just. But counsellor-advocates may have to consider alternatives to traditional fee structures or be prepared to offer pro-bono work.

Fidelity

Fidelity includes “faithfulness, promise keeping, and truthfulness” (Kitchener, 2000, p. 29). The usual obligations of fidelity include not abandoning clients, and maintaining confidentiality. Some counsellors in the current research did admit to engaging in advocacy without written signed consent forms from clients allowing them to break confidentiality, but this was far from the norm. Most participants protected their clients’ confidentiality even if it meant they were unable to advocate to help clients. For counsellors engaging in advocacy work, it will be necessary to discuss with clients what sorts of details will be relevant to disclose to whom, and explore their comfort with the sharing of such information. The counsellors I interviewed stressed that this obligation goes beyond obtaining consent to actually ensuring that the client is not feeling influenced by power and a familiarity with being told what to do. The counsellors I spoke with spent time “negotiating” with clients when they had to write reports to program administrators, ensuring that the client was comfortable with every word. A similar technique could be used to discuss what information will and will not be released in the process of advocacy.

The valuing of solidarity with clients that the counsellors in the current research exhibited is related to the idea of fidelity. The counsellors I spoke to felt it was important to
be "faithful" to their social justice values in all areas of their lives, to not hide behind ideas of neutrality, power, or distance that their profession allowed, instead allying with clients in a common purpose. Some felt guilty at the ways in which they enjoyed comfort and power, which was afforded, in direct and indirect ways, by the discomfort and disempowerment of the people they worked with. Reynolds (2007) discussed the concept of solidarity as the recognition that we are all one--"There is no other." She suggested that part of solidarity is that we are transformed by the work as well. The current sample certainly seemed to allow that transformation to take place, sharing in the feelings of marginalization their clients experienced and the determination to work together, as equals, for change. There seems to be a practical necessity of "joining in the lives" of our clients, learning from our clients with humility, and not participating in traditional power dynamics (though never forgetting their existence) when engaging in social justice advocacy. This positioning with clients may challenge the boundaries that many are used to keeping as counsellors. If we allow ourselves to be transformed by clients, we may have to accept that our obligation not to abandon them extends to not abandoning the effort to fight injustices that impact their, and by extension, our own lives.

This raises the question of whether this is a reasonable expectation of counsellors. However, we also have to ask whether it is ethical for counsellors not to accept this obligation. How loyal are we to clients if we work against their oppression only while we are being paid to do so, and only when it does not create personal distress and discomfort for us? Counsellors wishing to engage in social justice work may need to be prepared for this work to have a profound effect on their lives a part of maintaining ethical practice. If they prefer to
keep their work more clearly separated from the rest of their lives, social justice may be an inappropriate area of specialization.

IMPLICATIONS FOR PRACTICE

Several implications for practice have been introduced above; this section serves to summarize these and expand on them where necessary. The current research suggests that understanding one’s own values, the impact of those values on one’s counselling approach and interpretation of the ethical codes is a key part of ethical practice as social justice advocates. Kitchener’s model of ethical justification places our “ordinary moral sense” in the foundational position, and emphasizes that “moral ‘good sense’ is critical” (p. 13). However, she is also clear that our ordinary moral sense cannot always be relied upon to lead to sound ethical decisions. The counsellors in the current research did seem influenced by their ordinary moral sense but, at the same time, they stressed the importance of scrutinizing their values and gathering more information. They also worked to remain accountable to the ethical rules of their organization and the foundational ethical principles, which are at the critical-evaluative level of Kitchener’s model. It is imperative that counsellors take more than their social justice values into their justifications for ethical actions. This can be aided by seeking supervision and support from colleagues to offer new perspectives on the ethical dilemmas they face.

Counsellors who engage in social justice advocacy will have to attend to issues of power in order to ensure ethical practice. Power impacts ethical practice in several ways. The power counsellors hold as “part of the system” must not do harm to their clients—counsellors will need to ensure that they are not contributing to injustice simply by accepting the norms of their agencies or professional organizations. Counsellors must attend to their
own “moral distress” or “ethical angst” in these situations or risk becoming impaired as efficacious, hopeful role models by stress and feelings of marginalization. Advocacy will often be necessary to affect policies that block clients from ethical practice, and counsellors may have to be prepared to risk their employment to remain ethical. Belonging to a professional organization may be one way counsellors working in agencies can take such stands in agencies with support and legal recourse. It would be difficult for an agency to justify firing someone because they refused to compromise professional ethics.

Power, and our own values, also must be attended to in ensuring that we are allowing our clients to make autonomous decisions about how to engage the issues they face. Counsellors in the current research found that ethical practice required that they equalize power and acknowledge the expertise of the client about their situations. Acknowledging and discussing the power issues in the relationship, and employing techniques such as “permission asking,” help assure that clients experience the counsellor as an equal rather than an authority. I recommended that counsellors discuss all possible options, from advocacy to inaction, to addressing client distress, engaging clients in a risk assessment of each option. Counsellors must make their social justice values clear when relevant as part of ensuring autonomy. At the same time, they must make extra effort to avoid undue influence on clients to adopt the values and preferences of the counsellor.

Further complicating the issue of power is the fact that one of the arguments for counsellors to engage in social justice advocacy is the relative power of our voices compared to those of our marginalized clients. Much as we have to be cautious about our use of power with clients, we may also have to increase our comfort with our use of power as advocates. Much as they equalize power, counsellors cannot avoid its existence, and must work to find
appropriate uses of it to fight injustice. Again, this will necessitate transparency and
negotiation with clients about how they wish the counsellor to use, or not use, their power.

The counsellors I spoke with often felt at odds with norms of their professional
discourse and practice, which they saw as creating risks of harm to clients in several areas,
ranging from direct practice to professional regulation. Counsellors who want to engage
social justice advocacy may need to become active in their professional organizations to
bring forth their views on how some of these issues affect clients. They may also benefit
from seeking connections with other counsellors who practice social justice advocacy in
order to decrease their sense of difference and isolation from their colleagues.

Seeking connections with professionals in other disciplines can be a tremendous asset
in giving clients access to information and services and can create powerful allies in fighting
injustice. These connections can also offer information to counsellors about what clients can
expect in different systems and how the systems operate—essential knowledge for any
counsellor wanting to ensure clients are informed of the potential consequences of advocacy.
Typically, counsellors have worked in relative isolation; “a parallel universe” as one
participant called it. To be effective and ethical advocates, counsellors will have to work in
an interdisciplinary way, and earn respect and credibility in other spheres of influence. This
may mean some “politicking” or compromise is necessary in the pursuit of change.
Counsellors already have many of the skills necessary to create connections and find
commonality in apparently different agendas. We may find an advocacy niche in facilitating
communication between different ecological systems to help them recognize common goals
and how they can work together to achieve them.
Finally, counsellors who engage in social justice advocacy may need to be prepared to be “transformed” by the work. This may not be the ideal specialization for those who prefer to keep work concerns separate from their personal lives. All counsellors, of course, are affected by their clients and changed by them to some degree. But fidelity as a social justice advocate may bring about a “joining” in the lives of clients, not physically, but in a spirit of solidarity that makes aspects of the counsellors privileged lifestyle difficult to justify.

**IMPLICATIONS FOR TRAINING**

It is difficult to overemphasize the need for adequate training to enable counsellors to ethically engage in social justice advocacy. Training could include counsellor scrutiny of their own social justice values and how these can appropriately and inappropriately impact ethical decision making. The FYE program at Boston College (Goodman et al, 2005), where trainees are required to complete a practicum as social change agents, provided an excellent opportunity for these students to experience and discuss the ethical issues that they encountered in this work. Information about other ecological systems, such as the justice, child protection, education, medical, and income assistance systems would also be a critical part of advocacy training. Currently, advocacy is rarely addressed in counselling programs; thus counsellors who wish to engage in advocacy will have to seek this training themselves if they want to ensure competence in this area.

Of course, not all counsellors will want to engage in social justice advocacy and there are many client issues that do not require advocacy. We may, as a profession, adopt a social justice perspective without requiring that all counsellors engage in social justice advocacy. Given the complicated issues and unique knowledge and practice issues associated with the
role of social justice advocate, I would suggest that this role is one that should be chosen as a specialization rather than expected of all counsellors. But if we acknowledge advocacy as a valid role for counsellors, then educational institutions will need to offer trainees the opportunity to learn the skills for effective, ethical advocacy. At the very least, the role and the ethical issues associated with it should be acknowledged and discussed in mandatory ethics classes.

**Implications for the Counselling Profession**

The counsellors in the current research and the literature discussed in this thesis, have raised the concern that the profession itself must engage in critical self-examination if it wants to be aligned with the pursuit of social justice, and must develop ethics codes that can guide counsellors in that pursuit. Prillettensky (1997) stresses that “values, assumptions, and practices are closely connected” (p. 519). What values are reflected in our current practices, and are they aligned with social justice?

The concern has been raised that in our struggle for legitimacy as a profession, we have moved away from our social justice roots (Bud & Russo, 1996). We require legitimacy in order to have credible voices as advocates—but do we value legitimacy in the eyes of other disciplines over justice for our clients? Empirical validity to support our treatments is an essential part of ensuring non-maleficence and beneficence, and it is also part of the pursuit of legitimacy. Is it just to apply a treatment just because it is validated if it positions problems as intrinsic to clients and helps them adapt to oppression? For example, should a child who is the victim of a chaotic, abusive family environment be given the impression that his or her “behaviour” is the only thing that needs to change? Or, can social justice values and contextual attributions be incorporated into our application of these validated treatments?
Boundaries around the counselling relationship help prevent abuse of power and confusion brought about by dual roles. But, what values are reflected if we insist on maintaining strict separation between our lives and the lives of clients? Could this create the impression that we value our positions of safety and privilege more than we value the possible good that could come from entering clients environments to work with them to effect change. The suggestion that counsellors should try to remain neutral is meant to help us avoid parentalism and subtle coercion of clients, but do our attempts to appear neutral suggest to clients that we value the status quo?

If, as a profession, we intend to adopt a social justice perspective and act as change agents, we must, as Prilleltensky (1997) suggests, articulate our vision of a “just society,” and the values and assumptions that underlie that vision. This articulation can aid us in scrutinizing our ethics codes to ensure that they support just practice and reducing the risk that ethical decisions are made based on personal rather than professional values. I believe we must also decide to what degree we expect all counsellors to act as change agents, and make that clear in the ethics codes, as the Feminist Therapy Institute (1999) has done. Or, it may be more appropriate that social justice work become a specialization within the profession, just as family counsellors specialize and have formed their own associations with specific training requirements and ethical guidelines.

There seems to also be a need for counselling professional organizations to take a stand against managed care practices that limit the ability for their members to follow ethical practice. Counsellors in the current research found themselves at regularly odds with the agencies and EAP’s they worked for as they tried to work ethically under their policies. It is unreasonable to expect individual counsellors who belong to professional organizations to
continually risk or limit their careers in order to maintain ethical practice. The counsellors can chose not to belong to a professional organization and simply follow the ethics codes and policies of their organization—indeed, this practice may partly have contributed to my difficulty finding counsellors working in agencies who did belong to their professional organization—but this seems an inadequate solution if justice, credibility, and ethical practice are professional ideals. Uniting as a profession to opposes some of the policies that undermine the confidentiality, dignity, and access to just service of our clients may help create systemic change and give counsellors working in agencies incentive to be part of their professional organization.

RESEARCH RECOMMENDATIONS

The current research points to several directions for further research that can help our profession move towards ethical engagement in social justice advocacy. This study undertook to understand counsellors’ experience of the ethical dimensions of social justice advocacy. It revealed that counsellors’ values appear to have a strong impact on that experience. Further examination of the values of counsellors who identify as having a social justice orientation and how these influence ethical decision making may help inform the profession regarding how current ethics codes are, and are not, in accord with social justice values, and provide more clear guidance to counsellors to enhance transparency in ethical decision making. This would also be useful knowledge to aid the profession in debating its values and adjusting ethics codes if it wishes to move towards a social justice orientation.

The counsellors in the current research at times made the judgement that advocacy was the appropriate intervention, as barriers to client safety needed to be removed before therapeutic work could be effective. Some contended that such advocacy was therapeutic,
and often much more valuable than an hour of "talk" therapy. This suggests two possible areas of future research. First, an investigation of the factors that contributed to the counsellor decision that advocacy was the appropriate intervention could provide information for other counsellors about how to make these decisions. Second, an investigation into clients' experience of having counsellors advocate for social justice on their behalf could validate the current sample's perception that this is therapeutic work that strengthens the trust between client and counsellor.

Training programs will need to understand the elements of effective advocacy in order to enable competent counsellor advocacy practice. Some studies already exist in other disciplines, though a cursory search by this researcher revealed more theoretical than empirical investigations of this topic. A systematic review of research into the components of effective advocacy, as well as specific research into the components of effective counsellor advocacy, will give advocacy trainees the information they need to begin competent work.

Finally, one of the foundational layers of ethical justification (Kitchener, 2000) is information about the situation. The counsellors in the current research also highlighted the need to gather information before jumping into an advocacy role—one described refraining from voicing a perception about cultural differences that impacted legal judgements because he had no research to support the existence of those cultural differences. Counselling researchers may want to conduct advocacy research, or "empirical investigations of social problems by people who are deeply concerned about those problems" (Gilbert, 1997), in order to support their pursuit of policy changes. Although we may repeatedly see the effect
of an unjust barrier on clients in our practice, our credibility will be strengthened by research that supports our position that a certain policy is contributing to psychological distress.

LIMITATIONS

The present study utilized a qualitative design to explore counsellors' experience of the ethical dimensions of social justice advocacy. The intent of this research was not generalizability. Due to time constraints, only one in-depth interview was conducted with each participant, although several participants did elaborate on their opinions after receiving the contact summary sheet and summary of findings. Each interview was structured loosely around some common questions, but also took unique directions based on the professional context of the participant and also the way the interview was conducted, whether by phone or in person. Speaking by phone or in person may have increased or decreased participants' comfort level with disclosure. The open-ended format of the interviews created some challenges in eliciting information about specific ethical dilemmas, and despite the researcher's attempts to focus the interview and clarify the purpose of the study, several counsellors chose to focus on the social justice aspect of the research. The discussion often strayed to why the counsellors felt that a social justice orientation was ethical rather than what the ethical dimensions of social justice advocacy were. Their discomfort with discussing ethical issues and concerns and about being recognized by colleagues may have also contributed to this focus. The researcher's efforts to remind participants of their right to withdraw at any time, and assurance that they would have the opportunity to review all quotes used prior to the publication of this data, may have helped reduce this limitation. Still, the reluctance and discomfort that some participants may have felt suggests that participants may have been worried that they would be judged by colleagues or myself. If
this is the case, it is possible that they withheld some more challenging ethical issues, or
details of certain situations. Thus, this research may not represent some of the most
challenging ethical issues that participants struggled with.

The sample included 5 women and 5 men, but only 2 participants came from a
different culture and 1 identified as GLBT, thus the sample does not necessarily represent the
views of those from diverse cultures and backgrounds. Also, while the sample does include
counsellors working in several contexts and specializations, all these counsellors also work
within the province of British Columbia and under the ethics codes of one of two counselling
association, and self-identified as social justice advocates. This context likely contributed to
their perception of the ethical dimensions of their advocacy work, thus they may not be
representative of counsellors working in different contexts.

The information gathered through these interviews as well as the analysis of the
transcripts was influenced by the assumptions and biases of the researcher, as well as her
own skill level as a beginning investigator. Although journaling and debriefing with the
research team, as well as checking the perceived validity of the findings with participants,
helped reduce some of the above limitations, they cannot be eliminated. Similarly, because
the self-report data used depends on the participants ability to "explore experience and
express the exploration in language" (Polkinghorne, 2005, p. 139), this research cannot
capture the full richness of their experience.

CONCLUSION

This research has pointed towards several ethical and other issues that may arise as
counsellors expand their role into social justice advocacy work. I hope it has also affirmed
that such an expansion is possible, and can be done ethically provided that counsellors are
willing to engage in critical self-evaluation, and that the profession works together to articulate a moral vision that will guide counsellors in the work. Although this project may have articulated more questions than answers, I hope that those questions provide starting point for the real work of adopting a social justice orientation throughout the profession, while maintaining ethical practice.

The movement into social justice advocacy presents exciting possibilities to counselling as a profession, challenging us to move out of our "parallel" universe and begin to work together with other professionals and organizations to effect change. We will also have to work together to articulate priorities and directions for change as a profession, and create a consistency of voice that will give us credibility and power as change agents. These changes will undoubtedly require open-minded discussion, some compromise, a willingness to question the status quo, and a belief in the possibility of a better world. Fortunately, these are skills that most counsellors already possess and are ready to apply to improve the conditions of the world which we all share, and I look forward to working with my colleagues as we embark on our own change process.
References


APPENDIX A: RESEARCH ADVERTISEMENT

Ethical Issues in Social Justice Advocacy

Counsellors:

➢ Do you help your clients negotiate systems such as the legal or medical system, social assistance, child protection, or immigration?

➢ Do you work to educate the community and other involved organizations about the issues facing your clients?

➢ Do you write letters to the editor, go to protests, sit on committees, lobby and petition government, or engage in other forms of advocacy around issues that your client’s face?

➢ Do you look for ways to remove barriers such as poverty, abuse, and marginalization in your clients’ lives, not only through counseling but also through influencing and organizing groups, communities and organizations?

➢ Do you work together with other community groups and organizations to create social change that improves the quality of life of the clients you serve?

These are just some examples of social justice advocacy that counsellors may be involved in. If you (or someone you know) participate in advocacy in this, or any other way, we would like to talk to you if you are:

• A Master’s level counsellor belonging to the BC Association of Clinical Counsellors, or the Canadian Counselling Association.

• Someone whose work directly involves and is openly accessible to the community or public.

• Someone who self-identifies as including social justice advocacy in your professional work for a period of 2 or more years.

• Able to communicate in the English language.

Please turn over for more information.....

Last Updated November 4
April 19, 20076
APPENDIX B: RECRUITMENT LETTER TO POTENTIAL PARTICIPANTS

Dear Sir/Madam:

I am conducting a graduate research study entitled “Counsellors’ Experience of Ethical Issues and Conflict in Social Justice Advocacy” as part of a Master’s in Arts degree requirement in Counselling Psychology at UBC, under the supervision of Dr. Beth Haverkamp. The purpose of this study is to understand how counsellors employed in community social service settings, and engaged in social justice advocacy as part of that work, experience ethical issues and conflict in this role.

➢ Do you help your clients negotiate systems such as the legal or medical system, social assistance, child protection, or immigration?
➢ Do you work to educate the community and other involved organizations about the issues facing your clients?
➢ Do you write letters to the editor, go to protests, sit on committees, lobby and petition government, or engage in other forms of advocacy around issues that your client’s face?
➢ Do you look for ways to remove barriers such as poverty, abuse, and marginalization in your clients’ lives, not only through counseling but also through influencing and organizing groups, communities and organizations?
➢ Do you work together with other community groups and organizations to create social change that improves the quality of life of the clients you serve?

These are just some examples of social justice advocacy that counsellors may be involved in. If you, counselors at your agency, or someone else you know are involved in advocacy that you feel may increase social justice, your participation is welcome if you are:

• A Master’s level counsellor belonging to the BC Association of Clinical Counsellors, or the Canadian Counselling Association.
• Familiar with the code of ethics of the organization to which you are a member.
• Someone whose work directly involves and is openly accessible to the community or public.
• Someone who self-identifies as including social justice advocacy in your work for a period of 2 or more years.
• Able to communicate in the English language.

Your participation would involve:

• Discussing with a female researcher, Katy Johnson, your experiences of ethical dimensions involved in social justice advocacy.
• A confidential, audio recorded face-to-face interview for 1-1.5 hours at a mutually convenient location.
• An opportunity to provide feedback on the summary of your individual interview.

Last Updated November 4April 19, 20076
APPENDIX D: INTERVIEW GUIDE

Thank you for participating in this research. The goal of this study is to understand the ethical issues and conflicts experienced by counsellors working as social justice advocates to remove barriers for their clients within communities and organizations. I am interested specifically in your experiences in advocacy that is not usually associated with the traditional counsellor role, and may require you to enter your client's world, because this study aims to inform other practitioners who would like to carry out social justice advocacy in that way. I am interested in hearing what you consider social justice to be, and what you experience as ethically challenging.

This information is intended to help counsellors and counsellor educators become more knowledgeable of and better prepared for the ethical dimensions involved in this sort of work. I may ask you to describe in more detail specific activities you were involved in and the ethical conflicts you faced, or how you consider certain work to be in the interests of social justice. I understand the sensitive nature of what you may be disclosing, and I want to remind you that you can choose not to answer my prompts for more detail, and you can withdraw from the study at any time.

I have some initial questions to ask you to get a better understanding of your work, the context you come from, and your views on social justice.

- In order for me to understand the context of your social justice advocacy, can you tell me about your work setting, your job description, and the types of tasks you perform in your work, especially those related to social justice advocacy.
- Can you tell me what social justice means to you?
- What has shaped that definition?

Main Question:

Now I would like you to think about a time, or times, in your work when you felt that there were ethical issues involved in the choices you had to make about your advocacy work. Can you describe the situation and events surrounding it? Are there times when ethical considerations stopped you from doing advocacy work?

What is the connection between your ethics and your values?

Other probes:
- What led up to it?
- How did you recognize it as an ethical issue?
- What ethical issues were you aware of?
- Was it resolved?
- Were you satisfied with the resolution?
- How did you feel about it?
- What did you learn from it?
- What would you do differently?
- What would you recommend other counsellors do in a similar situation?
- How was this process for you?
APPENDIX E: Demographic Questions

Participant Number: ____________

Professional Registration with: CCA, BCACC

How long have you been practicing counselling?

How long have you included social justice advocacy in your counselling practice?

Have you had any formal or informal training in professional ethics?

How familiar are you with your professional organization’s ethics code?

Please provide your name, address, phone number(s) and e-mail address on the index card provided by the researcher.
APPENDIX F: CONTACT SUMMARY SHEET

Participant #
Contact Summary Form

Contact Type: Contact Date:
Site: Today’s Date:

1: What ethical tensions were presented, and how were they illustrated, what resolutions had counselors found?

2: What were the main issues or themes that struck me in this interview?

3: Summarize the information I got (or failed to get) on the questions asked.

4: What were the key aspects of this participant’s understanding of social justice, and what shaped it.

5: What sort of community-level advocacy work was involved, and how was it related to social justice?

6: What struck me as salient, interesting, illuminating or important in this interview?