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• REACTIONS

## Synergies for Wellness and Liberation in Counseling Psychology

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*Several fields within psychology, including counseling psychology, are struggling to promote a social justice agenda. Most efforts concentrate on a critique of existing values, assumptions, and practices. Whereas the level of critique is quite sophisticated, the level of social justice practice is rather embryonic. Critical psychologists have been constructing alternative practices that strive to go beyond the status quo and its critique. This article proposes an agenda for action that is conducive to wellness and liberation at the same time. The authors recommend several steps for advancing such an agenda. They argue that critical psychologists need to promote synergy between and among (a) diverse values, (b) wellness and liberation, and (c) existing critiques within psychology and other fields. To illustrate practical application, the authors discuss these recommendations in the context of people with physical disabilities.*

There is great commonality in the critique of counseling psychology put forth by Vera and Speight (2003 [this issue]) and by several critical psychologists. Critical psychology is an approach that challenges the discipline to question its allegiance to the societal status quo and to construct ways to promote mental health in conjunction with social justice (Fox & Prilleltensky, 1997; Nelson & Prilleltensky, in press; Pare & Larner, in press; I. Prilleltensky & Nelson, 2002; Sloan, 2000). Vera and Speight synthesize the shortcomings of an approach that pays lip service to cultural diversity and social justice but falls short of articulating emancipatory ways for counseling psychologists to live their lives and do their jobs. They enumerate the barriers to acting, and not just thinking, justly. They point out that multicultural competencies must go beyond the recognition of oppression: A culturally competent practitioner ought to enact alternatives that not only identify, but strive to eliminate, oppression.

Psychologists' awareness of how the profession upholds the status quo differs across fields and varies with exposure to critical perspectives. Vera and Speight (2003) perform an invaluable service by crystallizing the dilem-

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mas for those who might be unfamiliar with psychology's support for an unjust state of affairs (I. Prilleltensky, 1994). We welcome their contribution, as they adroitly summarize the unwitting alliance between counseling psychology and the societal status quo. We take seriously their call for aligning psychologists' practice with the principles of social justice. We believe that progress can be made by (a) stressing the synergy of diverse values, (b) stressing the synergy between wellness and liberation, and (c) learning from existing critiques within psychology and other fields. In a separate paper (I. Prilleltensky & Prilleltensky, 2003), we also address the need for (d) promoting role reconciliation between the counselor as healer and the counselor as social change agent and (e) adopting psychopolitical validity as a new measure for the evaluation of our social justice agenda. Because of space considerations, the latter two recommendations will be discussed in another paper. We discuss the recommendations in the context of the lives of people with disabilities, a group that is often left out of the discourse on multiculturalism and diversity.

### SYNERGY OF DIVERSE VALUES

No single value is comprehensive enough to address the entire range of human needs. Therefore, we judge values such as social justice, caring and compassion, and cultural diversity on their synergistic qualities and not on their isolated merits (James & Prilleltensky, 2002; I. Prilleltensky, 2001). Vera and Speight (2003) correctly point out that multicultural competence without social justice is insufficient. We conceptualize human needs and values into three separate spheres of wellness and liberation: personal, relational, and collective. Personal needs such as a sense of mastery and control are promoted by values such as empowerment and self-determination. Relational needs such as support and affective bonds are upheld by values such as caring and compassion and respect for diversity. Finally, collective needs for economic security, shelter, and structural safety nets are met by values such as social justice, equality, and emancipation (I. Prilleltensky, 2001; I. Prilleltensky & Nelson, 2002). If counseling psychologists concentrate solely on relational values such as cultural diversity and democratic participation, they run the risk of neglecting both personal and collective needs. The historical focus of psychology on self-determination and health meant that little or no attention was paid to democratic participation, cultural diversity, sense of community, or social justice (Fox & Prilleltensky, 1997). Vera and Speight are justifiably alarmed that by concentrating on celebrating diversity without attending to power inequality and social injustice, practitioners will

undermine wellness and liberation, for they cannot exist but in the synergy created by the composite of values.

Historically, there has been a propensity to concentrate on single values. This proclivity is determined largely by dominant political and cultural ideologies. During conservative times, personal values of self-determination tend to be extolled, while principles of equality and justice come to the fore during progressive eras (Levine & Levine, 1992). It is our job, as practitioners, to diagnose the mood of the times and realize what values are missing from the equation. There is little doubt that psychology has absorbed the zeitgeist of the past three decades and moved toward concentrating on individual remedies for social maladies (Fox & Prilleltensky, 1997; I. Prilleltensky, 1994). As a result, practitioners neglect both social justice and support for marginalized communities at their peril.

The current risk is to extol respect for diversity above all other values, for cultural diversity cannot exist in the absence of social justice. This is a point that requires more theoretical elaboration in light of the point made by Vera and Speight (2003) regarding multicultural competence without social justice. Values are codependent and interdependent. Extreme reliance on a single value undermines the existence of that very value, for it cannot thrive in the absence of others. Practitioners must be forever vigilant about what values they privilege and what values they ignore. Justice cannot exist in the absence of compassion, and compassion cannot exist in the absence of justice. Striking a balance among values for personal, relational, and collective wellness and liberation is our most pressing task as psychologists and citizens.

The values of self-determination and social justice in particular have been severely undermined for many people with disabilities. As long as the problems encountered in daily living are attributed to people's disabilities, psychologists' efforts to enhance wellness will continue to be conceptualized and enacted at the individual level. Those who require assistance with daily living often have to fight for control over what services they will receive, what the mode of delivery will be, and who will assist them with the most intimate self-care tasks. People who lack the ability to carry out physical tasks unassisted are often seen as lacking ability to make important decisions about their lives.

Unfair distribution of power has implications not only for how independence is defined (in primarily physical terms) but how it is actually enacted in various medical and rehabilitation settings. Much of the work carried out by counselors and occupational and physical therapists is focused on patients' ability to independently carry out activities of daily living or come to terms with their inability to do so. Whereas most people would prefer to be as independent as they can in self-care, practitioners must not regard this as neces-

sary for autonomous adult functioning. Rather, practitioners must see the value of independence in the context of what is feasible and desirable by the person with a disability and by his or her immediate circle. I, Ora, am reminded of a patient I worked with who had to negotiate with one of his treating therapists about whether he should attend a breakfast group. A stroke had left this man with significant physical impairments, while his cognitive functioning remained relatively intact. He saw clearly that he would not be attending to his own breakfast at home given the time and energy this required. Given the emphasis placed on physical rehabilitation, he had a difficult time convincing his therapist of this. Making such decisions on behalf of others is what truly robs people of dignity and control over their lives.

### SYNERGY OF WELLNESS AND LIBERATION

The helping professions have traditionally concerned themselves with wellness, health, and well-being. Influenced by the hegemonic medical model, psychology, psychiatry, and counseling conceptualized problems in living in intrapsychic terms. Mental health, wellness, and most recently positive psychology became choice metaphors. They all conjure images of people enjoying life, worry free and healthy. Helping people to enjoy life is a most worthy goal, one that we fully support. But as with any single value, wellness cannot stand on its own. Unless wellness is supported by justice, fairness, and equality, it is bound to fall. Wellness cannot thrive in conditions of inequality and injustice (Kim, Millen, Irwin, & Gersham, 2000; Marmot, 1999). The impact of poverty, marginalization, exclusion, exploitation, and injustice is just as deleterious to the body as it is to the soul (I. Prilleltensky, in press-a). To ignore this evidence is to pretend that psychological interventions can be potent enough to undo the damage of structural inequality as expressed in deficient health services and employment opportunities for the poor. We think practitioners can afford to be humbler and admit that psychological interventions are not that powerful.

Wellness is a positive state of affairs brought about by the simultaneous satisfaction of personal, relational, and collective needs (I. Prilleltensky, Nelson, & Peirson, 2001). To meet these needs, practitioners have to attend to power dynamics operating at micro, meso, and macro levels of analysis (Nelson & Prilleltensky, in press). Empowerment does not take place only at the personal level. Relational and collective empowerment support personal empowerment and vice versa (Kieffer, 1984; Lord & Hutchison, 1993). Power equalization must take place at all these levels.

Liberation needs wellness as much as wellness needs liberation from oppressive forces. Liberation, like freedom, has two aims: liberation from

and liberation to. Whereas the former strives to eliminate oppression and abuse at the personal, relational, and collective levels, the latter seeks to pursue wellness for self and others.

People with disabilities have long struggled to attain wellness and liberation at the same time. They claim that disability is not a personal tragedy that requires medical solutions but a social issue that requires social intervention. They decry the medical model of disability that regarded the problem as residing solely within the disabled individual. A focus on bodily abnormality meant that medically driven solutions had to be sought. In the past, treatments were designed, implemented, and evaluated by a host of professionals with disabled individuals having little input in the process. In this view, what could not be cured had to be rehabilitated, and what could not be rehabilitated had to be accepted. Psychological theories focused on helping disabled individuals adjust to their misfortunes and make the best out of their tragic and limited lives. Those who did not despair despite their disability were often perceived as being in a state of denial (Oliver, 1996; Olkin, 1999).

People with disabilities have long argued that it is society, rather than the impairment itself, that is the source of their disablement. The Union of the Physically Impaired Against Segregation declared in 1976,

In our view, it is society which disables physically impaired people. Disability is something which is imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. (As quoted in Barton, 1998, p. 56)

Proponents of this alternative, social, model of disability have demonstrated the multiple ways people with disabilities are socially and economically disadvantaged. Historically excluded from mainstream schooling, many people with disabilities have not attained the necessary skills to further their education and make them competitive in the job market. Some have encountered discriminatory attitudes and a lack of willingness to make simple accommodations within the workplace. Those who require assistive devices and/or attendant care often come up against policies designed to retain professional control over resources. Physical barriers have also led to exclusion, as public spaces were historically designed with able-bodied people in mind. A shortage of affordable accessible housing as well as inaccessible public transportation further marginalize people with disabilities (Barton, 1998; Morris, 1993; Oliver, 1996; Olkin, 1999).

In a study on women with physical disabilities and motherhood, most participants reported that they did not envision leading lives similar to those of their nondisabled peers (O. Prilleltensky, in press-a, in press-b, in press-c).

One participant, who spent most of her childhood in an institution, described her difficulty imagining adult life beyond that setting: "You didn't see kids there leaving, or getting married, or having kids . . . they just left and you never heard from them again." At the time of the participants' birth some four decades ago, professionals and service providers encouraged parents to institutionalize them (although few did), told parents to expect little in the way of progress and growth, and generally painted a grim picture of life with a disability. Not surprisingly, few parents expected that their children would lead typical adult lives, and some ignored or actively discouraged their daughters' emergent sexuality. The structural barriers prevented the very imagination of life outside oppressive institutions.

The political action and struggle of disabled people around the world has resulted in significant progress. No longer willing to put up with inadequate resources and professional control, people with disabilities have collectively fought for economic, legislative, and social gains. In the United States, the formation of the "independent living movements" in the 1960s and 1970s has been associated with greater individual autonomy as well as more political and economic freedom (White, in press). The Americans With Disabilities Act of 1990 ensured that many of the aforementioned gains are not contingent on people's goodwill but are enforceable by law. For example, discriminating against a worker based on disability status, holding a civic gathering at an inaccessible venue, or failing to accommodate the needs of a disabled patient at a health clinic is illegal.

Although there is still a long way to go, there is little doubt that these practical gains in legislation, economic resources, and social participation do go a long way toward the enhancement of wellness. Furthermore, the new focus on disabling societal barriers and systematic powerlessness has done much to improve the self-esteem and well-being of people with disabilities (Crow, 1998; Morris, 1993; Oliver, 1990; Shakespeare, 1998; White, in press).

### SYNERGY ACROSS CRITIQUES

Counseling psychology cannot afford to ignore critiques in other fields of psychology; nor can psychology afford to ignore critiques from outside the discipline. The field of critical psychology has been struggling with how to promote a social justice agenda in ways that parallel, but are not mentioned in, Vera and Speight (2003) (Fox & Prilleltensky, 1997; I. Prilleltensky & Nelson, 2002; Sloan, 2000). I. Prilleltensky and Nelson (2002), for instance, proposed means of promoting a social justice agenda in psychology. They made specific recommendations for working critically in school, health, counseling, clinical, work, and community settings. Community psychology

has also been highly influential in fostering social change, prevention, cultural diversity, and empowerment over the past four decades (Nelson & Prilleltensky, in press; I. Prilleltensky, 2001). Disciplinary boundaries sometimes prevent fruitful explorations of similar agendas.

Insularity is a definite risk. We need to apply the call for diversity to our own professional practice. Diverse fields within psychology are concerned with social justice and social change. We do not need to reinvent the wheel; we just need to find those that are well oiled.

The second point is not less pressing. Psychology cannot afford to ignore critiques of the helping professions and of the societal status quo by people with disabilities (Oliver, 1990); by consumers/survivors of the psychiatric system (Nelson, Lord, & Ochocka, 2001); by gay men, lesbians, transgendered, and bisexual people (Kitzinger, 1997); and by other disciplines (Fox & Prilleltensky, 1997). As psychologists, our ability to see beyond our own psychological glasses is limited. Just as we need to expand our definitions of wellness to incorporate other cultural perspectives, we need to listen to critiques of the helping professions raised by nonpsychologists.

But the problem of insularity goes beyond critique; it affects action as well. We should heed Audre Lorde's dictum: "The master's tools will never dismantle the master's house." People with disabilities did not achieve the rights they did because of professionals. Often, it is in spite of professionals that people with disabilities and other marginalized groups make progress toward wellness and liberation (Oliver, 1990). If we as professionals are to make progress toward social justice, we need to create alliances with the people we wish to help (Nelson, Prilleltensky, & MacGillivray, 2001). Much can be learned from social movements and consumers' movements in their efforts to declassify homosexuality as an abnormality, to obtain access to public buildings and transportation, or to overcome the stigma of mental illness (Nelson & Prilleltensky, in press). These actions, we claim, will not materialize until counselors reconcile their role as healers with their role as change agents and enact psychopolitical validity in their research and interventions (I. Prilleltensky, in press-b, in press-c; I. Prilleltensky & Prilleltensky, 2003).

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