

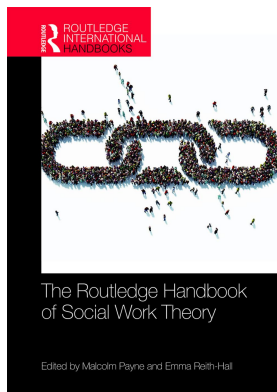
This article was downloaded by: 10.3.98.104

On: 20 Feb 2020

Access details: *subscription number*

Publisher: *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London SW1P 1WG, UK



## **The Routledge Handbook of Social Work Theory**

Malcolm Payne, Emma Reith-Hall

### **Psychological and counselling theory in social work**

Publication details

<https://www.routledgehandbooks.com/doi/10.4324/9781315211053-4>

Carolyn Noble

**Published online on: 15 Jul 2019**

**How to cite :-** Carolyn Noble. 15 Jul 2019, *Psychological and counselling theory in social work from: The Routledge Handbook of Social Work Theory* Routledge

Accessed on: 20 Feb 2020

<https://www.routledgehandbooks.com/doi/10.4324/9781315211053-4>

**PLEASE SCROLL DOWN FOR DOCUMENT**

Full terms and conditions of use: <https://www.routledgehandbooks.com/legal-notices/terms>

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

# Psychological and counselling theory in social work

## A critical overview

*Carolyn Noble*

---

This chapter discusses how psychology and counselling have informed and influenced social work's theory and practice from its earliest beginnings. I do this by presenting psychological and counselling theories pertaining to individual change in historical order and identifying their adaptation and uses for social work's developing practice. In conclusion, I identify how the more contemporary theoretical developments in counselling and psychology and social work, which focuses on social justice issues, can link individual change with a structural analysis to address increasingly complex personal and social problems.

### Introduction

Social work has been influenced by many theories from the social sciences and the humanities as it is practised at the meeting point between the individual and society. Like psychology and counselling, social work is characterized by its focus on face-to-face interactions and helping individuals and families with their personal and social problems. While psychology and counselling see themselves as distinct and separate professions, both claim that theories and practices such as psychoanalysis, psychodynamics, behaviourism, cognition, existentialism, person-centred counselling and narrative and strength-based therapy underpin their historical development, their philosophical and theoretical understandings and their current practice base, despite their different professional and training schemas (see Gilliland & James, 2003, pp. 4–5; Richards, 2008).

From the many theories influencing social work, the disciplines of psychology and counselling have been most influential in helping strengthen its early theoretical development and subsequent psychosocial assessment tools and relational skills, despite social work also developing its own distinct identity, epistemology, professional standing and training pathways (Payne, 2014; Healy, 2005; Dominelli, 2004). More latterly, though, social work has branched out to develop theories and skills in community work, social planning and research, advocacy and social change. Its emphasis on an anti-oppressive approach to practice highlights its commitment to including the wider social, political and cultural arenas in its analysis (Gray & Webb, 2013; Connolly & Harms, 2012).

Most commentators agree, however, that the influence of psychology and counselling still holds sway in informing the more traditional approach to social work practice. For social workers

working in therapeutic settings, an understanding of the importance of personality development, social learning, lifespan and ego development, attachment and the impact of loss, grief and trauma on individuals, families and groups (Harms, 2010) has been beneficial. The advantages of using psychodynamic perspectives, cognitive behavioural therapy, social learning theory, ego-psychology, family therapy and the strengths-based and narrative approach have provided social workers with a strong professional practice base (Turner, 2017; Payne, 2014; Chenoweth & McAuliffe, 2015; Connolly & Harms, 2012). Psychology's and counselling's interpersonal helping and communication skills and the importance of a therapeutic alliance have also been successfully and importantly adapted into its practice base (Seden, 2005).

## Psychodynamic theories

In the 1920s when psychology, particularly its psychodynamic theory, was becoming quite widespread as a therapeutic practice, early social workers were, at the same time, looking to strengthen their theoretical underpinnings. It was no surprise, therefore, to see that this popular approach was quickly incorporated into social work's developing narrative (see Chapter 12). Psychotherapists such as Freud (1901, 1920) Adler (1921), and Jung (1921, 1933, 2006) provided emerging social work with a ready-made practice model that aimed to change behaviour. Through reflection and insight, individuals could change their problematic behaviour by working with a therapist who would get them to focus on uncovering the layers of psychological responses; emotions, both conscious and unconscious and feelings built up from many varied experiences encountered during life's journey, encouraging them to reflect on how these psychological reactions impacted their emotional development. Mary Richmond (1917, 1922) adapted psychodynamic theories into the emerging psychosocial casework. This was given further credence by Hollis (1964) and then further refined by Turner (1978). Of course, psychodynamic practice is vast and complicated, but I will select a few of its key concepts that were and remain influential in the development of social work by way of illustration.

### *Psychodynamic practice*

Freud's case studies were analyzed and presented to show how his theory of the conscious and unconscious emotions that are internal to individuals' early childhood development and outside their control can impact on individuals' intrapsychic development. Consequently, they may have lasting effects on how individuals deal with anxiety, trauma, loss, grief, separation, conflict and relationships. And Freud's descriptions of defence mechanisms, such as denial, projection, repression and rationalization, were presented as unconscious mechanisms to reduce anxiety and protect individuals from becoming overwhelmed by unacceptable impulses and threats. This helped social workers understand the way people react to their social environment and opened the inner world of social work's clients for scrutiny and change (Payne, 2014). Adler's (1921, 1958) suggestion that being in the world involved reflection on the environment, others and importantly on oneself to find authenticity in living and Jung's (1933) work on the role of the unconsciousness in relation to personality development which suggested that behaviour and personality problems are set in early childhood: these provided psychosocial casework with *prêt-à-porter* theories and suggestions about how to work with individuals who are psychologically distressed and unable to function normally. Drawing on these schemas, psychosocial casework believed that the challenge in therapeutic work was to find an equilibrium with the inner and outer world, which would reduce the individual's psychic pain and enable normal adult functioning.

Classical psychotherapeutic knowledge adapted from Freud and his fellow travellers, such as the value of tools like 'ventilation', 'resistance' and 'transference' and the function of 'defence mechanisms', provided social work practitioners with the psychosocial knowledge required to explore and understand the richness and the complexities of the inner world. These could hold clues for comprehending (ab)normal adult functioning by providing explanations for both clients' difficulties and obvious distress in maintaining psychic stability and well-being and those presenting with problems in developing and maintaining stable and functioning relationships. Such tools and strategies were adapted to help social workers deal effectively both with the emotional distress of their clients and with the strength of their emotional responses and psychological defences that seem to marginalize and isolate them from their community and larger social membership. They also help them work with their clients towards making positive behavioural changes in their lives. As a consequence, the generic base of social casework practice had begun its journey to explore theories and practices in its work with individuals so as to make sense of what is in reality a complex human world (Connolly & Harms, 2012).

Rollo May (1953) and Carl Rogers (1950, 1956), as early contributors to developing and refining (non-directive) communicative practices as distinct from the more directed focus of psychotherapy, developed concepts that were also readily adapted by early social workers and were and still are important developments for social casework. Examples include May's (1953) concepts of the search for human autonomy, life's meaning and self-realization and the belief that the whole person could determine their own destiny and Rogers's (1950, 1956) belief that individuals can only achieve authenticity and self-actualization (or a truth) in their lives if they experience such things as congruence, empathy, support and unconditional regard from significant relationships. Accepting the individual's uniqueness and helping the person obtain a balance between thoughts, feelings and experiences is presented as the very core of social work activity that enables people to find a congruence in their lives and solutions to their distress, anxiety and problems. Concepts by Hollis (1964) that were adapted from May's and Rogers's work are still a prominent feature of current traditional social work practice (Connolly & Harms, 2012). These include ideas such as acceptance, empathy, listening, reassurance, encouragement, self-determination, environmental manipulation, consideration of clients' inner and outer needs, the importance of talking and listening in treatment and encouraging the expression of feelings. Also drawn from these sources is incorporating the consideration of external factors such as cultural influences and economic pressures when working with individuals, couples and families. Some of Rogers's key qualities are now recognized as central to culturally safe practice where, for example, the exploration of full identity expression forms a part of this emerging practice (Connolly & Harms, 2012, p. 94).

### ***Ego-psychology and life stage development***

Ego-psychology (Erikson, 1959; Freud, 1968) extended psychotherapeutic practice away from exploring just the inner world to include the 'average acceptable environment', such as incorporating family, friends and groups into the psychodynamic perspective. Ego-psychology focused on strengthening the ego or individuals' sense of importance. This is because, according to these psychotherapists, optimal ego development results in the mastery of stage-specific psychosocial developmental events, associated tasks and the psychological crises attached to each stage.

Psychologists Erikson (1959), Winnicott (1968) and Piaget (Gruber & Vonèche, 1995) posited that all individuals are continually developing emotional maturity through their entire lives, and this development passes through specific life stages that have particular psychological crises to resolve in order to progress to the next stage. These stages can be described broadly

as childhood, adolescence, adulthood (including childbearing and parenting), old age and on to ultimate death. Each stage presents the individual with an opportunity to balance biological forces with specific sociocultural influences. Normalizing these developmental theories can raise issues when applied to those who develop outside the norm or where cultural influences can engender different crises and different emotions and social and cultural responses. Nevertheless, having a broad understanding of human development can help social workers anticipate and respond appropriately to their clients. By supporting individuals to exercise rational control over life events, they can help them achieve an emotional maturity by dealing positively with the psychosocial challenge linked to each stage (Turner, 2017).

For example, because statutory work has responsibilities to protect and ensure the physical and emotional safety of children, adolescents, adults and older people, being well-informed about the complexities of moving through life stages helps social workers make care plans and policymakers design policies and programmes to protect, safeguard and resource clients if they are made vulnerable at any stage of their lives. Knowing that individuals and families have huge emotional investments in and attachment to each part of their life and to those people sharing it with them helps social workers deal with clients' experiences of loss and grief associated with these transitions (Harms, 2010).

Further psychological research into lifespan development has identified other important factors relating to and impacting the child/adult/old age/death progression. Exposure to a range of factors can alter how individuals, families and groups adjust (or don't) to life stages (Turner, 2017; Harms, 2010). These include toxic substances, stress, abuse, separation, neglect, inadequate nutrition and other social determinants such as educational opportunities and changes in health and cognitive ability, family and relationship breakdown, social isolation and deprivation or loss of work, physical strength, breaking down of cultural influences and religious and spiritual beliefs. Knowing about or looking for the possible impact of these events can provide social workers with additional information on how cultural and social pressures impact people's mental well-being and ability to deal with stress and anxiety while searching for practical and resourceful options for the challenges these transitions bring.

### ***Attachment theory***

Another aspect of life course development theory that made a valuable contribution to social workers' practice is Bowlby's attachment theory (see Chapter 13). I have singled this theory out for special attention because it had and still has to some extent influenced social workers' roles in child protection politics and practices as well as work with young people and families. Briefly, attachment theory is a spatial theory, both literally and metaphorically (Holmes, 2014, p. 47). Like Erikson (1959) and Winnicott (1968), Bowlby (1984) agreed that the external world has significant impact on the development of our inner worlds, particularly in the early years of infancy. In brief, Bowlby emphasized that the infant child develops a sense of self because of a quality relationship with their caregiver (Holmes, 2014). The pattern of holding, mirroring, responding to, attuning with and ultimately letting go or being released from this early infant attachment forms the schematic map of Bowlby's theory. That is, when I am close to my loved one, I am happy and secure, and conversely when I am apart, I am anxious, sad and lonely.

The vulnerability of a child who is separated from the attachment figure (usually the mother) or does not have the experience of a secure emotional base will suffer from attachment distress which can colour present and future relationships (Holmes, 2014). When early relationships are secure, then future relationships will be perceived as desirable, safe and containing a flexible level of support and tolerance for separation. From the security of this attachment, individuals

can get on with living, forming secure relationships, undertaking projects and exploring their community and the world out there.

Conversely, when these early relationships are inconsistent, absent, interrupted or abusive, difficulties in future adult relationships can emerge as unsatisfactory relationships will generate defences against fears of possible abandonment, neglect and/or abuse linked to their earlier experiences (Miller, 2012, p. 65). That is, broken attachments can have long-term impact on children's ability to form lasting relationships. Knowing about the importance of secure attachments can help social workers working in child protection, particularly with the long-term impact on children who are separated from their first caregiver when taken into care, incarcerated in juvenile justice institutions or moved from one caregiver to another (Butler & Hickman, 2011). Children who experience broken attachments can also experience difficulties in parenting as parenthood can re-awaken their own attachment history (Holmes, 2014). Bowlby (1984) also suggested that secure attachments follow life cycles from infancy to adulthood. As individuals move across the lifespan, attachments begin to accumulate and deepen, and so their loss due to separation, divorce, or death can engender further emotional and psyche toll. In this place of loss, people can experience deep depression, disappointment and bereavement.

Attachment theory can also be applied to the worker-client relationship. When social workers form relationships with clients, the quality of the relationship and its helping value will be affected by the quality of the client's internal model of relationship. Social workers can gain a sense of how easy or difficult it is for clients to engage in a helping relationship and how they might handle the gaps between visits and the loss of significant worker relationships. This might arise because of foreseen or unforeseen circumstances, such as staff changes, resignations, internal promotion or transfer. The social worker may also experience such loss at the death of a client or the abrupt cancelling of the working relationship.

### **Cognitive behavioural therapies (CBT)**

It was not until the 1950s and 1960s that learning theory or cognitive behavioural therapy (CBT) became a competitor to existing psychodynamic-oriented therapies and was quick to find favour with social workers who began to express an interest in exploring the immediacy of the problems being presented and helping clients learn new social skills as a way of assisting change. The slowness and complexity of psychodynamic therapies were seen as too cumbersome, time consuming and less suited to the type of clients social workers were working with. Emerging from the integration of cognitive and behavioural therapies, CBT was seen to have something of relevance to offer social work practice as it had the strongest evidence-based support for its effectiveness. By focusing on the 'here and now' and finding immediate solutions that would motivate individuals to change their behaviour in ways that would make life easier for them, CBT gradually replaced psychodynamic approaches. Moving away from self and retrospective analysis and focusing on specific issues that clients want to change, individuals map out a plan of addressing the behaviours by developing new adaptive learning experiences as a way of modifying the stresses caused by their current behaviour (Dobson & Dobson, 2009). CBT is time limited and seeks to teach clients to become their own therapists as they confront their fears, anxieties and avoidances by changing their cognitive schemata. It avoids blaming individuals by looking for strengths, competencies, capabilities and good attributes to motivate individuals to achieve measurable and realistic goals. This approach sits well with social work practice that is respectful of clients' own objectives and acknowledges the need to engage individuals 'in making their own changes and incorporating their own objectives into wider social outcomes' (Payne, 2014, p. 152).

The change process follows certain steps. The first is to identify the problem and the underlying core beliefs and assumptions, including its history and its impact. This is followed by a process of self-monitoring to identify its triggers and observing reactions including the physiological, behavioural and subjective responses. Once the physiological, psychological and social distress are identified, the process of changing unhelpful thoughts, re-attributing blame, and desensitizing events or emotions that cause distress is introduced. Then new behaviour changes are observed and assessed as useful or not. The underlying assumption is that, by changing pre-existing thought patterns, individuals can change behaviours that are unhelpful, cause anxiety and depression and impede adult functioning. Demanding the active participation of the client in identifying the problem and in implementing and monitoring agreed-upon behavioural changes to limit the stress, reduce the phobias or general anti-social behaviours gives the client the necessary knowledge and skills to adapt to other behaviours that cause distress and/or anxiety. Skills such as challenging existing beliefs and assumptions, using Socratic questioning, and observing problematic behaviours that cause depression or anxiety can help individuals untangle overpowering emotions and consequences that are impacting their lives (Neenan & Dryden, 2014). Social learning or re-learning can also take place by observing others' behaviour and the situation in which this behaviour is taking place, thereby picking up skills through modelling. Links with past behaviour and its consequences also can be transferred to new experiences. While not addressing broader environmental and societal influences such as poverty, deprivation, racism, sexism and homophobia, CBT can provide social workers with awareness of how individual equilibrium can be compromised by anxiety, phobias and depression and provide them with new learning strategies to reduce the impact of these debilitating emotions linked to both the internal and external worlds (Neenan & Dryden, 2014; Dobson & Dobson, 2009).

### ***Problem and task-centred approaches***

Helen Harris Perlman's (1957) book *Social casework: A problem-solving process* accepted the learning theory as a model for helping individuals change their behaviour. Perlman viewed problematic behaviour as learned behaviour, so she argued that to change behaviour based on learning principles was a good place to start. Current social workers will be familiar with Pearlman's four *P*s essential to working with clients – person, problem, place and process – and the learning theories linked to this approach. The process involves committed use of the worker-client relationship to undertake the problem-solving stages effectively. Motivation is garnered if the clients genuinely see the set goals as alleviating the problem (Payne, 2014).

One of the most enduring and influential frameworks to emerge from the CBT heritage was Reid and Epstein's (1972) 'task-centred casework' (see Chapter 17). Their approach to making the problem-solving approach more explicit and task focused helped bring the problem-solving strategies into daily practice. Focusing on short-term achievable goals mobilized the client's energy and reduced dependency on the worker as well. The fact that the clients determine their goals and see these goals achieved can contribute to their assuming control over what happens in their lives. In this approach, the social worker is active and direct, like a counsellor, guiding the client toward the implementation of the tasks designed to achieve the set goals. The social worker and the client together assess if the desired outcomes have been achieved (Payne, 2014). The theory behind these cognitive behavioural approaches is that a subsidiary goal of social work is to change behaviour, and that change can be achieved by setting objectives and specific outcomes and making plans as a means of resolving social problems that affect them. It was Turner (1978) who extended direct-practice casework to make use of community resources and noted the liberating effect on clients when such resources were made available. These

perspectives are still valued concepts and skills in social work today and much appreciated by service users as well (Seden, 2005, p. 15).

## **Humanistic psychology and existentialism**

The final theory from counselling and psychology (with a little help from philosophy!) that I want to include here that has had influence on social work's counselling practice is concepts from humanistic and existential approaches. The significance to social work is the way these approaches include the arts and spirituality and the value of shared experiences as an important aspect of the human experience. While their influence waxes and wanes, overall their belief in the power of the individual to undertake self-exploration and the personal meaning they attach to their awakening and how this awareness feeds into their perception of the world supports social casework's belief that human beings have the capacity to reason, make choices and act freely in their own interests (Payne, 2014, p. 277; Chenoweth & McAuliffe, 2015).

Humanistic perspectives strongly resonate with social work values and practice standards such as cherishing the integrity of the individual, seeing and valuing the humanity in all human beings as equal and affording human rights and that this equality also extends to seeking parity between and across different social groups. Valuing and showing respect for the whole person, humanistic ideas empathize a commitment to self-determination, social equity and belief in and advocacy of democratic human rights for all.

Existentialism is grouped with humanistic principles as this theory, too, values freedom and responsibility and believes in peoples' capacity to control their lives and change their ideas about how they should live. Change is directed by the person, and it is their responsibility and choice to effect positive change in their lives and to govern how they should live (Chenoweth & McAuliffe, 2015, p. 136). This still has resonance in direct social work practice.

## ***Helping relationship – worker-client relationship***

The significance of the therapeutic relationship underpins both Perlman's and Hollis's early work and is regarded as key to establishing a working alliance with the clients as a safe and secure environment to explore the emotions and solutions to their problems. According to John and Trevithick (2012, p. 65), social work was the first profession to highlight the importance of the relationships that are created with clients and other significant others (see also Biestek, 1961). The emphasis of the helping relationship provided social work with an important theoretical orientation, and the importance of the 'working relationship' remains central to current social work texts and as a key foundation for all client work.

## ***Communication and interpersonal skills***

Current social work skills emphasize the importance of both basic and advanced communication and interpersonal skills for practice which have been built up from these various helping approaches (Miller, 2012; Seden, 2005). Such skills are valuable for working towards a solution for the issues at hand. They include goal-setting, active listening, non-critical acceptance, reflection and checking, empathic understanding, observance of body language and the use of self and self-reflection, boundary awareness, avoidance of judgemental and moralistic responses and the ability to offer constructive feedback and skills for managing tensions and hostility (Miller, 2012; Seden, 2005). These practice skills underpin all social work's practice methods. Being listened to, being understood and having the ability to make meaningful connections with clients is still



a much-valued professional attribute (Miller, 2012). The ability to hear, listen and respond with empathy and respect can contribute to good social work practice; failure in this regard can be a contributor when misunderstandings and gaps in practice emerge. Counselling skills and other interpersonal skills help significantly when trying to negotiate the legal and bureaucratic task-centred aspects of statutory social work or the complexity of working in teams, organizationally and in research partnerships and community settings (Seden, 2005). As Seden (2005, pp. 6, 11) argues, it is almost impossible for social workers not to be competent in communicating as work with individuals and with other settings demands attention to what is being said, how it is said and how it is understood. Seden (2005) also argues that effective communication skills are appreciated by clients and their families as well as students; this is an area where students would have liked more training.

### Strengths-based and narrative therapy

More recent influences of psychology and counselling can be seen in the growth of strengths-based approaches to practice. Strengths-based approaches (see Chapters 18 and 19) have a strong interconnection with psychology's learning theory as well as ego-psychology. The fundamental belief in strengths-based approaches is in the individual's ability to find their own strength and motivation to change behaviours towards their well-being and optimal functioning rather than 'being daunted and overwhelmed by the size of the problem' (Greene & Lee, 2011; Connolly & Harms, 2012, p. 125). Not being able to find solutions to their problems with the available resources, individuals can, by using a strengths-based perspective, find new solutions to old problems. For this reason, this approach has significantly influenced social work in recent decades. What is attractive about this approach is the focus on empowerment, belief in individual resilience and the capacity of individuals to heal themselves and overcome adversity. Distress, abuse, isolation and depression are seen as challenges to face and overcome. This belief provides clients and workers with a powerful antidote to feelings of alienation, oppression, discrimination and isolation and the seemingly insurmountability of their daily problems.

The helping relationship stays centre stage as it acts as a conduit for dialogue and collaboration as social worker and client work together to overcome the adversity in the client's life. The focus moves from victimhood to strengths-based approaches and the belief in the restorative capacity of the human spirit to know what is best for themselves and their future. Its links with CBT can be seen in the belief that individuals will be motivated to change if they set their own goals and thus discover or rediscover their sense of self, purpose and power in their successful completion (Connolly & Harms, 2012, p. 126). As with CBT, the role of the social worker is to facilitate the development of client-determined goals and to link the client to available resources and community networks. As with CBT, its approach focuses on the short term and on solving the immediate problem. As with ego-psychology, the individual is strengthened and supported to seek positive solutions to the difficulties they are experiencing and the opportunities that might spring from them (Payne, 2014).

One particular addition to strengths-based approaches that has its genesis in Australian social work is narrative therapy (White, 2007; see Chapter 21). Narrative therapy sees people as separate from the problem and believes that individuals have the capacity to address the problem and its influence on their lives. It borrows concepts from personal construct theory, which proposes that each individual manages their behaviour according to constructs or the picture of the situation in their minds and the shared social expectations about how to behave in certain social situations (White, 2007). If these constructs of reality are shared with family and with groups, then these pictures become a reality. When these constructs are not shared by all groups, and

when some of these constructs place certain individuals and groups as outsiders relegating them to a marginal position in the dominant culture, then a narrative approach can help reorder the pictures by exploring new stories. Presenting an alternative story to the dominant one immediately challenges the status quo, undermining the legitimacy of the particular personal or societal construct.

By helping people think in alternative ways and extending the strengths approach to incorporate storytelling, clients can rewrite and re-author their stories in any way that facilitates their strengths and leads to re-imagining a different, more positive perspective. This, in turn, can lay the groundwork for a more hopeful future (White, 2007). Re-authoring stories into new empowering stories can help victims experience a cathartic release from guilt, shame or sadness (Connolly & Harms, 2012, pp. 135, 142) or indeed right a terrible wrong. This may especially be so when the dominant stories are unhelpful, create distress or perpetuate injustices or are false and misleading rewrites of history such as the stories of Australia's or the UK's colonial past. Narrative therapy helps individuals think differently about their experiences, and by constructing alternative ways to examine their experiences, individuals can transform themselves and their surroundings (Greene & Lee, 2011), especially their past perceptions and beliefs. Reworking dominant stories and identifying alternative constructions of events coming from the family, community or society can be transformational or an empowering experience for those whose identities, histories or experiences were subjugated within the dominant culture and their own family history. Its value to social work is the belief that social arrangements are not set in stone and can be challenged and changed. According to Greene and Lee (2011), clients do better when there are strong expectations of success.

### **Critical reflection**

Historically, critical thinking has its genesis in John Dewey's pedagogical emphasis on reflection as the foundation for experimental learning. Psychologist Schön's (1983) notion of a reflective practitioner was one who, by engaging in critical reflection, could explore the gaps between factual knowledge and the emotionally intuitive knowledge gained from practice. Briefly, critical reflection involves looking at ideas and assumptions from as many perspectives as possible, where divergent ideas about the issues are vigorously sought and the affective disposition of open-mindedness regarding divergent views of the world are used when confronted with the messy complexities of daily practice (Noble, Gray, & Johnston, 2016; Morley, 2016).

Social workers, counsellors and psychologists see the same value in engaging in inquisitiveness and critically questioning assumptions, beliefs, decisions and actions in order to be fully informed about what is going on and how to intervene effectively in a positive and influential way. The process of reflection is a key strategy for use in supervision, as workers critically review and reflect upon their work, the consequences of their intervention and what might have been different with this new knowledge (Noble et al., 2016, pp. 201–215). The use of critical reflection has been adopted by each of these disciplines. Critical reflection is useful when informed by critical theory (see Chapter 26) and its commitment to social justice work and as a strategy to challenge structural power relations (Morley, 2016; Smith, 2008). It is to the influence of these ideas that I now turn.

### **Social work, psychology and counselling – social justice**

The idea that counsellors and psychologists have for many years been concerned with the relationship between individuals' mental well-being and the social milieu in which people live,

especially in marginalized populations, has in recent years resulted in calls to incorporate social justice and advocacy in their practice (see Chapters 10 and 30). Reisch (2014) posits that private troubles are only important at the individual level, while public issues have structural implications for society. To understand individual problems in their many facets needs a wider lens in order to comprehend the complexity of social influences, the political and cultural structures of modern life and their impact on individuals' functioning, sense of well-being and social advantage and privilege (Arthur & Collins, 2014).

Individual struggles are more often created or aggravated by oppressive systems such as age, gender, class, ethnicity or spiritual beliefs, sexual preferences and membership in either dominant or non-dominant groups (see Chapter 29). There is growing recognition in counselling and psychological scholarship that people's health and well-being is impacted positively or negatively by economic, social, political, and cultural structures as well as educational and organizational systems (Arthur & Collins, 2014). For example, domestic violence, racial and gender discrimination, poverty, social inequities and disproportionate privilege, unemployment, educational advantage, environmental health concerns and unequal social, political and economic access all have a human toll. The multifaceted problems involving losses, crises, trauma, personal difficulties and long-standing disadvantages stemming from conditions of poverty, unemployment, discrimination, socialization, and abuse are not just overwhelming, but to keep working within these complexities with an individual lens can seem indifferent to and at some level ignorant about the many structural injustices that form risk factors for mental health concerns.

In fact, current literature in both counselling and psychology (Arthur & Collins, 2010, 2014; Lee, 2007) would suggest there is more than a growing awareness that focusing solely on individual change is limiting, given increasing awareness of the impact of social structures. Many approaches presented in this chapter, such as person-centred and cognitive behavioural approaches, include some notions of empowerment. Also, strengths-based and narrative approaches can disrupt dominant understandings and structures by re-authoring and re-storying dominant narratives. In many psychological approaches, however, individuals and their context remain the focus, leaving the broader social structures in place. By concentrating on remediation of psychological issues located in the individual client, attention has been drawn away from the structures that lead to psychological distress and mental ill health (Arthur & Collins, 2010, 2014). Active involvement in resource advocacy, community outreach and public policy making are examples of interventions that can promote attention to social justice issues among counsellors and psychologists. Self-reflection on how therapist privilege might inadvertently replicate experiences of injustice and challenging therapeutic interventions practices that appear inappropriate or exploitative are other competencies for social justice work (Lee, 2007).

Here once again, there is a symmetry between this development within counselling and psychology and social work, with one key difference. The more progressive school of social work has always looked for theories and perspectives that seek to eliminate disadvantage outside the individual and their immediate social world. From Jane Addams's pioneering attempts in the early 20th century at social reforms and her and others' attempts to change social structures to help individuals, to the influence of conflict theory and then, from the late 1960s, the influence of a structural and feminist analysis (Baines, 2017; Mullaly, 2007; Dominelli, 2004; see Chapters 27 and 31), social work began to incorporate a social justice focus in working with clients a little ahead of counselling and psychology. Integrating key concepts such as the interrelatedness of the personal and the political with a socio-political framework towards emancipatory social justice and human rights goals provided social workers with a critical perspective that contrasted sharply with the person-centred approaches such as casework and its individualized treatment approaches, especially those that focused purely on the individual. How practitioners support

personal growth and human potential while addressing social inequality and injustice and acting as social advocates can be seen in feminist theory and its application in practice. Feminist counselling has been embraced by all three discipline groups and has sequentially influenced the growth of multicultural work (Arthur & Collins, 2010, 2014).

## **Feminist counselling and psychology**

Feminist analysis has introduced a profound critique of traditional approaches to therapy, resisting the historically and culturally determined traditional roles prescribed for women 'such as mother, carer and home-maker and being typed more problematically as "emotional", "irrational", more submissive, less independent, less reliable, less objective, more neurotic and less well-adjusted than adult men' (Noble & Day, 2016, p. 17). These stereotypes have been seen to exclude women from public life, relegating them to the private, mostly invisible sphere and, again more problematically, objectifying them for the male sexual gaze. Traditional psychotherapists were critiqued for their intrinsically male-centric focus on personality development, intrapsychic distress, diagnosis and symptomatology in relation to women and girl clients (Noble & Day, 2016). Not only were women clients subject to this sexist discourse, women psychotherapists, such as Klein, Horney and Irigaray, who critiqued the founding fathers, were ignored, and their theories received less attention than those of the men with whom they worked (McLeod, 2013).

As experts in their own lives, women are encouraged to take both individual and collective action to achieve change that empowers their social, cultural, sexual and political position and reduces their isolation and marginalization (Noble & Day, 2016, p. 20). Feminist therapists address issues such as marriage and partner relations, intimate partner violence, reproduction, child care, career options, emotions (especially taboo ones like rage or jealousy), body image, gender stereotypes, gender and trauma, self-esteem and individual and structural discrimination. These are just some of the key influences impacting women's well-being and personal safety.

The therapist strives for an egalitarian relationship through transparency and relational self-reflectivity and by being aware of the power imbalance in the professional relationship and actively working to minimize its impact on client/therapist work by working towards establishing an egalitarian relationship (op cit, p. 21). Overall, the aim of feminist practice is to exercise a commitment to the transformation of the socio-politico-economic and cultural relations and power structures that limit women's agency. A significant aspect of feminist practice is to place each woman at the centre of the helping process and together work to change women's lives for the better (Brown, 2010; Dominelli, 2002).

## **Conclusion**

This chapter has considered the major influences that counselling and psychology have had on the development of social work. Social work practice has been enriched by the psychodynamic, relational and cognitive behaviourist understandings of the individual and their theories of human development, motivation and personal change. Drawing heavily from counselling and psychology in its formative stage, social work was able to build its primary base for direct practice and an intellectually stimulating base for social work to grow its practice with individuals to include children, families and then groups (Healy, 2005). Even today, social work continues to be aligned with counselling and psychology in the shared use of interpersonal, communicative and relational skills, especially the importance of a healthy relationship characterized by empathy, authenticity and mutual regard (Healy, 2005, p. 53). A key contribution is in providing distress and trauma with a human dimension and providing skills and knowledge for social workers

working in direct practice and in the mental health field. Latterly, counselling and psychology have paid increased attention to social justice and advocacy and how the realities of social justice and socio-political inequalities impact on individuals' well-being links with social work's progressive practice. This affects where people have access not only to the help and resources that better their lives but also to an advocacy and experience of empowerment that facilitates self-determination. This redirection of focus provides these disciplines with skills to challenge inequality and discrimination wherever it is found.

## Further reading

- Miller, L. (2012). *Counselling skills for social work* (2nd ed.). London: Sage.
- Noble, C., & Day, E. (Eds.). (2016). *Psychotherapy and counselling: Reflections on practice*. S. Melbourne: Oxford University Press.
- Payne, M. (2014). *Modern social work theory* (4th ed.). Basingstoke: Palgrave Macmillan.

## References

- Adler, A. (1921[2001]). *The neurotic constitution: Outline of a comparative individual psychology*. New York: Routledge.
- Adler, A. (1958[2011]). *The education of the individual*. Eastford, CT: Martino.
- Arthur, N., & Collins, S. (2010). Social justice and culture-infused counselling. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling* (2nd ed.). Calgary, AB: Counselling Concepts.
- Arthur, N., & Collins, S. (2014). Counsellors, counselling, and social justice: The professional is political. *Canadian Journal of Counselling and Psychology*, 48(3), 171–185.
- Baines, D. (2017). *Doing anti-oppressive practice: Social justice social work* (3rd ed.). Halifax & Winnipeg: Fernwood Publishing.
- Beistek, F. (1961). *The casework relationship*. London: George Allen & Unwin.
- Bowlby, J. (1984). *Attachment (Attachment and Loss, Vol. 1)* (2nd ed.). Harmondsworth: Penguin.
- Brown, L. S. (2010). *Feminist therapy*. Washington, DC: American Psychological Association.
- Butler, I., & Hickman, C. (2011). *Social work with children and families: Getting into practice*. London: Jessica Kingsley.
- Chenoweth, L., & McAuliffe, D. (2015). *The road to social work and human service practice*. (4th ed.). S. Melbourne: Cengage.
- Connolly, M., & Harms, L. (2012). *Social work from theory to practice* (2nd ed.). Port Melbourne: Cambridge University Press.
- Dobson, D., & Dobson, K. (2009). *Evidence-based practice of cognitive-behavioral therapy*. New York: Guilford.
- Dominelli, L. (2002). *Feminist social work theory and practice*. Basingstoke: Palgrave Macmillan.
- Dominelli, L. (2004). *Social work: Theory and practice in a changing profession*. Cambridge, UK: Polity.
- Erikson, E. (1959). *Identity and the life cycle*. New York: Norton.
- Freud, S. (1901). *The psychopathology of everyday life*. New York: Dover.
- Freud, S. (1920). *A general introduction to psycho-analysis*. New York: Boni and Liveright.
- Freud, A. (1968[1937]). *The ego and the mechanisms of defence* (Rev. ed.). London: Hogarth.
- Gilliland, G., & James, R. (2003). *Theories and strategies in counselling and psychotherapy* (5th ed.). Boston, MA: Allyn & Bacon.
- Gray, M., & Webb, S. (2013). *The new politics of social work* (2nd ed.). Basingstoke: Palgrave Macmillan.
- Greene, J., & Lee, M. Y. (2011). *Solution-orientated social work practice: An integrative approach*. New York: Oxford University Press.
- Harms, L. (2010). *Understanding human development: A multidimensional approach*. S. Melbourne: Oxford University Press.
- Healy, K. (2005). *Social work theories in context: Creating frameworks for practice*. Basingstoke: Palgrave Macmillan.
- Hollis, F. (1964). *Casework: A psychosocial therapy*. New York: Random House.
- Holmes, J. (2014). *John Bowlby and attachment theory* (2nd ed.). New York: Routledge.
- John, M., & Trevithick, P. (2012). Psychodynamic thinking in social work practice. In P. Stepney & D. Ford (Eds.), *Social work models, methods and theories* (2nd ed.). Lyme Regis: Russell House.
- Jung, C. G. (1921 [2017]). *Psychological types*. Abingdon: Routledge Classics.

- Jung, C. G. (1933[2001]). *Modern man in search of a soul*. London: Routledge.
- Jung, C. G. (2006). *The undiscovered self*. New York: Signet.
- Lee, C. C. (Ed.). (2007). *Counselling for social justice* (2nd ed.). Alexandria, VA: ACA.
- May, R. (1953). *Man's search for himself: Signposts for living and personal fulfillment*. New York: Condor Books.
- McLeod, J. (2013). *An introduction to counselling* (5th Ed.). New York: Open University Press.
- Miller, L. (2012). *Counselling skills for social work* (2nd Ed.). London: Sage.
- Morley, C. (2016). Critical reflection and critical social work. In B. Pease., S. Goldingay, N. Hosken, & S. Niperess (Eds.), *Doing critical social work: Transformative practices for social justice* (pp. 25–38). Sydney: Allen & Unwin.
- Mullaly, B. (2007). *The new structural social work*. Don Mills, Ont: Oxford University Press.
- Neenan, M., & Dryden, W. (2014). *Cognitive behavior therapy: 100 key points & techniques*. (2nd ed.). London: Routledge.
- Noble, C., & Day, E. (Eds.). (2016). *Psychotherapy and counselling: Reflections on practice*. S. Melbourne: Oxford University Press.
- Noble, C., Gray, M., & Johnston, L. (2016). *Critical supervision for the human services: A social model to promote learning and value-based practice*. London: Jessica Kingsley.
- Payne, M. (2014). *Modern social work theory* (4th ed.). Basingstoke: Palgrave Macmillan.
- Perlman, H. (1957). *Social casework: A problem solving process*. Chicago: University of Chicago Press.
- Gruber, H. E., & Vonèche, J. J. (Eds.). (1995). *The essential Piaget*. Lanham, MD: Aronson.
- Richards, G. (2008). *Psychology*. London: Routledge.
- Richmond, M. (1917). *Social diagnosis*. New York: Russell Sage Foundation.
- Richmond, M. (1922). *What is social case work?* New York: Russell Sage Foundation.
- Reid, W., & Epstein, L. (1972). *Task centered casework*. New York: Columbia University Press.
- Reisch, M. (2014). *Social policy and social justice*. Los Angeles: Sage.
- Rogers, C. R. (1950). Client-centered therapy: A helping process. *University of Chicago Round Table*, 698, 12–21.
- Rogers, C. R. (1956). A counseling approach to human problems. *American Journal of Nursing*, 56, 994–997.
- Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Seden, J. (2005). *Counselling skills and social work practice* (2nd ed.). Maidenhead: Open University Press.
- Smith, S. (2008). *Applying theory and policy in practice: Issues for critical reflection*. Farnham: Ashgate.
- Turner, F. J. (1978). *Psychosocial therapy*. New York: Free Press.
- Turner, F. J. (Ed.). (2017). *Social work treatment: Interlocking theoretical approaches*. Oxford: Oxford University Press.
- White, M. (2007). *Maps of narrative practice*. New York: Norton.
- Winnicott, D. (1968). *The family and individual development*. London: Tavistock.