

A Critical Analysis of the Social Advocacy Movement in Counseling

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■ The authors present (a) an overview of the recent literature on social advocacy, (b) results of a deconstructive analysis of the philosophical and theoretical underpinnings of this movement, (c) a critical analysis of its role and function in the profession, and (d) a call to the profession. The deconstructive analysis revealed 2 major driving forces and 5 related trends; the critical analysis revealed 9 key areas of consideration. Implications and recommendations are presented.

Social historians have long noted that periods of major reform in American political life seem to come around generationally, about once every 30 years or so (Wheeler, 1990). These periods of reform have been reflected in health care professions such as social work, psychology, and counseling, which have traditionally been viewed as having a more humanistic, liberal sociopolitical bias (Lillis, O'Donohue, Cucciare, & Lillis, 2005). A response to various reforms (or lack thereof) is social advocacy counseling, a movement within the profession of counseling with roots in the early 20th century (Kiselica & Robinson, 2001). It has been suggested that the social advocacy movement is the "fifth force" within the profession of counseling (Ratts, D'Andrea, & Arredondo, 2004, p. 28), an outgrowth of the multicultural movement.

This movement promotes social justice as a fundamental principle of counseling through the systematic elimination of social illness caused by various forms of oppression and social inequality. The major focus of advocacy tends to be on issues related to power, privilege, allocation of resources, and various forms of prejudicial discrimination and violence toward underrepresented individuals or groups. The fundamental goal is the eradication of social illness by the leveling of power structures, equaling privileges, and combating discrimination. Many counseling professionals advocate for such concerns as a function of their professional and social responsibility (Smith & Chen-Hayes, 2003).

Social advocacy counseling entails interventions aimed at individual client needs as well as sociopolitical attempts to foster systematic change in society. Myers and Sweeney (2004) suggested a two-pronged approach toward social action to effectively advocate for the needs of clients as well as the profession. Akos and Galassi (2004) promoted a model of developmental advocacy as a way to enhance the effectiveness of the contemporary school counselor. Loretta Bradley (1998), a former president of the American Counseling Association (ACA), championed social advocacy in her address at the ACA Midwest Region Conference, Kansas City, Kansas, titled

"Advocacy: A Voice for Our Clients and Communities." One of the first books on social advocacy in counseling, edited by Courtland Lee and Gary Walz (1998), proclaimed social action as a "mandate" for counselors. Myers, Sweeney, and White (2002) called for a national plan, because they believed that advocacy is a professional imperative.

■ Call to the Profession

On the surface, the social advocacy movement in counseling indeed appears to be a called-for mandate. Ideas promoted by the movement, such as advocating for professional issues, advocating for the needs of underrepresented and disenfranchised individuals and groups, taking political positions on current social issues, and working to eradicate systems and ideologies that perpetuate discrimination and disregard for human rights are all seemingly logical, reasonable ideologies that identify important matters for counselors. However, we believe that the most pressing mandate for the counseling profession at this time is an in-depth examination of the social advocacy movement. Such an examination, through critical and deconstructive analysis, is required to firmly establish the movement in the profession and to understand its impact on the profession, individual members, and distinct groups. Only after undergoing such scrutiny can the mandate of social action indeed be justly determined, particularly as a professional and/or personal mandate.

We believe that the social advocacy movement lacks sufficient moderation and sometimes attempts to promote various agendas (e.g., personal, political) under the guise of "social action." It makes bold claims for which it has little or no substantive evidence, such as clinical effectiveness. We certainly applaud related research efforts conducted thus far (e.g., Eriksen, 1997a; Myers & Sweeney, 2004); however, the research is scant, and results are subject to design limitations and are, therefore, tenuous at best. It is our view that history does not support the claim that social advocacy is the fifth force and

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suggest that the recent movement is best viewed as a recurring wave in the profession. For example, advocacy was promoted within the profession more than 3 decades ago when Edward and Anita Dworkin (1971) wrote an article titled "The Activist Counselor" in which they outlined several social trends and a subsequent advocacy response to each one. The entire volume (49[9]) of *The Personnel and Guidance Journal* (Goldman, 1971) was dedicated to social issues of the time, and was subtitled "Counseling and the Social Revolution." In fact, it has been suggested that advocacy is a historical trademark for the birth of the counseling profession, with roots established in the early 20th century (Kiselica & Robinson, 2001).

Aside from anecdotal claims of being the panacea in counseling, the social advocacy movement raises more questions perhaps than it intends to answer, presents a host of new challenges, and calls into question the very definition of *professional counseling* (ACA, 1997). To fully understand its place (e.g., role, function, effectiveness, best practices) in the counseling profession, an in-depth examination and a thorough critique of the movement must be conducted. Therefore, we believe that it is time for a critical evaluation of the social advocacy movement in counseling and call for members to respond.

Overview of Social Advocacy in the Counseling Literature

Historically, social advocacy and "activism" have been discussed in the counseling literature, beginning in the late 1800s and early 1900s. The topics and focus of activism have been related to significant events in the history of the United States, including the Industrial Revolution, the Great Depression, multiple wars (e.g., World Wars I and II, Vietnam), and the impact these events have had on society. Kiselica and Robinson (2001) provided a time line of leaders and events in advocacy counseling, including Frank Parsons's founding of the Boston Vocational Bureau in 1908 and the publication of Clifford Beers's (1908) *A Mind That Found Itself: An Autobiography*, which brought mental illness to the forefront and launched the mental hygiene movement. Also included are Carl Rogers's introduction of the use of psychology and relationships to address social problems (beginning in the 1940s and continuing throughout his lifetime); the development of Menacker's (1976) theory of activist counseling to address environmental and institutional change; and, most recently, the formation of the Counselors for Social Justice division of ACA in 1999 (see Kiselica & Robinson, 2001). In addition, journals central to the profession of counseling have provided entire issues that focus on and/or contribute to social advocacy counseling, including the 1971 issue of *The Personnel and Guidance Journal* (Goldman, 1971) titled "Counseling and the Social Revolution" or the 1982 issue of the same journal with a special issue on political action in counseling (Barclay, 1982).

As noted earlier in this article, the focus of advocacy and activism in counseling has grown and changed throughout

history and in relation to the changing social and political climate of the United States. Children and adolescents in the school setting were the early focus, as they moved from the workforce to education. Aubrey (1977) reviewed the history and implications of vocational guidance, the introduction of psychometrics and their impact on education, the focus on counseling introduced by Carl Rogers, and the various guidance theories and philosophies developed. Notably, this included Wrenn's (1962) philosophies in *The Counselor in a Changing World*, which was focused on the developmental needs of students and self-concept theory. Twenty-one years after this publication, Wrenn (1983) identified the vulnerability of the counseling profession and the need for social action as well as risk taking. Changes being called for at that time, according to Wrenn (1983), included counseling (a) for midlife vocational changes, (b) for older adults, (c) for couples and families, (d) within business, (e) in therapy teams, (f) within cultures, and (g) for individuals on how to spend "nonemployed" time.

During the 1990s, counseling organizations began to focus on advocacy issues in the counseling profession. For example, Griffin (1993) promoted advocacy in the Association for Counselor Education and Supervision. Lee and Sirch (1994) examined the impact of counseling on society, calling for counselors who are willing to be change agents and work with diverse clientele. Skills, including patience, caring, goal setting, and working well with others, were all necessary in their goal of an "enlightened society," reflecting a sense of social responsibility for the new millennium. D'Andrea and Daniels (1997) discussed racism in the United States, the problems and benefits of multicultural advocacy in counseling, and the challenges counselors face in their attempts to improve multicultural advocacy. Osborne et al. (1998) reviewed the development, challenges, and benefits of a social advocacy model in counselor education. Their program identified the need to train counseling students to be social change agents and also the importance of faculty modeling for advocacy skills. The professional literature documents the growth and promotion of the social advocacy movement over the past several decades, and the rise in articles, books (e.g., Eriksen, 1997b; Lewis & Bradley, 2000; Studer, 2005), and workshops on this subject are evidence of that growth. However, a critical and deconstructive analysis of the movement has yet to be conducted.

Philosophical Underpinnings, Theoretical Tenets, and the Social Advocacy Movement

The first step in our critique of the social advocacy movement is to deconstruct some of the underlying ideology and theoretical tenets behind this movement. There appear to be two main philosophical underpinnings driving the social advocacy movement; there has also been a shift in theoretical premises

of counseling and interventions fostering this momentum. Much of this ideology concerns itself with new ways of conceptualizing client problems and counseling roles, and appears to place some of the target interventions in the context of the larger society rather than directly with the individual. In this regard, the individual or client is seen as the victim of larger social ills and is often described as responding to such ills in a dysfunctional manner. Thus, there appears to be a movement away from individual psychology toward social and liberation psychology.

Philosophical and Theoretical Underpinnings of the Social Advocacy Movement

Driving force 1. A driving force behind the social advocacy movement is the notion that social illnesses caused by various forms of oppression lead to psychological and emotional difficulties, ultimately stifling potential for growth and development, thus the need for counseling and, subsequently, the need for social advocacy counseling. Therefore, the etiology of mental illness and developmental delays are viewed as a response to various social illnesses rather than an internal derivative (e.g., biological substrate, trauma). Social illnesses have been conceptualized in terms of *isms* related to race, sex, gender, age, ability, class, religion, body type/image, economics, institution, policy, politics, and others. This driving force appears to reflect a humanistic theology, liberation psychology, and a liberal sociopolitical bias (cf. Lillis et al., 2005).

Evidence for this driving force is reflected in the logic of social and liberation psychology, where mental, emotional, and developmental issues are reconceptualized in terms of a social illness and can be seen in the following statement by Courtand C. Lee (Lee & Walz, 1998): "Yet the origin of problems and impediments to effective decision making often lie not in individuals but in an intolerant, restrictive, or unsafe environment" (p. 3). This ideological shift in thinking reflects a move away from historic roots of individual psychology and developmental counseling toward a sociological perspective more often reflected in the social work profession and literature.

Driving force 2. Another ideological force driving this movement is the notion that counselors have a responsibility to combat social illness to foster human growth and development at the junction at which it occurs—society. From a social advocacy perspective, counselors are no longer focusing primarily on the promotion of developmental needs and the treatment of various forms of emotional and mental dysfunction at the individual level, but rather the additional focus embedded in the current ideology now includes targeting social illnesses (i.e., *isms*) in the broader context and junctions of society. These junctions span all levels of society, permeate every strata and class, and infiltrate all institutions and organizations (e.g., education, religion, politics). Social advocacy counseling is elevated to a level beyond the traditional confines of individual and group counseling to that of, for example, social

institutions and structures. In connection, counselors are seen as conducting therapy (i.e., social action) at a new social level and strata that require the use of new skills and abilities (e.g., advocacy competencies). Ultimately, counselors are being held accountable for taking action against social injustices in ways that are both curative and preventative. The expectation is that social advocacy counseling approaches and methods should inform social actions and should be applied to social problems. In response to these driving forces, there appear to be several related paradigm shifts occurring as well.

Paradigm Shifts in the Social Advocacy Movement

Client conceptualization. The paradigm shift regarding client conceptualization is a noted change regarding how counselors view individuals' difficulties and problems. The shift has moved away from identifying individual pathology and/or developmental difficulties to focusing on social illness as a major source of client problems and issues. The central focus is toward issues related to power imbalances, unearned privileges, and various forms of oppression (e.g., racism, classism, heterosexism). Social advocacy counseling strives to correct such social illness, both as a remedy to counselee difficulties and toward the creation of a just and equitable society. Therefore, both the theory and practice of counseling are undergoing radical change in this regard.

Language discourse. Another paradigm shift is concerned with the use of language and the meaning of counseling and related terminology. The recent discourse on issues of rights and social justice historically has belonged to the language of legal entities, political scientists, social workers, and social researchers (e.g., sociologists) rather than counselors or counselor educators (cf. Lens, 2005). Historically, the notion of *rights* constitutes a political language associated with the extension of freedom, democracy, and equality; the concept of *justice*, on the other hand, denotes legal jargon typically associated with the judicial system, law enforcement, and advocacy groups. The historical discourse of counselors has been that of development, growth, and the promotion of emotional and mental health. The emerging discourse of the social advocacy movement is "social justice," "social action," and "advocacy."

Although these two very different discourses may merge to foster the well-being of counseling clients, they represent two distinct epistemologies and distinctive ways of knowing and understanding—development/mental health versus social justice. There are two very different implied agendas in each of these concepts (e.g., health vs. justice). As such, there is an implied movement away from the individual and family to a focus on society. Clinical agenda items then shift from issues that affect the mental and emotional health of clients toward matters that constitute social illnesses, thus the need for social change. Therefore, the introduction of this new language (i.e., social advocacy, social action) represents a paradigm shift for many counselors and educators in terms of client conceptual-

ization and the very notion of what constitutes mental illness and human development; this is a shift that not all members of the counseling profession are comfortable with or willing to embrace so quickly.

A fundamental distinction between these two discourses is that of language itself: The language of counselors and educators typically reflects a discourse of growth, development, and learning, whereas the language of advocates reflects a discourse of justice, rights, and equality. These discourses represent two very different paradigms in reality. The terms *justice*, *rights*, and *equality* are not traditionally viewed as discourse associated with counseling but rather with justice-oriented professions. Therefore, a question faced by the movement in counseling is one of rights: What right do counselors have to use a discourse of social advocacy? The politics of human rights, social justice, and equity have been a discourse of judicial and legal institutions, and social scientists, not counseling. A potential challenge of the social advocacy movement is first to establish this right. Another challenge is to speak in a discourse that represents such a right. A drawback is that counselors are trained to speak in predominantly one discourse—counseling—and how do they feel about that?

This language shift parallels a behavioral shift as well, from provider of counseling services to political activist and reformer. Counselors choose the profession for various reasons, and making a difference in the lives of individuals and families is a common one. Mandating that these counselors now become social reformers may be logical to some minds, but it represents a quantum leap for others.

Theory and practice skills. The theory and practice of social advocacy have been articulated in professions such as social work, sociology, and political science. Although little theory of social advocacy has been proposed in counseling, competencies have been outlined (Trusty & Brown, 2005; House & Sears, 2002; Lewis, Arnold, House, & Toporek, n.d.), and related counseling skills and abilities have begun to emerge. The conceptualization of these competencies and related skills represents another significant paradigm shift in counseling. Although these competencies appear to have good face validity, there is little empirical or qualitative evidence to support their efficacy in counseling.

Counseling focus. Another identifiable shift is the expanded emphasis and focus on the client situation (e.g., depression) to include “target” areas of oppression (e.g., sexism). For example, rather than counseling a client using traditional approaches only, emphasis may also be placed on social advocacy counseling toward a target area. Helping a sexually underrepresented (lesbian, gay, bisexual; LGB) client with depression, then, may include individual counseling, psychopharmacology, and keeping a journal, as well as social advocacy counseling that entails some type of activism such as challenging heterosexist policies (e.g., letter to public policy makers) and raising community awareness about LGB

needs. The intent of social advocacy counseling is to assist the client with the traditionally identified counseling need (e.g., depression) and also to promote some type of advocacy toward the oppressive target area. That is to say, the focus is not toward promoting a specific counseling approach or school of thought, for example, but rather targeting key people, groups, or social issues that are regarded as disenfranchised, underrepresented, and oppressed in some manner. This ideology of working on behalf of individuals who have less power, are of an underrepresented status, and are somehow being oppressed by a dominant group or groups in society fits within a liberal political agenda.

Professional counseling roles and responsibilities. Finally, a significant paradigm shift has occurred with regard to the professional role and responsibilities of the counselor. This shift is particularly evident in the area of school counseling with the transformation of guidance counselor to professional school counselor. This redefinition occurred, for example, in response to advocacy initiatives promoted by Reese House at the Education Trust (1996; e.g., the National Institute for Transforming School Counseling) and by incorporating advocacy into the American School Counselor Association’s (2003) National Model for school counselors. Roles and responsibilities of counselors are adapting rather quickly to the mandate of social action across many of the subdisciplines in the profession.

■ Critical Examination

Establishing the Need for Critical Analysis

Our rationale for this appraisal is to (a) establish an initial critique of the social advocacy movement; (b) acknowledge potential limitations inherently embedded within this type of movement; (c) identify potential barriers involved in conducting acts of advocacy; (d) move to empower counseling social advocates to overcome such barriers when they are identified; (e) examine both strengths and limitations involved in social advocacy; (f) provide the groundwork for a rich discussion among members of the profession; and (g) provide initial ideas for research to determine the impact of the movement on counseling. In providing this critique, we would like to emphasize that we are not directing criticism toward any one person, group, or entity. We believe that the most pressing mandate for the counseling profession at this time is an in-depth examination of the movement in an effort to mindfully foster its intended goals and strengthen the counseling profession and its members.

Potential Pitfalls and Limitations of the Social Advocacy Movement

Our central belief is that embedded within any type of social movement (e.g., environmental, political, religious) is the potential for certain limitations, including inclinations and behaviors that are contradictory to the very nature of a movement and the intended goals. Fundamental flaws exist that are indigenous to

the process of adopting new ideologies (e.g., theories, philosophies, political and social paradigms), and the social advocacy movement in counseling is certainly no exception. We identify several limitations and pitfalls that we see as inherent in the movement. In the following discussion, we provide a critical analysis of the movement as we believe it is represented in counseling, focusing on nine key areas of challenge.

Hidden agendas. The prospect of personal hidden agendas (e.g., personal goals, retribution, stonewalling) to be acted out in the name of social justice is an abuse and potential pitfall of the social advocacy movement. For example, a school counselor who appears to assist an individual via an act of social advocacy counseling may actually produce harm to other students, faculty, or staff with whom the school counselor has had past disagreements. A student in a social advocacy class taught by the first author recently referred to this type of behavior as "the social advocacy card," that is, using advocacy as a means to a self-centered end. Whether or not we conceptualize using the ideology of social advocacy as a card to be played or manipulated in some fashion, this is a potential pitfall, and caution is urged. It behooves advocates to do the personal work necessary to be able to recognize hidden agendas and to monitor their own behavior in constructive ways that do not harm others. We believe that an advocate must be pure of heart and must be willing to look inward if motives are challenged. As Trusty and Brown (2005) pointed out, a basic disposition of being an advocate is to possess an "altruistic" motivation for the well-being of others.

Self-promotion. Although we believe the social advocacy movement is based upon good intentions, such as the liberation of the oppressed via social justice, another pitfall in the movement is the potential for self-promotion. It is also apparent that both the oppressed and the advocate can and do benefit from being part of and promoting the movement. For example, secondary gains obtained by the advocate may be a direct result of advocacy and are perhaps endemic to it. Although it is difficult, and in some instances impossible, to remove certain benefits from being an advocate, it is the purposeful and intentional promotion of self and self-serving agendas that we caution against. Using social advocacy as means for self-promotion could be tempting because of its current popularity in the profession, but self-promotion is incongruent with the intentions of the movement.

Increasing in privilege and power. According to *Merriam-Webster's Collegiate Dictionary* (Mish et al., 2003), *privilege* is "a right or immunity granted as a peculiar benefit, advantage, or favor." Such added rights and favors are granted to advocates as supplemental benefits and immunities because of their work and acts of advocacy. Therefore, a potential secondary gain in advocacy is the notion of added or prescribed privileges. In most instances, the benefactors are those who already hold many privileges in society. In this manner, the privileged become even more privileged; in essence, this privilege can be viewed as an "added effect."

A relative to privilege is power. The potential to gain power as a result of advocacy efforts is also apparent in the movement. As one gains additional privileges, a subsequent gain in power is also awarded. The undisputed goal of social advocacy is the elimination of oppression in its various forms, particularly for the underprivileged and the powerless, and the equalization of power and privilege. Typically, underrepresented groups are disadvantaged in some way (e.g., economically, politically), and, therefore, lacking in some form of power (e.g., financial, political). Through the use of their power to assist such people or groups, advocates often gain additional power through their acts of advocacy. An added effect can occur when leaders in advocacy are granted additional privileges and power by members (and nonmembers) of the group for which advocacy efforts have been made. A popular model of power can illustrate the particular phenomena of the added effect of power and privilege. French and Raven (1959) initially proposed a scheme of five categories of power to reflect the different bases or resources that power holders rely upon. The five categories of power are (a) legitimate, (b) referent, (c) expert, (d) reward, and (e) coercive (informational and connective were later added to their model). To illustrate the added power effect (i.e., power gain) inherent in the advocacy role, each type of power noted in French and Raven's model would, for the advocate, result theoretically in higher levels of power to one, all, or any combination of these power bases. Ultimately, advocates would gain a higher level or status of legitimate, referent, expert, and reward power, and potentially even more coercive power. This phenomenon has the potential to expand an evolving social caste system in the counseling profession whereby the advocate assumes a higher level expert position, and the oppressed assumes greater dependency on the advocate, thus, potentially forfeiting any power that the oppressed possesses.

A danger in gaining such notoriety and subsequent additional power and privilege is that the known leaders in social advocacy may risk becoming above reproach. For example, we are aware of an individual who attended a workshop presented by a key figure in the area of social advocacy. Afterward, the individual attempted to elicit dialogue about potential limits of a hierarchy of oppression (e.g., placing one ism as central to all other forms of oppression) but was subsequently dismissed by the presenter, who indicated that the individual's age and status as an assistant professor provided inadequate background (e.g., lack of legitimate power) on the subject. Although it was not stated directly, the dismissal also included a reference to status as a White person. The indication was that this person did not have a reference point (nonoppressed group) from which to speak on the matter and, thus, did not have a "right" (earned privilege via underrepresented status; legitimate power) to express views on the matter. Scenarios such as this may cause a sense of disenfranchisement.

Disenfranchisement. A fourth potential pitfall within the movement is the disenfranchisement of those who are not

identified as part of the movement. We believe that social advocacy is desirable for all counseling professionals; however, we do not believe that all forms of advocacy should be mandated for every counseling professional. Although various forms of social action are promoted in the literature, it is our contention that some forms of social advocacy counseling may not be appropriate for each individual counseling professional or group. For example, some counselors have reported the inability to advocate in specific ways because of their cultural backgrounds (e.g., beliefs, values, practices). These individuals should have the right to abstain from advocating in ways that conflict with their values and beliefs. Because of previous "forces" in counseling, some people may adopt a more conservative stance (e.g., "Let's wait and see where this goes") regarding the current social advocacy movement, and although they may advocate in their own unique way, disenfranchisement can occur: "If it is not done the right way, it does not count." Perhaps the worst form of disenfranchisement is an attack on personal or professional character (e.g., suggesting a person suffers from the "nice counselor syndrome"), including devaluation of advocacy efforts or lack of doing so in prescribed ways. In this regard, this type of behavior itself may reflect characteristics of the oppressor. Rigid criticism of dogma creates the potential for the oppressed to become the oppressor, wherein the oppressed use the strategies of the oppressor, such as labeling, personalization, isolation, and rigid adherence to one particular stance against another, rather than engage in thoughtful counter dialogue.

In addition, we are beginning to see another example of disenfranchisement as the movement blossoms—the interprofessional status race with regard to which professional group should be the social advocates for clients and which group is the better champion of social justice. In light of various historical conflicts among the human service entities, we urge caution in this regard.

Lack of choice in advocacy. Much of the literature proposes that counselors adopt the mandate of social advocacy—a mandate for all counselors toward all topics and issues. As noted earlier, we believe that social advocacy is desirable for all counseling professionals. However, we do not support the premise that all forms of social advocacy should be mandated for every counseling professional in specific or prescribed ways. In this regard, individuals may be forced into either/or types of choices and thinking, limiting individual variations in decision making on different advocacy topics. For example, in the debate on abortion, differences of opinion are often presented in overly simplistic dichotomization, such as "If I am prochoice, then I cannot be prolife." This example illustrates how a very complex issue can be stripped of vast complexities and narrowed into divided camps when, indeed, for many involved, the choices and camps are not simple. Many of the issues raised by the social advocacy movement in counseling are so complex that they cannot be reduced to simple binary choices or camps. Therefore, members may be less willing to accept the "whole package" of the movement and may avoid or resist being identified with it.

Thus, we believe that it is a mistake to mandate all forms of social advocacy for all counseling professionals, as well as all methods of advocacy. A more socially and professionally responsible way to promote advocacy within the profession is to allow members the freedom to choose specific areas and methods of advocacy. We support the notion of basic social advocacy competencies (Trusty & Brown, 2005; House & Sears, 2002). Perhaps a true "core" of social advocacy competencies exists and has yet to be explicated; however, we caution against the exploitation of those competencies when they are expanded to a mandate for all counselors to all areas of advocacy. A more respectful application of proposed competencies would be for all counselors to use such competencies and related tactics in their respective area(s) of advocacy and at the appropriate developmental level. If the theory and practice of social advocacy is to be equated with any other counseling theory and practice, should counselors not have the right to apply such to their practice in the same professional manner as all others? A principal concern with the current social advocacy movement is that it is being recklessly promoted by some as an indisputable mandate and being advertised as the panacea for counseling, with little attention being given to individual counselor differences.

The underlying issue here is the notion of free speech and the freedom to choose. Mandating that all counseling professionals advocate for every social advocacy topic or issue (e.g., every people group, underrepresented group, or issue related to advocacy) essentially strips them of their own free speech and their freedom of choice, that is, it takes away professionals' freedom to choose to advocate in a manner that is congruent with their beliefs, values, and life practices. Forcing the adoption of a Western assumption of advocacy may be a direct violation of certain cultural and ethnic beliefs and practices (cf. Pedersen, 1987). Not all counselors or educators can adopt the mandate easily, because it infringes on their own cultural assumptions. In fact, the very notion of advocacy may itself be in direct conflict with certain cultural, ethnic, religious, and family practices and customs.

One of our major concerns regarding the social advocacy movement is that a prejudice may develop toward professionals who do not self-identify as an advocate nor do they advocate for every single issue and topic in the advocacy literature. We believe that counseling professionals should be given the freedom to choose areas of advocacy in a manner that is congruent with their culture and developmental level. We recommend that counselors use consultation and referrals when dealing with clients or professional issues for which they cannot advocate because of a lack of cultural congruency or development. It is important that the advocacy competencies not be used in a manner that discriminates against persons or groups in any way (e.g., avoidance, silence, lack of social action). We propose that the competencies themselves not be used to do the very thing they are intended to remedy, that is, discriminate against counselors who do not

adopt the ideology or philosophy of social advocacy nor adopt every kind of social advocacy as exactly prescribed by some leaders within the profession.

Dichotomous roles and camps. Another potential pitfall of the social advocacy movement is the psychological dichotomizing that occurs as a phenomenon of the movement. For example, it is a dichotomous notion that if an individual advocates for something or someone, she or he must advocate against something or someone else. If a counselor advocates for "a woman's right to reproductive choice," is she or he advocating against "the rights of the unborn child?" If a school counselor advocates for a strong system of publicly supported K-12 education, is she or he advocating against parental school choice and school vouchers? Dichotomous thinking creates distinct (i.e., prescribed) roles and camps. As noted earlier in this article, the narrowing of complex issues into simple dichotomies (e.g., advocate vs. nonadvocate) tends to cast very complex issues as oversimplified issues, and it removes necessary participants from the debate, thereby circumventing the rich discussion that is required to understand and manage complex issues. An unfortunate component of psychological dichotomizing is that a professional may be uncharacteristically (and unwillingly) forced into one group or the other when, in reality, the person (or group) may stand on both sides simultaneously (or in a 3rd group) on various points or issues held by each side of the camp. We caution against this type of binary dichotomizing and advocate for advanced cognitive skills such as critical thinking and analysis, deconstruction processes, and so forth regarding complex issues and topics.

Promotion of elitism. Another potential pitfall within the social advocacy movement is the promotion of elitism. If elitism is conceptualized as a form of oppression that supports a caste system and promotes prejudice between the nonelite and the elite, it is then easier to understand its derivatives. Derivatives may include many of the isms mentioned earlier and, subsequently, will reinforce unawareness, thus widening the gap between perceived self-awareness and actual awareness. Potential pitfalls may include elitism of various types (e.g., individual, in-group and out-group, across disciplines and professions) flavored by various isms that become intertwined in a dynamic system of oppression. For example, if an elite group were to form, then by virtue of its elite status, it may be viewed as special because the members do not have the issues, prejudices, or biases of the counselors who have not identified with the group. Some of the elite members may become oblivious to their own blind spots. Being a member of this elite group also provides some protection from challenge, which then can lead to power being used unwisely (e.g., coercion) or out of step with the original mission. For example, individuals who have a particular interest and attend presentations of the leaders may end up being turned off by what is perceived as incongruence between the stated beliefs and the actual behaviors of the elite. Rather than a direct criticism of individuals who take on or gain leadership roles in the social

advocacy movement, our discussion is intended to point out that elitism is endemic to that movement.

Victimology. The classification of many clients as "victims" of oppression supports the notion of victimology, with the danger that individuals who are labeled *victims* may not see themselves as survivors. The social advocacy movement then looks to the larger society for solutions, which shifts responsibility away from individual actions. Yet, many so-called victims have found personal solutions and raised themselves out of oppressive situations to not only survive, but thrive. There should be a balance between individual solutions and societal solutions and the mediating role of social action. In some instances, societal change takes enormous resources, including time; some clients cannot afford to wait, and others simply do not require as much time to effectively address their concerns. For example, there may be existing counseling interventions that can efficiently assist a client without the need for an advocacy intervention. A note of caution is suggested in this regard: Clients should not become victims of an advocacy counselor's advocacy agenda.

Redefining the role of counseling. Finally, the social advocacy movement presents unique challenges to the profession with regard to redefining the role of counseling. The movement brings to question the very definition of "professional counseling" (ACA, 1997) and challenges traditional roles, skills, interventions, and so on. For example, are we stepping too far outside the traditional role of counseling in some ways? For social workers, social advocacy has been an established part of their professional responsibility for decades. "Advocacy has even been said to be one of the core activities that distinguish social work, with its emphasis on the environment as well as the individual, from other helping professions" (Sosin & Caulum, 1983, p. 12). A job expectation of social workers is to act as advocates on behalf of their clients in the greater society. Embedded in the definition, typology, contexts, interventions, and strategies of social workers is the concept of advocacy (Sosin & Caulum, 1983). This has not been true for the profession of counseling; that is, advocacy has not been embedded in the professional role expectations of counselors. Most traditional forms of counseling have not required counselors to step outside of the office and into the broader social context to address issues that have an impact on the development, and mental/emotional health of their clients. Much of the advocacy literature does exactly that, however—it promotes the movement outside of the counseling office and into society to promote justice on behalf of clientele and the profession. Other challenges are possible as well. For example, if, indeed, advocacy becomes accepted by the profession as the fifth force, will it present a challenge/threat to the fourth force or to other defined arenas in counseling? The movement represents many competing ideologies to the established counseling theories and practices because of its unique philosophy and underlying worldview. Adopting advocacy as a professional mandate will certainly present unique challenges for the counseling profession, par-

ticularly as regards advocacy efforts intersecting with other helping professions and, perhaps most important, the impact advocacy has on the clients counselors serve.

■ Implications and Recommendations

We have identified some poignant issues related to the social advocacy movement in the counseling profession. We did not debate the intentions of this movement, which we believe are meritorious; we have argued, instead for a more stringent adoption of social advocacy that is based on research, tested methodologies, and identified best practices. Implications for research are to (a) provide an integrated understanding of what it means to be an advocate, (b) define levels of advocacy, (c) delineate the developmental stages of advocacy, (d) provide means of assessment (e.g., self-assessment) of advocacy skills, (e) enumerate the various advocacy tactics and their possible benefits and repercussions, and (f) develop a systematic method of teaching and assessing acts of advocacy (e.g., dispositions, knowledge, skills, and awareness). The final implication, which is consistent with the multicultural movement, is to establish a multiculturally responsive social advocacy approach in each of the above areas.

For any social movement to remain strong, its members must recognize both the strengths and limitations associated with the established goals. By doing so, members can accurately promote the greater social cause(s) of the identified movement and take responsibility for any inherent limitations involved. As related to social advocacy in counseling, we encourage counselors and educators to promote the advancement of the movement in such a manner. First, we must understand the greater social cause behind this movement (e.g., emancipation of the oppressed), as well as the inherent downside of conducting acts of social advocacy. In summary, we conclude that the social advocacy movement has distinct merit for the counseling profession. However, we suggest that counseling professionals proceed with caution and begin a systematic effort to firmly establish this trend in counseling theory and practice and further investigate the impact of this movement on the counseling profession as well as its clients. In the counselor's bag of tools, social advocacy has the potential to be a great instrument of change; there is also the potential to experience various pitfalls.

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