Chapter 1

Culture, Counseling, and Care

INTRODUCTION: COUNSELING AS A CULTURAL PRACTICE

As the elevator door closes, Maria takes a deep breath and tries to shed some of the day’s hectic energy. This next hour is supposed to be for her. She turns her attention inward for a moment and notices she’s feeling some complicated emotions on the verge of her first therapy session ever. For the past 2 years she has been training as a counselor and has come to appreciate the complexity and sensitivity of the craft. But today she will sit in the other chair. Maria is immediately aware of a sense of vulnerability: As much as she looks forward to the chance to talk about the various challenges she’s dealing with in her life, she’s also aware she’ll be opening up to someone she’s never met. She pulls the slip of paper out of her pocket and glances at it one last time: Daniel Brooks, Suite 345.

In the waiting area, Maria’s phone rings as she sits down. Her husband Azim wants her to pick up some milk on the way home. He’s talkative on the other end of the line, and Maria feels she’s attracting unwanted attention.

“Okay, honey, gotta run. I’ll see you at dinner. Make sure to change Kyla.”

Maria turns the ringer off and puts her phone away as a tall African American man steps into the waiting area.

“Maria?” he says, scanning the faces around the room.

“That would be me,” says Maria, standing and extending her hand.

“Good to meet you; I’m Daniel Brooks. My office is just down this way.”
Maria follows Daniel down the hall, marveling at what feels like a curious mixture of excitement and dread as she prepares to put words to the various stressors that led her to this moment.

And thus begins a conversation with a purpose. In the exchange about to unfold, Maria as the client will seek help with challenges she faces, and Daniel as the counselor will attempt to support Maria in diminishing her distress. This book is devoted to a detailed examination of the multiplicity of skills that Daniel and other counselors employ in this critical work.

As we shall see, rigorous and specialized as many of the skills are, they also have a familiarity about them because they are centered on a practice widely employed by the general public, namely, talk. This makes them less mysterious than, say, the skills required to isolate a gene from a strand of chromosomes or to etch microscopic circuits onto carbon wafers. Counseling and psychotherapy are highly refined disciplines, yet conversation more generally is a practice engaged in by virtually all human beings. In addition to that, many stereotypical depictions of counseling and psychotherapy have seeped into popular culture, making the practices that much more familiar, although tailored for popular consumption. And finally, most readers of this text will have had some previous academic exposure to counseling theories and practice. This all adds up to a lot of assumptions about a topic that deserves a more open-minded inquiry in preparation for practice.

And so as tempting as it is to plunge immediately into exploring the diversity of counseling skills, I invite you to pause for a moment to reflect on what sets therapeutic conversation apart from ordinary talk. Just what is it that practitioners are attempting to accomplish, and what are key issues and ideas that demand our attention before we proceed? To rush forward without asking these key questions is to treat therapeutic conversation like a recipe-driven, formulaic, linear task—a gravely simplistic view of the practice. Instead, this book begins with reflections designed to prepare the way for developing skills that are used thoughtfully, with an eye to the big picture. This involves looking at counseling with fresh eyes, holding on for a little longer to the desire to refine the skills of the craft. Have no fear, we will soon get to those skills—the book is devoted to them. But for now let’s just behold the practice called counseling, in both its beautiful simplicity and its intriguing complexity.

Remembering that counseling and psychotherapy are cultural practices is a useful way to examine them with a discerning eye. Imagine for a moment that we venture forth as anthropologists encountering an unfamiliar social ritual for the
first time. As mentioned, this is not easy: The media are awash with portrayals of counseling and therapy, and your own education to this point has added further impressions. It’s difficult to bring a genuine curiosity to a cultural activity not entirely new to us. But shed your knowledge and assumptions for a moment, and you will see a cultural ritual increasingly prevalent among industrialized nations and less so in the developing world. The ritual has many variations, but all are born of a desire to offer support and comfort to those who are experiencing some form of distress. Broadly speaking, the practice is a response to human suffering (Gehart & Paré, 2008).

Look more closely and you will notice that although there are many approaches to counseling and therapy—hundreds of them by some counts (Duncan & Miller, 2000)—they all feature an encounter between people relying on language as a central tool of the craft. Things quickly become more complex on closer inspection because unlike numbers, language isn’t stable and universal. Words express lived experience, yet their meanings curiously vary from person to person, capturing the nuance of unique cultural contexts. What we notice is that counseling inevitably involves speakers and listeners with distinct backgrounds—it’s a social practice that involves the coming together of cultures or, as Courtland Lee and colleagues (2009) point out, “all counseling interactions are cross-cultural” (p. xix).

The implication of this, of course, is that multicultural counseling is not a subdiscipline of counseling in general. Culture is not a variable or factor but the space in which counseling conversations—all conversations for that matter—happen. A saying that helps to capture this idea is, “We are the fish; culture is the water.” Culture is all around us, influencing how we think, feel, and act—the backdrop to, or context for, each of our conversations.

The view of counseling as cross-cultural conversation gives rise to a number of important themes that will be threaded throughout the chapters of this book. Like the construct of culture, the themes are not isolated issues to consider or specialized practices to apply in narrowly defined situations: They suffuse the work and are always at play. These themes will not be referred to constantly throughout this text but will be the backdrop to the many counseling exchanges depicted throughout the book.

In the rest of this chapter, I’ll say a few words about these themes as a way to prepare the ground for your encounters with them later. You may find that some speak to you immediately, whereas others require further reflection. My intention in providing capsule descriptions of these themes up front is to orient you to ideas that will be revisited and developed more fully as the chapters unfold. So I encourage you to let the themes wash over you, knowing you can flip back to this introduction at any time as you progress through the book.
**CONVERSATION**

**Talk as Intervention**

Curious as it may seem, the emphasis on counseling as conversation is so far virtually absent within the field. More often, counseling conversations are depicted as vehicles for delivering some form of helpful intervention distinct from the conversation itself. But counseling differs from other helping professions in that the conversation is the intervention. As Friedman (1993) says, “therapy is a conversation in which dialogue between therapist and client leads to the generation of new meanings, understandings, and options for action” (p. 273). Counselors talk with clients, and the talk itself is what is helpful.

If this seems confusing, a sideways glance at other professions helps. In many helping professions, the intervention or treatment is not primarily about speech: Consider the wielding of a scalpel or the scribbling of a prescription. In other cases, the intervention is delivered through words (as an exercise plan or dietary regime, for example), but it’s the plan or regime and not the words used to convey it that are seen as the intervention. With counseling, it is the words themselves, and of course the nonverbals, that are also a key element of conversation, that are central to the professional practice. We might not blink if someone were to say, “She’s an excellent doctor, but a lousy talker and listener.” Make the same comment about a counselor, and it begs the question of on what possible grounds they’re being evaluated. Counselors talk and listen, and these exchanges are the cornerstone of their professional skill.

**Honing Familiar Skills to a New Level**

Counseling conversations share many features with other forms of conversation. And so students new to the profession arrive with a lifetime of experience. In some ways, refining one’s counseling practice is more about further mastering a long-developed skill than taking on some arcane practice foreign to the uninitiated. Nevertheless, just because we’ve always conversed doesn’t mean that there isn’t a great deal to learn and refine. There’s a story about Margaret Atwood, the acclaimed Canadian novelist, being told by a neurosurgeon at a cocktail party of his plans to write novels upon retiring. Atwood paused to sip from her drink before responding, “Yes, and I think I’ll take up neurosurgery.”

We assume neurosurgery requires knowledge and skills that take years to acquire, yet most of us already know how to write. If you’ve tried writing a novel, you probably know it takes far more than the ability to string words together. So too for conversation. We may be reasonably adept at participating in
conversations—after all, it’s a familiar practice we’ve engaged in since the age of about 2. But are these conversations helpful to others? Learning to have helpful conversations with clients facing diverse mental, emotional, relational, physical, and spiritual challenges is a lifetime’s project. Counseling is founded on a great many skills used in daily life but involves using the familiar tool of language for some highly particular purposes. And as much as those purposes may vary, they always happen in the context of culture.

CULTURE

Recognizing the Role of Culture

Counseling and psychotherapy have developed amid a long Western tradition of individualism that places primary emphasis on people as distinct and self-contained entities. This is changing as rapid globalization puts us face to face with the cultural imbeddedness of our experience and the critical importance of intercultural relationships. There’s been a striking growth in the attention paid to culture as it relates to counseling in recent years (cf. Arthur & Collins, 2010; Baruth & Manning, 2007; Ivey, Ivey, & Zalaquett, 2009; Lee et al., 2009; Lee & Ramsey, 2006; McAuliffé, 2007; Monk, Winslade, & Sinclair, 2008; Pedersen, Draguns, Lonner, & Trimble, 2008; Ponterotto, Casas, Suzuki, & Alexander, 2010; Sue, Ivey, & Pedersen, 2009). Yet the field struggles to incorporate culture into the center of the practice: to understand culture not as an add-on to attend to when doing a specialized form of counseling designated as multicultural but rather as the substance of the practice itself. Culture permeates counseling in countless ways:

1. Counseling is a practice with cultural origins that is understood and performed differently (if at all) in different geographic locations and at different historical moments.

2. Counseling theories are discourses developed in the context of various cultural institutions such as psychology, psychiatry, and education, reflecting the values and beliefs associated with those points of origin.

3. When counselor and client(s) meet, they always bring their diverse cultural understandings and meanings to the conversation.

4. Counseling is practiced in language, a cultural creation itself that is the primary vehicle for the expression of and construction of meaning.
Culture in Pluralistic Terms

No doubt the previous list can be extended in various ways. On close inspection, it seems culture permeates not just counseling but all human affairs. But what exactly am I referring to in referencing culture? The word has a long history and a surprisingly diverse array of meanings attached to it (cf. Monk et al., 2008). Historically, culture has most often been tied to the notion of ethnicity or race but in a manner that fails to capture the complexity of our diverse social locations (Arthur & Collins, 2010; Lee et al., 2009; Monk et al., 2008; Paré, 1996, 2008). A more useful way forward is to understand culture in pluralistic terms. In other words, we all inhabit many cultural subgroups, and our participation in these groups shifts over time and across contexts.

Student Voices

Talia: Changing Identities

I was recently told by a new friend that I was the first Jewish person they had ever met, but that I did not “look or act the part.” Being someone who is opened minded and accepting, I responded by asking, “What were you expecting Jews to be like?” She told me she thought all Jews had dark hair, big noses and are rich—all stereotypical characteristics I had heard linked to Jewish people in the past. My friend’s response struck me for a number of reasons. First of all, I was surprised that at 24-year, having lived her whole life in big cities, I was the first Jew she had ever met. This situation made me want to introduce my friend to a variety of Jewish people to show her that we are just like everyone else: We come in all colors, shapes and sizes. Within the counselling profession, we need to be mindful of our own stereotypes and make sure that we remain curious, and remember that just like us, our clients have multiple stories.

Some sources (cf. MacCluskie, 2010; Miraglia, Law, & Collins, 2006) refer to culture as the rituals and traditions, beliefs, behaviors, lifestyles, and so on in which various groups of clients engage. This is one familiar way to talk of culture; this book uses another familiar connotation of the word. It refers to the groups themselves: the people who share and engage in the various traditions. Lee’s (2006) definition fits with this view: “Culture can be broadly defined as any group of clients
who identify or associate with one another on the basis of some common purpose, need or similarity of background” (p. 179).

Looked at this way, we can see that all of us simultaneously inhabit a multiplicity of subcultures—or as Pedersen (1991) puts it, “each of us belongs to many different cultures at different times, in different environments and in different roles” (p. 4). Box 1.1 shows what this looks like graphically. It may be easier to picture when attached to an example, however. Box 1.2 depicts Maria, whom we met at the opening of the chapter and whom we will follow throughout this book. Her brief vignette is intended to demonstrate the many subgroups of society she inhabits: the multiplicity of her cultural locations.

**BOX 1.1**

**Multiple Cultural Locations**

This is a graphic depiction of the multiplicity of identity. Each of the elongated ovals depicts some group to which this person belongs. The number of groups is arbitrary, and belonging to some groups may come and go. The person is represented at the center, where all groups overlap, because they simultaneously inhabit each of these.
Like all of us, Maria occupies multiple cultural locations. As a mother, wife, employee, daughter, counselor, colleague, and so on, she wears many hats, and her relationships with others can be understood in terms of those hats. They influence how she makes sense of things and how she reads others’ meanings. In each encounter, her cultural location also has implications for power relations—placing her sometimes in a position of power and at other times in a position of subordination. As she goes through her day, all of this shifts in relation to those around her—cultural location is a fluid and ever-changing thing.

At 6:00 a.m. her alarm goes off, and Maria rises groggily. She’s still nursing her infant girl, Kyla, and her nights tend to be interrupted. Her partner Azim does what he can, but as a man he can’t be with their daughter in some ways. Maria and Azim share domestic duties and have what some might call an “equal relationship.” But their gender differences nevertheless can’t be erased: There are biological and social distinctions between the two cultural subgroups they inhabit that both add interest and present challenges to their relationship.

She leans down to kiss Kyla before heading out the door. The bond between her and her daughter is the most intense relationship in her life; at times she feels as though they are one. Yet as a 28-year-old woman, Maria is a long way from infanthood. It takes care and attention to anticipate her baby’s experience of the world. There are dramatic asymmetries to their relationship as well: In many ways, the baby’s survival depends on her mother, whereas Kyla can’t offer any deliberate support or protection to her mother in return.

As she steps into the foyer of the apartment building Maria greets Juanita, who is vacuuming the carpet. Juanita also has a young child. As young mothers, Maria and Juanita have an easy point of connection. Maria speaks English whereas Juanita shares her experience in her second language. Maria has to work hard to imagine the threat of one’s life unraveling over citizenship and immigration issues. She and Juanita laugh about Maria’s counseling studies—to Juanita, sitting and talking to clients sounds like an easy way to earn grocery money.

As she unlocks her office door, Maria is greeted by Myriam, the director of the counseling center where Maria is doing her practicum placement. As women, mothers, and counselors, they have a lot in common and have found many points of connection. But at the same time there’s no escaping their differences. Myriam’s children are almost Maria’s age, and she and Maria have occasionally found themselves in awkward conversational moments, stumbling on some very different ideas about parenting. Because Myriam is
her supervisor’s boss, Maria is aware she sometimes frets about how she’s presenting to Myriam, who might one day write a letter of reference or even be a prospective employer.

Inside the office, Maria removes her coat as the phone rings. It’s Maria’s mother, who’s been having some medical problems lately. She’s calling to tell Maria about some recent tests she’s had. For most of her life, Maria’s mother loomed as an imposing figure in her life, a strong woman who ran a tight ship at home. A few months ago, Maria’s father died, and Maria is aware of a change in their relationship. Her mother turns to her more now for support and guidance as she copes with health concerns and fears about her own mortality.

At 10 o’clock her first client, Niall, arrives. Niall comes from a very wealthy family. His parents donated a large sum of money to the university, some of which helped to pay for the construction of the counseling center. He’s never had to worry about money, unlike Maria, who has lost sleep over mounting student loans. Lately Niall’s become concerned he may be developing a drug habit. He’s confused about many choices he’s been making, and he looks to Maria for guidance, seeing her counselor status as evidence of a psychological expertise and emotional stability he feels he’s lacking.

One way to make sense of Maria’s experience is to understand her as a member of many cultural subgroups, with the significance of some of those groups coming to the foreground in various encounters she has. Throughout her day, different aspects of her cultural location are highlighted, positioning her differently in relation to others in her life. What goes on between Maria and others, including her clients, is much easier to understand when we take their cultural locations into account.

Maria is a woman; she is Caucasian, middle class, English speaking, able bodied, and heterosexual; she is a mother, daughter, wife, friend, employee, supervisee, and counselor—she stands in many places relative to those around her. Which of her cultural locations is most relevant at any time depends on the immediate context in which she finds herself. In some contexts she is at an advantage and derives power from her cultural location. In other contexts, her cultural location puts her in a one-down position. When Maria engages in a counseling session, both she and her client bring these and many more cultural locations to the conversation. This is critical because—just as in any other conversation—counselors need to think about cultural location in deciding what to say and how to say it (Robinson-Wood, 2009). Culture-blind counseling conversations are likely to be unhelpful at best and harmful at worst.
Counseling and Colonization

Without considering culture, it is easy to inadvertently underestimate or overlook the knowledge of the clients who consult counselors. This is what the colonial powers did in relation to the cultural groups they colonized. Through their training, counselors are introduced to vast vocabularies and conceptual frameworks in some ways analogous to the “advanced” learnings that Europeans brought overseas. These professional knowledges are always available to counselors although often unfamiliar to the clients with whom they work. They can be useful to clients, but they can also obscure the rich specificity of clients’ experience, just as the ways of colonizing powers have typically supplanted local knowledges and tradition.

And so counselors can’t escape a challenge faced by any colonial culture as its citizens step ashore on some foreign land: How does one contribute helpfully to a client’s quality of life without “colonizing” them with ideas and practices that obscure or eradicate their local knowledge? Western colonizers generally had a dismal record on this count; the challenge endures in the multicontextual practice of counseling.

Context as Cultural Location

Among many reasons it is so important to consider culture is its role in determining the meaning of words spoken by clients. Word meanings can differ dramatically depending on where the speaker or listener is coming from—their cultural location. Although cultural location is not literally a geographic place, geography is a helpful frame for understanding the notion of cultural location. Consider the experience of a Bronx cab driver accustomed to weaving the canyons streets of Manhattan; compare his experience to that of a bewildered Japanese farmer riding a flatbed truck into the neon of Tokyo for the first time. The word *city* has a very different meaning for each of these two people. The world looks like a very different place depending on where you are rooted.

Of course cultural diversity goes beyond urban versus rural. From the moment an infant is dressed in pink or baby blue, two more distinct territories are staked out—these having to do with cultural location within gender rather than geography. So it’s not necessary to travel any distance to encounter cultures whose rituals and traditions, styles of speech, and modes of dress vary. Just ask a young boy on his way home from his first ballet class or a woman after her first day on the job as a diesel mechanic.

Clients are cultural beings. The things they think and feel, say and do, can’t be dissected from the contexts in which they live their lives. It’s impossible to
make sense of exchanges in counseling conversations without keeping this in mind. This idea will become clearer as we follow the examples of clients throughout the book.

**Reflection 1.1**

When you reflect on your own identity—your sense of who you are—which variations do you notice over time and across locations? For instance, are there contexts in which you feel more or less confident, more or less vital, more or less funny, more or less attractive, and so on? Which sorts of contextual factors do you see contributing to the variations?

**CARE**

**Care as a Guiding Compass**

Each of the hundreds of various approaches to counseling puts its emphasis in a somewhat different place. The practices vary widely, if not wildly. Some pay limited attention to the content of what clients say while honing in on feelings, whereas others key into cognitive patterns and downplay emotional expression. Some focus almost exclusively on behavior and devote virtually no attention to accompanying thoughts and feelings. As varied as these disparate models are, they share a common purpose. They’re intended to be helpful to clients, to relieve them, at least in part, of their suffering. Each of these approaches is ultimately founded on an ethic of care.

The notion of care has been dissected minutely in countless thoughtful ways (cf. Dalmiya, 2002; Hoagland, 1991; Noddings, 2002; Sevenhuijsen, 1998; Tronto, 1993) that bring nuances to the concept that I won’t attempt to duplicate here. But I would like to say a little more about care as it’s used here because like all words, it resonates in many ways depending on the contexts in which it finds itself.

In simple terms, care is about attempting to be helpful to another in the other’s terms. In counseling, that other is the client, and the reference to the other’s terms is a reminder of the importance of keeping the client’s purposes and intentions at the center of counseling conversations. It is also a reminder that the client inhabits a distinct cultural location. Although this may seem evident, it is not uncommon for counseling conversations to undergo a sort of slippage so the interaction is centered elsewhere—on strictly following a model, staying true to a theory, adhering to an ideology, complying with the demands of an insurance company, impressing a supervisor, satisfying a manager. This is what happens, for example,
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when a counselor attempts to “convert” a gay client to heterosexuality because of the counselor’s religious beliefs or when a counselor subjects a client to a vivid reliving of some past trauma when the client has clearly indicated he or she prefers a future focus to the work. Centering the client in the process is critical, and less straightforward than it sounds, especially given the complexities of culture described earlier. An ethic of care involves more than simply the aspiration to be helpful or an empathic disposition; it requires ongoing reflection on practice that takes into account both the client’s and the counselor’s contexts, plus a whole lot more.

Over the decades, the counseling profession has introduced many theories and practices, models and protocols, taxonomies and instruments. Many students of counseling are both seduced and overwhelmed by the choices available to them for engaging with clients. In the earnestness to put these frameworks into practice, it’s easy to forget they are tools forged for responding to and collaborating with clients of diverse backgrounds—not for erasing their diversity through the blind application of protocols. When seeking guidance as to a way forward, the first place to look is the client across from you because an ethic of care involves keeping the client’s unique purposes and interests at the center of the work. Care for the unique other is counseling’s guiding compass.

Centering clients’ concerns is not about abandoning theories or models but about adapting them to the context at hand. A practice is effective if it is useful to this unique client, at this specific time, in this particular context. As the early American psychologist William James (1890/1981) said, truth is the compliment we pay to an idea that earns its keep. And so I encourage you to hold on lightly to all that you find between these covers. Try out the ideas and practices, and join with your clients in evaluating their helpfulness in the conversations where these words will have their true test.

MEANING AND STORY

Reality Through a Human Lens

Counseling conversations always unfold in the context of the very real challenges of living. Fact is, life brings us up against violence, illness, conflict, injustice, loss. But unlike many professions that seek an objective account of these, counseling is more concerned with the subjective way that clients make sense of the realities they inhabit. This starts with deriving a description of what people experience and continues into an exploration of the meaning they make of it.

Meaning is the spin people put on their experience. It isn’t reality in the scientist’s sense of the word, but it constitutes their lived reality. In this respect,
meaning is reality through a human lens. And the primary vehicle for conveying that reality always has been stories. As we listen to peoples’ stories, we discover how they make meaning and are invited into the territory of interpretations, values, aspirations, and memories, making it both endlessly fascinating and complex.

Meanings behave quite differently than objects; they’re fluid and changeable. To put it differently, we are all “multi-storied” (White, 2007; Winslade & Williams, 2012). A person’s subjective experience is never static, and a client’s meaning for an event or circumstance may change year by year, week by week, even minute by minute. Today Zack sees his layoff from his job as an act of racism; a few weeks ago, he looked at it as the fallout of a recession. Last year when the incident happened, he viewed it as evidence of his own incompetence. The reality is that Zack was laid off, but to get at his lived reality, we have to understand the meaning he makes of it. And there are always many meanings available to him—many stories to tell—which is key to what makes counseling and psychotherapy helpful.

Reflection 1.2

Can you think of some significant event in your life about which you have made meaning differently at different times? Which sorts of emotions and thoughts were tied to the different readings of the event? Which reading do you prefer? Which reading seems to give you more energy and hopefulness? What, if anything, makes it a challenge to keep your preferred reading to the forefront?

Meaning and Culture

We don’t make meaning out of thin air. Instead, we draw from the interpretations and stories available to us. These are typically constrained by the cultural locations that provide vantage points for the events of our lives. That’s why the upper-middle-class son of a professor has little trouble making sense of his A+ grade in physics as evidence he’ll teach at Harvard some day. The same conclusion seems like naïve grandiosity to an inner-city kid whose grades are just as high but whose horizons are more limited.

This doesn’t mean those horizons can’t be expanded; indeed that’s one of the beautiful accomplishments of helpful counseling conversations. The point is that apparently identical circumstances can give rise to multiple meanings—lived realities are fluid and amenable to change in a way that physical matter is not. For Nora, a cancer diagnosis is seen as a betrayal by God, whereas for Heidi it’s the beginning of a spiritual opening, a door to reconnection. Brian understands the end of a marriage as evidence of failure, whereas Gareth sees it as an opportunity for
a new beginning. Discrete events may provide the raw material for meaning making, but it’s the way we weave these together and make sense of them—the stories we tell and the stories we live—that determines our lived realities.

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**Student Voices**

**Rahima: The Meaning of Weekend**

Last Friday, my colleagues and I were chatting before the end of a very long day. In this conversation, I wished one of my colleagues a relaxing weekend at home. She replied by saying that she rarely, if ever, has the opportunity to relax on the weekend since she has two sons. This exchange illustrates that our cultural locations—myself, as a single individual, and she, as a mother of two boys— influenced the different meanings we associate with “the weekend.” For me, the weekend is a time to relax, and for her, the weekend is the time when she fulfills the majority of her responsibilities as a mother, which does not, as a rule, facilitate a great deal of relaxation. The multitude of cultural locations we inhabit—such as gender, socio-economic status, relational identities, et cetera—can impact the meanings exchanged and created within a conversation.

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**Counseling and Psychotherapy as World Making**

Counselors trade in those lived realities, supporting others in narrating their lives according to their values and preferences, stepping into the stories that speak to the longings of their hearts. Those stories are filled with thoughts and feelings, actions and relationships; they constitute a client’s world. That world changes as meanings shift throughout (and between) conversations. And so a view of a counseling conversation as “information exchange” fails to capture the richness of a practice more akin to world making (Goodman, 1978; Paré, 2001). Counseling sessions are fertile gardens, places where new worlds of meaning emerge from the soil of therapeutic conversation.

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**Centering Client Meanings**

The point of reminding ourselves as counselors of the importance of attending to a client’s meanings is directly tied to the subject of care. When we gauge the effectiveness of our actions primarily by the logical clarity of a favored theory or the purportedly objective evidence of a tested model, we neglect the subjective
experience of the unique client before us. A care-filled practice keeps the client’s preferred stories at the center of the activity. At the end of the day, it’s the movement in the client’s lived reality and not our technical virtuosity that determines whether the process is helpful.

POWER

A Process Both Generative and Oppressive

The topic of power is not often discussed in the professional counseling literature. I don’t know if this is related to Law and Madigan’s (1994) observation that “the idea that power doesn’t exist tends to be quite popular among middle-class white persons. However, it seems not so popular an idea among the poor, the oppressed and the marginalised” (p. 3). In any case, this omission is difficult to understand because without careful consideration of issues of power, therapy can easily devolve into an imposition of professional expertise, the muting of a client’s voice by a therapist’s voice. Of course this wouldn’t be the deliberate aim of a competent practitioner, but it’s impossible to hold clients’ purposes and intentions at the center of counseling conversations without considering the way power works to foreground certain versions of reality and marginalize others. The consideration of power is a natural outgrowth of discussions about culture, care, and meaning making. It’s also central to an understanding of ethical practice.

Power as a construct is often oversimplified to the point of the recommendation that counselors give it up so that clients can take it on. Empowerment is a useful shorthand, but power is not a commodity that can be handed to others. Power is tied to context and relationship, as we saw earlier in the example of Maria (see Box 1.2). It’s less like a thing and more like a process that can be both generative and oppressive: the leverage to make things happen, to uphold certain views, to influence others. In counseling conversations, it’s important to pay attention to both how power plays out in interactions with clients and how power relations operate in their lives.

Not All Stories Are Created Equally

The complexities of power relations will unfold through the accounts of counseling practice in these pages, so I won’t attempt to elaborate in full here. However, a key concern that will frequently surface is the legitimacy granted to certain meanings (and the corresponding delegitimizing of others).
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We live in a world characterized by multiple meanings, an ever-fluctuating diversity of perspectives and representations available to us. We draw on these to make sense of our lives. Some are helpful and hope sustaining; others lead to discouragement and despair. It would be nice to think these meanings are equally accessible. However, certain views are relegated to back alleys and underground hideaways, pushed to the margins, whereas others are trumpeted from the towers of mass media. There are many versions of reality available to us, but the marketplace of meaning is not a democratic forum, and some versions tend to dominate. The topic of power invites curiosity about whose versions of reality are upheld as real and legitimate.

Claire stands in front of a mirror. Is she beautiful? The answer to this question is certainly not a fact. Claire’s height and weight, the color of her hair, and the shape of her nose might all be measured and documented, but it’s her subjective evaluation of all of these, rather than an objective accounting of the facts, that will constitute her experience and answer her question. And she’s free to evaluate her looks any way she chooses. Or is she? As she glances at her reflection, Claire considers her appearance relative to images bombarding her from billboards, in supermarket checkout lines, on the Internet, and on film and television screens. These particular versions of what constitutes beauty are omnipresent and skillfully executed. To the degree that Claire doesn’t match these specifications, she deviates from a widely circulated norm, a version of reality backed by profoundly influential social forces. She’s tried reciting the mantra “I am beautiful” repeatedly, but the words stick in her throat, and she remains unconvinced.

This is about power, the way certain versions of reality gain credibility and influence through their association with potent social forces. These versions exert normative pressure on all of us: They influence the way we construct our very identities. Not all stories are created and distributed equally. Some are like pop songs that rule the airwaves, infiltrating our consciousness so that no other melodies come to our lips when we’re moved to hum a tune. For example, it is difficult to consider accounts of morality or the afterlife beyond versions disseminated for centuries by world religions. That’s because these particular stories are burned into cultural consciousness. Similarly, it’s hard to think about and talk about intelligence in a way that’s different from how the topic has been characterized by psychology. It’s a challenge to make meaning in an original way, outside the influence of dominant stories—like imagining a new color.

Power also plays out in the relationship between counselors and clients. Disciplines like psychology and psychiatry have contributed to making certain constructs so prevalent they’re regarded by many as universal realities: distorted cognitions, personal growth, superego, and so on. These stories about people and
how they operate are upheld by academic tomes and organizations. The stories that clients share will contain strands of these but will also contain unique perspectives that are not legitimized in the same way by professional institutions. Making room for these is part of what is involved in negotiating power relations in counseling and psychotherapy.

**The Role of Power in Ethics**

There are key implications here for ethical therapeutic conversations. To practice ethically involves more than adherence to a disciplinary code of conduct or guideline. It involves vigilance about the impact of our words and actions on those who consult us, the influence we impart—whether intended or not. As counselors and therapists, we meet our clients backed by academic disciplines, regulatory bodies, and professional affiliations. Much as we may embrace diversity and encourage creative lifestyle choices, we speak from an institutional location. We inhabit a professional culture branded as credible and competent by the titles and degrees conferred on practitioners. This relates to power because that credibility is a capacity to influence the lived realities of others—a very potent capacity indeed. When we forget this, we underestimate our own potential dominance in a therapeutic conversation.

That real possibility of hijacking our clients’ attempts to express their experience is there simply by virtue of the role we play. Wally McKenzie (Hancock & Epston, 2010) points to how this is also a dilemma for physicians, who may inadvertently intimidate patients due to their expert knowledges. He recounts how he carries a list of questions in his back pocket before visiting the doctor because he loses a sense of his own authority once he sits down in the consulting room.

This is not to say clients are clay in the hands of counselors, but to point to the influence that comes from being branded a professional helper. Few clients who engage in counseling by choice will dismiss the credibility of the profession—otherwise, why would they come? This is not all bad news: Our credibility increases our chances of being helpful. But it can also contribute to a sort of professional complacency. When we take the pronouncements of the discipline to be given truths, we pitch these at clients and stop inviting them to evaluate their own positions on topics critical to their dignity and emotional well-being.

This would be less of a concern if we could be assured disciplinary truths always offer ready relief for human suffering. But a review of the field’s history suggests otherwise. We might easily forget, to choose one example, that homosexuality was officially designated a mental disorder until 1973 (cf. Spitzer, 1981). It’s interesting to consider which currently dominant disciplinary ideas about health, functionality,
normal development, and so on are more a reflection of social, political, or institutional agendas rather than expressions of care for the clients who seek services. In this respect, considerations of power are ever present in counseling, and counseling work begins to look inseparable from the domain of social justice.

**Reflection 1.3**

Can you think of relationships in which you feel you are in a one-down position by virtue, for example, of the other person’s authority, education, age, gender, and so forth? How about ones wherein you are in the one-up position? To make things more complicated—appropriate to the complex topic of power—if you revisit these examples, can you identify how the power relations shift depending on the context in which you and the other person meet?

**SOCIAL JUSTICE**

**Making Meaning, Doing Justice**

The World Health Organization (n.d.) takes the position that “a lack of access to basic mental health care and treatment” (p. 1) is a basic violation of human rights. Access to services is part of the picture, but a social justice orientation to counseling takes it a step further. It leads us to the social inequities in clients’ lives that give rise to the distress that brings them to counselors. When we move away from an individualistic view of clients, and understand personal experience as always strongly influenced by cultural context, we bump into the relationship between mental health and social justice.

By now it should be clear that the marketplace of meaning we call the wider culture doesn’t operate by fully democratic means. Meanings are not granted equal say and are not distributed evenly through society. Dominant representations of cultural subgroups are often not generated by the groups themselves but by mass media driven by agendas that often have little to do with those groups’ interests. As we’ve seen, representations—pictures and language, interpretations, views, stories, and so on—are the tools of meaning making. They constitute clients’ lived realities. This is the stuff of counseling conversations, which inescapably happen in the context of issues of fairness, equity, and hence social justice (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008).

The way clients make sense of who they are—views that can be painful indeed when things are not going well—is related to the distinctions available to them.
These include familiar binaries such as healthy/unhealthy, normal/abnormal, and functional/dysfunctional. It’s easy to take these distinctions for granted; after all, they’re enshrined in traditions inherited from prestigious disciplines such as medicine and psychology. But the criteria for what constitutes the second half of each of these binaries have typically been defined by those who purport to represent the first half. This leads one to wonder about who gets to characterize whom when it comes to what we call mental health.

This is a social justice issue because it relates to the politics of meaning. The various definitions of clients that circulate in society and are available for use by counselors and clients serve a variety of interests and purposes, not all of them guided by an ethic of care. For this reason, supporting clients in making meaning and taking action is an expression of solidarity (Reynolds, 2010), a facet of what therapist and activist Vikki Reynolds (2009) calls “doing justice” (p. 5).

**Individualism and a Deficit Focus**

During many decades, the helping professions have developed monumental systems for assessing deficit. Their many contributions include detailed protocols for distinguishing disorders and describing pathology. In some instances, these distinctions can be helpful revelations to clients struggling to make sense of a painful experience they can’t seem to change. When Shania discovers that erratic mood shifts from manic highs to despairing lows have been given a name, she experiences relief from the sense that she’s a failure for not getting her emotional life in order. On top of that, her diagnosis points to medications that can help to moderate painful mood swings. This is helpful; what is not helpful is our professional and cultural preoccupation with holding people up against countless norms, which feeds self-critique and feelings of inadequacy. Helping clients to critically evaluate normative judgments is an aspect of social justice work.

The prevalent focus on dysfunction and deficit is just one variety of world making, one way to make meaning of clients’ lives, and it can be traced to long-standing traditions of individualism in psychology (Gergen, 2006; Iversen, Gergen, & Fairbanks, 2005; Rose, 1990, 1998). When we overlook culture, we have nowhere to turn to explain people’s difficulties but the people themselves. What gets rendered invisible are the countless contextual factors that contribute to struggle and distress. These include violence on the streets of a poorly funded housing project, expectations of regimented behavior in overcrowded classrooms, media presentations equating thinness with beauty, homophobic messages from public figures, and so on. Understanding the problems clients face as evidence of their shortcomings is one way to join the conversation, but it fails to acknowledge the very real challenges that litter the road of life.
Responding to Injustice

The movement from an individualist view to one of clients as cultural beings leads to a significant shift in the focus of counseling interventions. This includes joining clients in critically evaluating the various accounts available in the wider culture for making sense of their lives and identities. It also includes understanding their actions as more than mere expressions of their “natures,” seeing them instead as responses to circumstances, including violence and other forms of injustice (Todd & Wade, 2004; Wade, 1997, 2007; Yuen, 2007, 2009). Erving Goffman (1961) noticed these responses in his study of what were once called “insane asylums”—he spoke of the “small acts of living” that residents engaged in as expressions of human dignity. Attending to these as expressions of personal agency (Davies, 1991) and choice helps to counteract the debilitating inertia of victimhood.

An orientation to social justice plays out in the kinds of conversations counselors have with clients, but it goes beyond that too: Sometimes talk just isn’t enough. Given the very real social barriers to mental health and emotional well-being, it’s worth speculating about whether counseling work is complete if it stops at the office door. An emerging view is that a commitment to clients implies a willingness to use the leverage afforded counseling professionals to challenge injustices and to seek basic rights denied to clients.

COLLABORATIVE DIALOGUE

Tapping Insider Knowledge

A lot of the discussion about meaning and power relations to this point is cautionary in tone, pointing to processes compromising, rather than supporting, helpful counseling conversations. But this is certainly not the whole story. The power to construct meaning is held by not just cultural institutions and mass media; everyone has the capacity, and one of the great privileges of counseling is the opportunity to join with clients in reclaiming the richness of their lives. Collaboration and dialogue are two more terms that describe how that unfolds.

Collaboration is a prominent word in the contemporary professional vocabulary, and for good reasons. Vast resources are squandered when we fail to work together. This could be across geographical settings or professional disciplines. At the global level, collaboration includes respectful dialogue across national boundaries; locally, it might involve coordinating activities within an agency or teaming up with a colleague in the next office. Collaboration makes a wider selection of options available. It also provides useful safeguards because more pairs of eyes are likely to spot potential hazards otherwise overlooked.
In counseling, *collaboration* is an apt word to describe a way of working that pools the rich contributions clients and counselors bring to the conversation. Collaboration is a way of going forward that stays true to the themes explored to this point. It involves orienting to competence, tapping into skills and resources that may not always be particularly visible to clients in the midst of their struggles. In a sense, then, collaboration is an expression of cultural respect, a way of working *with* rather than working *on* the clients who consult us.

Dialogue is a key feature of collaborative practice. The word reminds us that two or more voices are present and that the process is about mutual exchange. Terms such as *counsel, treat,* and *intervene* fall short of capturing a collaborative spirit; they convey images of one-way transmission—the dispensing, the applying, the doing of something by one person to another. To be helpful, counseling needs to be more than that, a *doing with.* This is what Freeman and Lobovits (1993) mean in calling the work a “co-creative” process (p. 219). When we fail to consult our clients on their preferred directions and on the outcomes of our work with them, we relegate their points of view to the margins, duplicating a dilemma they experience elsewhere in their lives. You can probably see how this relates to an ethic of care.

**Resistance as a Lapse in Collaboration**

There are also pragmatic reasons for ensuring counseling conversations are dialogic. Think about times someone has pressed their ideas on you with no curiosity about your own point of view. We are naturally more open to listening when we feel listened to ourselves. On the other hand, we more often push back when someone foists their views on us. In the professional vocabulary this pushing back is sometimes characterized as resistance, as an indication of a client’s intransigence. I prefer to see it as a lapse in collaboration. And it can be a useful moment in the longer term, as well, because it helps the counselor develop a better sense of the client’s point of view.

Collaborative dialogue doesn’t compel us to abandon theories or models or preferred frames for making sense of the complex work of counseling. The word *dialogue* suggests two or more voices are present, the counselor’s among them. A simplistic view of counseling as being solely about inviting forward the client’s voice fails to acknowledge this. But when it’s collaborative, dialogue does involve being open to being surprised. It calls on counselors to be ready to shift gears: to be responsive, utterance by utterance, to clients. There’s an improvisatory aspect to this that renders each conversation as unique as the clients participating. Responsive, collaborative practice unfolds differently than manualized treatment, which is informed primarily by statistical outcome measures rather than the unique person in the chair opposite the counselor.
From Discovery to Creation

There is another dimension to collaboration worth mentioning—its additive quality. Building on the metaphor of counseling as world making, a counseling dialogue involves two or more people constructing meaning sentence by sentence, glance by glance, heartbeat by heartbeat. This is different than other familiar views of therapeutic conversations as a process of peeling an onion, digging to a core, uncovering a nugget obscured by distracting surface features. The distinction is far from trivial: It shifts the task from one of discovery to one of creation. This shift links back to the more promising dimension of power mentioned earlier. It reminds us that more than merely coming to terms with who they are, clients can strive to become who they wish to be. Counseling becomes a constructive and forward-looking enterprise.

RELATIONSHIP

Natural Science Versus Cultural Exchange

The counseling and psychotherapy field has a long and still thriving tradition of searching for the “curative factors” (cf. Bachar, 1998; Kessler, 1994; Wilkins, 2000) that render therapeutic conversations effective. But whereas a very extensive body of research has clearly shown counseling and therapy work—they make a helpful difference in the lives of clients—the quest for curative factors continues to be mired in ambiguity (Wampold, 2000, 2001, 2010). I think this is because of a tendency to treat counseling like a natural science rather than to understand it in cultural terms. The quest for an active ingredient makes a good deal of sense in metallurgy or pharmaceuticals, where one element may be key to a chemical reaction, one molecule critical to targeting a specific organ or bodily process. However, the notion of isolating the key factor that works across contexts ignores the infinite cultural variability of counseling conversations and their dialogic character as well.

In the natural world, compounds are stable: Sodium and chloride make salt anywhere on Earth. But as we shall explore in more detail in Chapter 2, words and gestures have multiple meanings; the cultural world of lived realities is ever changing. Just what is going on when you combine a counselor, intervention, and client is different every time. A second problem with viewing counseling as akin to, say, administering a pill is that it construes the process as a one-way transaction, something we do to rather than do with others. Missing is the collaborative, responsive aspect of the craft that gives rise to the construction of unique and unanticipated ways forward that are often completely specific to one time, one place, one set of circumstances.
This is not to suggest counseling and therapy are mystical arts or that there are no useful guides to competent practice. What is helpful? is one of the most important questions counselors should ask. However, in addition to gaining some useful perspectives from statisticians, we can speak directly to the clients who seek our services. This is a form of evidence not founded on studies that amalgamate findings from dozens, hundreds, or even thousands of separate cases, which smooth flat cultural variability.

**Practice-Based Evidence**

To seek “evidence” of the helpfulness of our work by consulting clients is to acknowledge their “author-ity” (Crocket, 1999, 2004), to count on their judgment in discerning what is useful to them. Jim Duvall (2010) captures this in suggesting clients are our best supervisors: Their input is the best gauge of the effectiveness of our practice. The centering of client voices in evaluating therapy outcomes is a form of “practice-based evidence” (Fox, 2003). It is also a powerful relationship practice, and despite the enduring frustration of quests for the active ingredient that makes therapy work, a substantial body of accumulated research shows the relationship between counselors and clients is critical to helpful outcomes (Hubble, Duncan, & Miller, 1999; Wampold, 2001, 2010).

Think about conversations that have made a difference in your life. More likely than not, these have been with people you’ve trusted, people you respect and who respect you in turn. It’s a risky venture to share one’s experience of struggle and suffering; respect helps to create the safety to do that because it conveys the belief that a person is far more than the problems they face. Counselors who see themselves as “practitioners of respect” (Hancock & Epston, 2010) create a fertile territory for productive problem solving and the healing of sorrows.

**Relationship as Process**

Traditions of breaking the relationship down into component parts run the risk of turning it into a static variable, a magic bullet, an active ingredient. More useful, I think, is to remember that relationship is about an ethical interpersonal process because how counselors relate always has the potential to be helpful or hurtful for the people who consult them. Rather than attempt to tease out the components of a thing called a relationship, we focus on relational practices and the effects of our actions as counselors on the people who consult us.

It’s common to speak of the importance of building rapport as a precursor to more productive counseling work. It might be helpful to add the phrase *and maintaining;* it is not as though, rapport having been built, we then get around to doing
the work. Just as talk is the intervention rather than its delivery mechanism, doing relationship is the practice rather than an ingredient of counseling. And it’s a doing that is never done; relationship is an ongoing, mutual process negotiated sentence by sentence in therapeutic conversations.

MINDFULNESS

High-Stakes Conversations

It’s been mentioned a few times by now that despite distinctions that mark it as a specialized activity, counseling is fundamentally conversation—a familiar process to all of us. But in the conversations we partake in most days of our lives, we don’t typically focus our attention carefully and deliberately. We talk to pass the time, to entertain ourselves or express affection, to convey or receive information.

This changes when we have more at stake in the conversation. We heighten our attention when the outcome of the conversation depends on it. When trying to persuade a reluctant friend to join us on a trip, we watch their reactions carefully to help us guide the pace of our unfolding pitch. Sitting in a job interview, we’re vigilant about self-defeating thoughts that might erode our confidence and sabotage our presentation. These are examples of attending to the information available—in the first case external and in the second case internal—to inform us in going forward as effectively as possible. When the stakes are high, we draw on all the resources available to us in the moment.

In counseling conversations, the stakes are always high—at least to the degree that the outcome of the conversation has very real effects in the life of an individual reporting some form of distress. For that reason, it’s important that counselors work at being as mindful as they can of all of the information coming to them through their senses. This may start with visual cues, such as a slump in a client’s posture, and it may also include noticing the feel of a handshake or the tone of a voice. The field of awareness extends beyond raw sensory data as well and includes an internal realm of thoughts, ideas, and feelings that also has the potential to influence the direction of the unfolding conversation.

Mindfulness is sometimes described as a state of awareness and at other times as a discipline or practice. Later in the book we’ll look at these descriptions in more detail. I include mindfulness as a theme here because I don’t believe it can be separated from the ethic of care. To effectively care for another, we need to make deliberate and informed choices, and this is very difficult to do when we aren’t paying attention.
Attending Inwardly and Outwardly

“Know thyself” is a sensible recommendation for helpers, and mindfulness is a useful tool for doing that. It’s remarkable how the world can be born anew in the eyes of someone who cultivates careful attention. If you direct your awareness to what is going on inside your body in the midst of a difficult conversation, you will be sure to discover places of tightness that speak to you in ways that words do not. Attend to your feelings, and you may come upon anger, frustration, or sadness you hadn’t previously noticed. Listen to the internal voices that feed you hypotheses and commentary, and you may become aware of promising options and unhelpful judgments, all of which can inform you as the conversation unfolds.

There is also a wealth of useful information available to us as we fine-tune the attention we direct outward. Various studies have shown that nonverbal cues contribute more than words themselves to the meaning that speakers convey (Bavelas, Coates, & Johnson, 2000). But of course, to be effective in conveying meaning, these cues—the flush of the cheek, an acceleration in speech—have to be picked up by the conversational partner. This is another place where a discipline of mindful attention supports practice.

Reflection 1.4

Take a moment to pause in your reading. Allow yourself to go quiet momentarily, and turn your attention to your sense of hearing. Close your eyes if it helps to focus. What do you hear? Can you separate out more than one sound? What are the qualities of these sounds? How many of these sounds were you consciously aware of before being invited to attend in this way? What other information might be available to you if you were to enlarge your awareness?

Mindfulness and Ethical Caring

Mindful attention is a critical tool at the service of responsible and ethical caring. Although we can never guarantee the impact of our part in a therapeutic conversation, we can reduce the chances of being neglectful or harmful by attending to the range of information available to us. So too for the development of our skills as counselors: The more we can notice, the more we can adjust our responses in accord with our intentions. In this sense, “attention supports intention” (Paré, Richardson, & Tarragona, 2009).
If you’re feeling somewhat overwhelmed at this point, it isn’t surprising. We’ve covered a very large territory. As I mentioned in the beginning, this chapter was designed as a preview of themes that will appear and reappear throughout the text. Some of the material may already be familiar to you, although it’s likely some poses questions not raised in your training to this point. It would be nice if reflecting on ideas that challenge common assumptions did not bring on a certain temporary unbalancing. But I’m not sure it can be helped. It may reassure you to know that these themes will appear and reappear throughout the text, so if you’re struggling to comprehend some of the material, you’ll have many further chances.

Before moving to a look at the craft underlying counseling practice—conversation—I’d like to connect the themes introduced in this chapter to the writing and reading of this book as well. In sharing these words, I draw on my cumulative experience, all of it resonant of places I have journeyed, clients I have met, books I have read. It’s also impossible to step outside of human society in writing a book, so this text comes from a perspective that reflects my various cultural locations. I have worked hard to present a balanced perspective of the practice of counseling here, but I make no claims to objectivity. Objectivity suggests the absence of cultural influences; but it isn’t possible to stand nowhere. We are all multicultured (N. Spector, personal communication, October 23, 2009).

And so the words I’ve chosen to include within these covers reflect my training as a counseling psychologist and family therapist. They’re the product of countless interactions I’ve had as a counseling practitioner and as a university-based counselor educator. They can’t be separated from my identity as a white, middle-class, heterosexual man in North American society. Each of those aspects of my cultural location, and many more, help to account for the details I’ve chosen to bring forward.

The words I have chosen also reflect my values and commitments. I don’t believe a stance of neutrality helps to move our profession forward. I resonate with Salaman, Grevelius, and Andersson (1993), who argue that “neutrality objectifies the persons we are trying to help, reducing them to objects for strategic manipulation rather than partners in a mutual undertaking” (p. 335). How can we be helpful to the people who seek out our services without being passionately committed to honoring them in their exquisite uniqueness?

This textbook is therefore the product of a commitment to a multiplicity of ideas and practices circulating our professional community and beyond. I’ve chosen not to brand these because I think this would not do service to their diversity. But the sources of these ideas are readily available to you, if you’re curious, by exploring the literature I cite as you come upon passages that fascinate or infuriate you. There you’ll find further accounts
of practices and ideas—more eloquent and detailed than I’m able to include in this book. These all speak to the various locations from which I write.

The writer Salman Rushdie (1983) has said that every story is a form of censorship, meaning that in telling one account, we exclude endless possible others. So too for this book. I encourage you to retain a constructively critical viewpoint that allows you to evaluate the usefulness of all you encounter here and to consider what else might be useful to the practice of counseling and psychotherapy.

NOTES

1. Because it foregrounds the commercial aspect of the relationship, the word *client* does a poor job of characterizing clients who consult counselors. However, it does provide a shorthand and is a word in wide circulation. For that reason, it will be used throughout the text despite its deficiencies.

2. The terms *counseling* and *therapy* are used interchangeably in the literature. More often than not, *counseling* will appear here. When *therapy* is used in its place, it will be for no reason other than to match the content of a quote or to provide variety.

CHAPTER ONE DISCUSSION QUESTIONS

1. **Counseling as conversation.** What does it mean to say talk is the intervention? What shifts (if anything) in your view of counseling to see it as fundamentally a conversational practice? What are some preexisting skills most counselors can count on having? Which skills may be most in need of honing due to the specialized nature of counseling?

2. **Maria’s multiple cultural locations.** Review Maria’s story in Box 1.2. Can you identify shifts in power relations between Maria and others? Describe how those power relations might conceivably shift, even within a single relationship. Explain in which contexts they might reverse themselves. Which are some of the cultural subgroups Maria shares with others that seem to promote understanding and connection? Which are some of the cultural subgroupings that distinguish her from others? Can you identify how these differing cultural locations might pose power asymmetries or challenges to mutual understanding?

3. **Exploring your cultural identity.** Make a list of the main cultural subgroups you occupy. Some, such as gender or age, may be relatively easy. Others may be more subtle—think about the groups of which you are a member that contribute the most to the meaning of your life, that constitute significant communities for you. Pair up with a partner and discuss the process of making the list. Compare your cultural locations, noticing overlaps and differences.
4. Care. The word care is often used in the phrase take care of. Can you identify how the connotation of this phrase differs from the way the word is used in this chapter?

5. Meaning. How would you characterize the difference between the term reality and the term lived reality used in this chapter?

6. Power. The word power rarely comes up in counseling textbooks. What are the consequences of not thinking about and attending to power differentials both in clients’ lives and in the relationship between counselor and client?

7. Exploiting personal knowledges. Form pairs. Name a particular gift, skill, knowledge, or resource of your own that helps/has helped you to deal with some challenge in your life. What was the situation, and how do/did you exploit this resource?

8. Collaborative dialogue. In collaborative dialogue, the knowledge and resources of both counselor and client are exploited in therapeutic conversations. What are conceivable examples of client resources/knowledges? What might be examples of counselor resources/knowledges?

9. Mindfulness. Which activities do you engage in with a heightened mindfulness and attention? Which do you take on in a distracted or absentminded manner?