Editorial: Building an anti-oppressive community of practice: Moving from lip service to liberation through belonging

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I want to start by acknowledging the traditional custodians of the lands from which I am writing this editorial, the Boon Wurrung People of the Kulin Nations in Victoria. I honour the Elders past, present, and emerging—I hope that perhaps some of you might read and find insights to benefit your journeys and communities within this special issue. All of Australia is stolen land for which sovereignty was never ceded; this is, was, and always will be Aboriginal land.

Next, I want to acknowledge Indigenous rights activist, educator, and researcher Dr. Keri Lawson-Te Aho (she/her) at the University of Otago, Wellington School of Medicine in Aotearoa/NZ, and clinical social worker and psychotherapist, queer rights activist, and disability educator IlanaRei Goss (she/her), based in the United States. Both Keri and IlanaRei made valuable contributions from the time we began to weave anti-oppressive elements into the call for papers for this special issue. It is with both admiration and appreciation for these two respected colleagues and cherished friends that I express my regret that their words do not appear alongside mine in this editorial. The challenges of multi-national collaboration across time zones during a global pandemic and unforeseen

personal and family health-related events resulted in my being the only one of the original team of guest editors to remain involved in the process through to editorial submission and publication.

The challenges we faced are similar to those barriers experienced by any anti-oppressive practice practitioners who seek to develop meaningful partnerships of mutual respect and trust with colleagues across geographical, linguistic, and bureaucratic divides. Keri and IlanaRei's insights shaped the early stages of this effort in profound and distinct ways that have made this special issue possible. I publicly acknowledge their emotional and intellectual labour. Although I had hoped this would be a joint editorial, I can feel their camaraderie and love surrounding me as I write.

I also thank PACJA Editor Dr. Rhys Price-Robertson for beautifully embodying the principles of anti-oppressive practice in our every interaction, and for his humility in creating and holding reverent space for marginalised lived experiences that differ from his own. Rhys' care and respect for everyone involved in this special issue were essential ingredients. This approach transformed the editorial process from a purely academic one into a healing journey for people whose voices are often excluded or devalued in professional discourse.

I write from the positionality of an anti-racist psychotherapist, researcher, clinical educator, policy advisor, and community activist living on the sovereign lands of the Boon Wurrung people in the Kulin Nations. I am neither from an Aboriginal, Torres Strait Islander, or South Sea Islander background nor from a colonial, Anglo Australian background. I am a hybrid polycultural and multilingual man of faith who grew up in urban and rural China, Australia, and elsewhere. As a result, I have multiple names in multiple languages, and all of them are my "real" names. I am acutely aware of how my sighted privilege and literacy privilege reduced the structural and logistical barriers to my participation in this special issue. My lived experiences of disability, homelessness, migration, racist violence, and gender, body, sexuality, and kinship exclusion have enhanced my capacity for communicating with accurate empathy, challenging systemic oppression, and choosing strength through everyday kindness. I have over 20 years of multi-national, anti-oppressive practice experience working alongside people and within communities with lived experiences of oppression, colonisation, marginalisation, and exclusion.

For over 15 years, anti-oppressive practice has been an influential clinical approach in *social work* practice in multiple countries (Curry-Stevens, 2016), yet this approach is unfamiliar to many *counsellors* and *psychotherapists*. During my discussions with clinicians in Australia, I have found this unique approach often misunderstood or conflated with other approaches. Most Australian clinicians appear to have greater familiarity with person-centred, affirmative, and non-pathologising approaches than with anti-oppressive practice specifically. Despite this limited exposure, clinicians across Australia have shared with me their transformative experiences when adopting genuinely anti-oppressive practices. Anti-oppressive practice can revolutionise our work with people who have experienced oppression, marginalisation, and exclusion. For this reason, I am

delighted to introduce this *Special Issue on Anti-oppressive Practice* to the PACJA readership. I hope this issue will also serve as an invitation to bring in new readers who may be encountering familiar lived experiences or their community wisdom in a professional journal for the first time. I hope that those of you with these lived experiences who have felt marginalised, mistreated, or excluded *by* counsellors and psychotherapists —and/or *as* counsellors and psychotherapists—will feel after reading this editorial that you can truly find a place of respect, safety, liberation, and belonging in this community of practice.

Anti-oppressive practice is a clinical meta-method of psychotherapy and counselling that treats advocacy as a professional responsibility for all therapists (Brown, 2019). This approach stresses the clinical relevance of recognising privilege and challenging systemic barriers beyond the confines of clinical sessions (e.g., Ansara, 2019; Brown, 2019; Corneau & Stergiopoulos, 2012; Reeve, 2000). Anti-oppressive practice cannot be achieved solely through affirming statements made in the presence of therapy participants. Therapists must become aware of how we tolerate or perpetuate inequities in the world and must commit to the lifelong project of changing our ways. In an anti-oppressive practice model, therapists are expected to be active contributors to community and societal processes of establishing cultural safety, promoting social justice, and challenging oppressive power structures. These tasks require us to act in ways that are informed by the principle of therapeutic accountability—that is, the accountability we have as both professionals and human beings seeking to achieve therapeutic aims. Societal inequities may contribute to the very distress that can bring people into therapy; thus, insofar as we contribute to these inequities, we create a financial and ethical conflict of interest. This problem cannot be overlooked if we are to succeed in anti-oppressive practice.

Often, therapists can encounter resistance and hostility from colleagues when attempting to achieve these aims. Challenging oppression means raising concerns that may be inconvenient or threatening to existing power structures. Consequently, having a genuinely anti-oppressive community of practice to nurture and sustain our work is a vital ingredient in the process of transforming our professional spaces. This special issue constitutes one form of that community.

Anti-oppressive practice also requires therapists to challenge colonialism and inequities, to engage in reflective practice to identify and to reduce the impact of their unexamined privilege. Becoming anti-oppressive in substance and not only in name means recognising intersectional forms of oppression and working toward change within communities and societies through decolonising and reshaping clinical practice (Ansara, 2019). This approach is distinct from, and goes beyond, the person-centred, affirming, diversity positive, and inclusive approaches with which many counsellors and psychotherapists are familiar.

Anti-oppressive practice prioritises cultural humility (Tervalon & Murray-Garcia, 1998), a concept that combines a commitment to lifelong learning about other people's lived experiences with ongoing critical self-reflection about one's own assumptions, biases, and

privileges. In addition to critical self-reflection and lifelong learning, key principles of cultural humility are the recognition that people with lived experience are the experts on their own lives, the acknowledgement that communities of people with lived experience are the experts on their own communities, and the commitment to *institutional* reflection and accountability. Cultural humility emerged in response to critiques of "cultural competence"; it has since been integrated into some cultural competence frameworks. Whereas many counsellors and psychotherapists in Australia are still aiming for "cultural competence", the international field of anti-oppressive practice has led the shift away from cultural *competence* toward cultural *humility*, and, more recently, human and organisational development specialist and shamanic healer Jojopahmaria Nsoroma was inspired by the methodology of cultural humility to introduce the concept of cultural *reverence* in educational curricula for human service professionals (Continuing Studies University of Wisconsin, 2020). Instead of aspiring to the unattainable status of being an "expert" who has achieved "competence" in another person's lived experience, cultural humility shifts therapists' gaze away from the analysis and scrutiny of people whose lives differ from their own, and toward therapists' *own* beliefs, practices, and assumptions. Being humble means that therapists regularly seek, listen to, and take advice from communities of people with lived experience, particularly when the accounts of people with lived experience conflict with dominant professional narratives.

Anti-oppressive practice emphasises the importance of therapists taking responsibility for our own implicit biases and privileges to ensure that we can be safe professionals. This means seeking out our own education and awareness outside of sessions, instead of expecting people who participate in psychotherapy to educate us. In addition to seeking insights from community sources, it is also necessary to gain practice wisdom from therapists who share our anti-oppressive values and from research that has been conducted using anti-oppressive methods. Therapists wishing to shift their practice in an anti-oppressive direction often need to make careful choices about which publications, professional networks, and educational opportunities will best support them in achieving this aim. Anti-oppressive practitioners may find that the use of superficially anti-oppressive rhetoric in some professional contexts can mask environments that do not genuinely support anti-oppressive work.

Anti-oppressive practice is not limited to a single issue or population, but more broadly to challenging oppressive power structures that reflect, produce, and sustain racism, sexism, heterosexism, cisgenderism, intersex erasure, monogamism, classism, ethnocentrism, colonialism, ableism, ageism, xenophobia, and other intersecting forms of structural oppression. It was important to the people involved in planning this special issue that submissions not only covered topics relevant to anti-oppressive practice, but also demonstrated anti-oppressive research methods and writing practices. Some anti-oppressive practices we asked authors to address throughout the editorial process included

- considering and citing sources from people and populations with lived experience ("nothing about us, without us, is for us");

- using the language that people and communities use about themselves, without imposing a dominant frame of reference or medicalised language not preferred by the people and communities themselves (i.e., emic, not etic);
- ensuring that research not only has institutional ethics approval, but also a community reference group, including community oversight from people with lived experience; and,
- including the people and populations being written about in the development of research priorities and/or research questions, and/or modifying priorities and questions based on feedback from such people and populations.

To ensure community oversight, we made sure that, wherever possible, at least one of the reviewers had lived experience with the topics about which authors were writing.

The articles in this special issue provide compelling evidence that anti-oppressive practice offers much of *clinical* and not merely *political* value. All the articles demonstrate how the application of anti-oppressive principles can result in improved therapeutic outcomes. These articles provide clear and compelling examples of how therapeutic self-disclosure by professionals can enhance therapeutic relationships, facilitate healing from systemic oppression, and transform people's lives.

The articles in this issue reflect a variety of positionalities in relation to the lived experiences being discussed. Central to anti-oppressive practice is the notion that disclosure about one's own positionality is an ethical duty, not a violation of professional ethics. People whose lived experiences have historically been marginalised, erased, or misunderstood by our professions need therapists to demonstrate our awareness of privilege in order to establish our safety. For example, when discussing the importance of addressing white privilege explicitly in session, somatic psychology pioneer Pat Ogden explains that

It's very important as a white therapist to acknowledge that and acknowledge my own privilege and acknowledge the privilege-oppression dynamics in that therapeutic dyad. Because without that, you can't really address those dynamics. And I know that many people that I've talked to who are white are still kind of rooted in that colour-blindness, where there's, "I don't see colour. We're all the same. And we can work, because we're all connected, and we're all the same." But that's not true. One of my colleagues sent me a quote that I like very much, where I think it was from an African American woman, [who] said, "If you don't see my colour, you don't see me, and you certainly don't see how I see you." So, we need to acknowledge that difference. (Ogden, 2020, 1:46-2:59)

In addition to recognising and acknowledging our privilege when working with people whose lived experiences we do not share, there can also be therapeutic value in disclosing our positionalities when we do have lived experiences in common with our therapy participants. In a book section on therapist self-disclosure of sexual orientation by gay men who provide therapy for other gay men, clinical psychologist Graham S. Danzer's (2018) evidence-based professional guide on therapist self-disclosure documented the therapeutic benefits of therapists disclosing that they are gay when

working with other gay men who are therapy participants. In addition to increasing gay participants' sense of physical and emotional safety, Danzer noted that this therapist self-disclosure may reduce internalised homophobia, shame, and self-hatred for both the therapist and the participant. Unlike heteronormative policies of non-disclosure, Danzer explained that *failure* to disclose may damage therapeutic relationships and may be experienced as shaming. In contrast, Danzer found that therapeutic self-disclosure in these contexts could be empowering for both the therapist and the participant. Discussing findings from five studies of therapeutic self-disclosure by gay therapists working with gay men, Danzer explained how both overt and implicit self-disclosure were vital for therapeutic bonding, reducing participant anxiety that would have otherwise inhibited their self-expression during therapy, and affirming their self-esteem as gay men.

The authors who contributed to this special issue demonstrated an acute understanding of the value of appropriate therapeutic self-disclosure in anti-oppressive practice. All the authors provided some overt or implicit information that allows readers to determine their positionality with regard to the lived experiences discussed in their articles. For example, Roberta K. Timothy and Mercedes Umana Garcia's model is informed by their personal and professional experiences as a Black woman (Dr. Timothy) and a woman of Indigenous and African descent (Doctoral Candidate Umana Garcia) who have experience working within Black, Indigenous, transnational, anti-colonial, and feminist paradigms. By drawing on their wisdom as people with lived experiences of racism, sexism, and colonisation, these authors affirm that lived experience not only matters but can be essential to the development of therapeutic frameworks that make authentic contributions to liberation. Riel Dupuis-Rossi disclosed their identity as a therapist of *Kanien'kehá:ka* (Mohawk), Algonquin, and Italian descent, when discussing their work to externalise the impacts of colonial violence and centre Indigenous cultural and relational sources in their decolonising therapeutic praxis in the Indigenous healing and liberation movement. I disclosed being a polyamorous therapist, when discussing the harm caused by everyday monogamism in counselling and psychotherapy and explaining how to make the paradigm shift from couple-centric bias to polycule-centred practice. Sally Goldner disclosed her history as a trans community advocate, and Belinda Zipper described herself in her bio as a transgender woman, when generously sharing their insights and experiences with their two collaborators of cisgender experience. Julia Ellis, Henry von Doussa, Julie Beauchamp, and John Refshauge acknowledged their cisgender lived experience and cis privilege in culturally humble ways, when sharing the respective processes through which they and their professional colleagues improved their work with people of non-binary and binary trans and gender diversity lived experiences.

Some of the papers critique core concepts that are typically treated as foundational and sacrosanct in counselling and psychotherapy. For example, Riel Dupuis-Rossi and I each exposed how established ideology about "attachment" has been used to dismiss and invalidate the needs and experiences of Indigenous peoples and polyamorous and multi-partnered peoples, respectively. Roberta K. Timothy and Mercedes Umana Garcia critiqued Irvin Yalom's concept of the "here and now" for its potential to silence and retraumatise women of Indigenous and African ancestry whose emotional distress

regarding experiences of sexual harassment also requires attention to the “then and there”. Julia Ellis challenged the gatekeeping model most widely used by Australian professionals with people seeking medical interventions for gender affirmation. Ellis also challenged therapists who consider themselves “allies” to recognise their oppressive discourses and practices. Both Roberta K. Timothy and Mercedes Umana Garcia’s paper and Henry von Doussa, Julie Beauchamp, Sally Goldner, and Belinda Zipper’s paper discuss the need to *un*-learn oppressive information that was treated as acceptable in the past. This special issue provides an opportunity for all of us to engage in similar processes of unlearning.

Both of the book reviewers for this special issue focus on anti-oppressive practice with people with non-binary and binary trans and gender diversity lived experiences. Researcher and PhD Candidate Shoshana Rosenberg, who identifies as a queer Butch, explains how Damien W. Riggs’s (2019) *Working with Transgender Young People and Their Families: A Critical Developmental Approach* differs from other books that address the concerns of young people with trans and gender diversity lived experiences. In their review, Rosenberg explains how Riggs transcends cisgenderist language and frameworks by turning the analytical gaze on therapists and exploring how even the most well-meaning “allies” can negate young people’s knowledge about who they are. Psychologist John Refshauge, who identifies as cisgender and queer, discusses insights gained from UK-based non-binary therapist Sam Hope’s (2019) *Person-Centred Counselling for Trans and Gender Diverse People: A Practical Guide*. Refshauge notes Hope’s neurodiversity positive approach, the importance of explicitly acknowledging power differences related to cisgenderist social hierarchy, and how to help people to build and repair social webs that can support them in healing through relationships. Refshauge’s descriptions express the cultural humility needed to review a book about lived experiences one has not personally shared.

I hope this issue will provide readers with new understanding and possibilities for unlearning, liberation, and, ultimately, *belonging*. Many of us have been working in relative isolation since the pandemic began, and many of us have felt isolated in our anti-oppressive efforts for far longer. The pandemic has highlighted the extent to which our struggles and oppressions are interconnected. Psychotherapist, nutritionist, physiologist, researcher, and social justice advocate Lindo Bacon (2020) shared their observation that:

It has taken the coronavirus to remind us of the interdependence of humanity—and that connection is our valuable resource. We need to nurture it as if our lives depend on it. Because they do.

If there is a silver lining to this pandemic, it is that it has made our crisis of belonging evident—and exposed Radical Belonging as necessary, not just helpful, for survival. The way through is together. (p. X)

I hope the articles in this issue will serve as an ongoing reminder for anti-oppressive practitioners, and for therapists and therapy participants whose lived experiences have previously been excluded and marginalised, that you are not alone. Your lives and lived

experiences matter. I welcome each of you to join this vibrant and nourishing community of anti-oppressive practice. As you read these pages, I hope you will feel a sense of this knowing deep within your bones and spirit: *We belong.*

In solidarity and kindness,

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