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Harjeet Kaur Badwall, PhD

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**Critical Clinical Social Work: Counterstorying for Social Justice.**

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In *Critical Clinical Social Work: Counterstorying for Social Justice* (2020), editors Katrina Brown and Judy E. MacDonald bring together a collection of papers from educators at Dalhousie University's School of Social Work. The collection aims to demonstrate the ways in which clinical social work practice can also function as social justice work. The contributors to this collection critique the neoliberal landscape of contemporary organizations and challenge the pathologizing discourses that shape difficulties experienced by people from equity-seeking communities. Neoliberalism's preoccupation with skills as representative of worker competency is critiqued, in addition to the ways in which social difficulties are understood as individual deficits, divorced from social context, history, and institutions. Brown and MacDonald critique this separation and, instead, draw important links between clinical social work and social justice goals.

The gateway into examining how social work practice is political work is their use of the term "critical clinical" social work practice (p. 2). Brown and MacDonald describe "critical clinical" as social justice skills committed to non-pathologizing, contextual, and deconstructive practices. The focus is on a diversity of direct practices with communities that work towards narrative analysis, collaboration, and non-essentialized approaches to working with intersecting, diverse identities and concepts of the self as "preferred self" (p. 3). Central to the project of critical clinical social work is the commitment to centre counterstories as resistance to domination. The links between skills and social justice are explored through a variety of theoretical frameworks which include postmodernist, anti-oppressive, feminist, anti-racist, and postcolonial theories. The editors state that the goals of critical clinical social work are to create transparency, equalize power relations between workers and service users, and support service users to have control over their own choices. Critical clinical as a concept runs through the text, anchoring each of the chapters in an exploration of how social work practices may lend themselves to de-centering dominance while bringing forth the lived experiences of marginalized communities. Clinical practice is explored across a diversity of social concerns such

as violence, trauma, disabilities, mental health, substance use, child welfare, men's use of violence, social work ethics, human-animal bonds, regulation of people living with HIV/AIDS, and Indigenous, Afrocentric and post-colonial practices.

The strength of this collection is its anti-oppressive analysis, and it makes an important contribution to the anti-oppressive practice (AOP) canon in social work. Key tenets of AOP run through the analysis, supporting practices that centre on examinations of structural oppression, power relations (oppressor/oppressed), and critical reflection/reflexivity. Neoliberal practices designed to 'fix' the individual are replaced with commitments to examining community-informed support and action. The experiences of marginalized communities are centred as counterstories to highlight expressions of voice, power, and resistance.

A key limitation of the collection is that it does not systematically apply postmodern and poststructural conceptions of discourse analysis and non-essentialism, as it claims to do. Important terms and ideas central to the book's focus, such the terms "clinical" or "trauma," need further explanation to examine their discursive production and the hidden assumptions within their operations. For example, how did the term "clinical" come to signify direct practice? There is an assumption that the term "clinical" will be understood as a signifier of direct practice, whereas historically it is a term that has been associated with the medicalization of services, or exclusively psychotherapy. Similarly, the use of the term "trauma," which is also a centralizing discourse in the collection, needs further deconstruction to examine the historical emergence of the word and its productive qualities. Is "trauma" experienced similarly across different social issues and groups? Is "trauma" the only word to describe the effects of violence? "Trauma," as it is used in this collection, takes on a universalizing quality that assumes a shared understanding of the term between the author and the reader of the text. Discourse analysis of key terms used would have been useful to avoid assumptions about shared meanings or universalizing definitions.

The collection is effective at highlighting counterstories that talk back to domination and to traditional medicalized understandings of violence. The use of lived experiences is also important to analyse how communities respond when living with ongoing systemic gender-based violence, racism, colonialism, poverty, and so forth. However, the concept of critical clinical utilizes non-essentialism within its definition, and this key piece falls short in its application. A significant limitation of the analysis on lived experiences has been its potential to homogenize or naturalize the identities of equity-seeking groups. In our efforts to advance political projects, are we at risk of constructing essentialized understandings of communities? How might our efforts to talk back to dominance inadvertently shape hierarchies within our counterstories about who we are and how we will resist? This is an ongoing tension that

needs consideration; otherwise, we are at risk of minimizing heterogeneity within marginalized communities.

Significant critiques from a diversity of disciplines both within and outside of social work have emerged for some time to highlight the risks of cultural competency or 'fixed' conceptualizations of identity (Jeffery, 2007; Lewis, 1996; MacKinnon, 2007; Pease, 2002; Pon, 2009; Wong, 2004). For example, when lived experiences are theorized as cultural competence, or particular forms of truth and authority, key questions emerge: who benefits from these constructions of experience? How might cultural competence work re-centre the learning needs of dominant groups? Are we at risk of authorizing some stories as "truth" or "culturally specific," and denying others? Although equity-seeking groups share common experiences of structural violence, we must avoid the temptation to naturalize or give authority to some forms of lived experience and not others. Critical race scholars have cautioned against the use of the singular voice when discussing political action, recognizing instead that our identity-making is never complete and always in a state of becoming (Dixson & Rousseau, 2005; Hall, 1990). Similar concerns exist with discussions about gender, gender-identity, ability, sexuality, and so forth. Discussions in this book about lived experiences that examine the discursive, multidirectional expressions of power and subject making would have extended and complicated its analysis of what is constituted as experience (Scott, 1992).

I recognize that the collection is—and I support it for—drawing from many critical frameworks and schools of thinking, and that for some, fixed representations of lived experience are necessary within social justice projects. However, demonstrating more clearly non-essentialism *within* counterstorytelling would have extended the existing critical analysis and highlighted the nuances of doing social justice work.

*Critical Clinical Social Work: Counterstorying for Social Justice* is a welcomed contribution to the literature on social work practice. It will be supportive for undergraduate students who are learning to analyze social problems as forms of structural violence. The final chapter outlining Dalhousie's School of Social Work Community Clinic is an important example of how service delivery can take place with a commitment towards resisting neoliberal influences. Experiential education is central within the clinic and offers students an opportunity to learn from a diversity of practice approaches. The Community Clinic is a significant example of the ways in which social justice-oriented work can take place through non-hierarchical and collaborative practices among staff, students, and directors.

*Harjeet Kaur Badwall, PhD*  
*Associate Professor at the School of Social Work*  
*York University*

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