

Social Justice and Substance Use: Power Dynamics in and out of the Therapy Room

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What is social justice? What is its role in the field of addiction? How can we conceptualize and incorporate social justice in a way that would positively impact individuals presenting with substance use disorders? These are important and timely questions as we enter a new era of addiction treatment, policy, and research. This paper will explore historical concepts of social justice and how they relate to substance use disorders today. Specifically, it will examine power dynamics and the role of unequal distribution of power in various relationships with people who use drugs, both on the macro (world) and micro (therapy room) levels. Finally, this paper will review the implications and possible future directions that would allow for the incorporation of social justice in the field of substance use.

Concepts of Social Justice

Despite its frequent current use in various contexts, the term “social justice” is fairly recent, having been linked back to the mid-19th century. The term owes its origin to the Italian Risorgimento, the movement that politically united the different states of the Italian peninsula into the single state of Italy in the 19th century (Burke, 2010). Luigi Taparelli discussed social justice in the context of historical events, including the French Revolution of 1789, proposing that social justice is justice between man and man. In this way, Taparelli’s conceptualization of social justice was more of a formal concept, an application of the ordinary concept of justice to a new area. Taparelli also argued that while human beings are equal as a species, they are fundamentally unequal at the individual level. Therefore, his argument for the term included an important caveat – social justice requires us to accept inequality and that some people, in one

way or another, will be better than others. The irony is not lost in the historically conservative origination of a term which has now been coined as a quintessentially “liberal” idea.

Undoubtedly, the term has transformed over time; however, with all its alterations, it has yet to be fully inclusive. John Stuart Mill (1879) proposed that “society should treat all equally well who have deserved equally well of *it*, that is who have deserved equally well absolutely,” (p. 91) emphasizing, again, that only those individuals who *deserve* social justice should receive it. Who are these individuals? This changed slightly over the years, but wealthy aristocrats tended to be the primary culprits. In the late 19th and early 20th centuries, the term was primarily used in the context of American political and legal actions for social and economic improvement, such as the movements to create eight-hour work days and join a trade union (Summer, 1947; Whaples, 1990). Quickly, beginning with the International Labour Organization, the term “social justice” entered the greater societal and academic vernacular (Daele, 2005).

Perhaps unsurprisingly, the emphasis on human dignity and the more current interpretation of social justice came from Pope Pius XI (1937), who, in his anti-communist encyclical titled “*Divini Redemptoris*,” wrote,

Now it is of the very essence of social justice to demand for each individual all that is necessary for the common good. But just as in the living organism it is impossible to provide for the good of the whole unless each single part and each individual member is given what it needs for the exercise of its proper functions, so it is impossible to care for the social organism and the good of society as a unit unless each single part and each individual member - that is to say, each individual man in the dignity of his human personality - is supplied with all that is necessary for the exercise of his social functions. If social justice be satisfied, the result will be an intense activity in economic life as a

whole, pursued in tranquility and order. This activity will be proof of the health of the social body, just as the health of the human body is recognized in the undisturbed regularity and perfect efficiency of the whole organism.

Following this, Ireland was the first to include social justice as a key principle of its economy; but many other countries, including the socialist regime of Cuba, did the same throughout the 20th century (Nitsch, 1998; Perez-Garzon, 2017). In 2007, the United Nations established the World Social Justice Day, celebrated annually on February 20th and highlighting social justice as the “underlying principle for peaceful and prosperous coexistence within and among nations” (United Nations, n.d.).

Criticisms for such an interpretation of social justice included Friedrich von Hayek’s (1976) proposal that social justice can mean nothing or mean too many things and is therefore unfeasible. Others simply called it propaganda, used to avoid real conversations about change (O’Neill, 2011). Nonetheless, social justice has become a highly influential term in today’s society and most relevant in the context of social change and affirmative actions to promote equal opportunities for everybody. The Social Work Dictionary (5th edition) defines social justice as:

A state in which equity, fairness, opportunity and success for all diverse members of a society are commonplace and expected, in which there is acknowledgment that personal and structural success and struggles in a society are intertwined, and that inequities of the past are acknowledged and redressed (as cited in Nissen, 2014, p. 4).

This definition, being one of the most recent and founded on the concepts of human rights and equity, is the most relevant when speaking about current social justice ‘movements.’ These movements, such as Black Lives Matter, #MeToo, and #NotOneMore are advancing the fields of

politics, education, and healthcare toward the realization of a world where all members of society, regardless of background, have basic human rights and access to the benefits of their society (Capeheart & Milovanovic, 2007). These movements, just as the idea of social justice itself, have long historical roots and have developed over time, advancing onto media channels and across gender, age, and socioeconomic status.

Throughout its history, even its evolving definition, social justice has emphasized the importance of analyzing power dynamics between various social groups, along with the background and context that shapes these dynamics. As with other marginalized populations, the issue of power imbalance is central in discussions about the treatment of people who use and abuse substances.

Social Justice and Substance Use

The relationship between substance use and social justice is long and complex; historically, alcohol and drugs have been used as means of exploitation of the lower classes. Here, the interplay of power dynamics is crucial, as it explains the injustice inflicted on the population of those who engage in substance use and abuse. It is important to examine these dynamics not only as they take place on the macro level (e.g. in history, the world, and public policy), but also on the micro level, such as in therapy room.

In the World

The use of alcohol as exploitation of the poor can be traced back as far as 19th century Poland. Wealthy landlords would prohibit their serfs from drinking anywhere outside the landlords' inns, monopolizing alcohol distribution and depriving the serfs of the little money they had (Moskalewicz & Klingemann, 2015). This kind of exploitation also has its roots in the period post the Industrial Revolution, leading to a perceived link between substance abuse and

blue-collar workers. Vogt (1982) noted that in a number of European countries, alcohol was served at inns located in close proximity to industrial plants; in a place where workers signed their contracts and received their wages, many of them were tempted to drink away their exhaustion, as well as their wages (as cited in Moskalewicz & Klingemann, 2015). Excessive drinking damaged both the health and status of blue-collar workers, as they began to be seen as belligerent fools who spent their days at the factory and nights at the inn. In this way, not only was the workers' low social status contributing to their intoxication, but it was also justifying it – a catch-22 that will continue to plague substance users throughout history.

Later, Marx and Engels (1848) argued that the intoxication of the working class was an innate consequence of capitalism. This idea caught on and consequentially, strong ties developed between the socialist movement and drinking. Moskalewicz and Klingemann (2015) wrote, “alcohol served as a lubricant for the foundation and existence of working class movements” (p. 147). Pubs and bars became associated with what we can now call social justice movements; as a result, world leaders, such as German emperor and king of Prussia, Wilhelm II, became concerned that their workers would be exposed to such radicalism through drinking (Roberts, 1985). Moskalewicz and Sieroslowski (1985) looked back on more contemporary Polish history, where as recently as 1970, the working class was discredited by the media as being “provoked by drunken hooligans” when they attempted to confront the ruling Polish United Workers Party (as cited in Moskalewicz & Klingemann, 2015, p. 148).

Similar events took place all over Europe, as dictators and unjust leaders further marginalized the lower classes. It was a war of power, and the weapon of choice was alcohol. The media took advantage of this, reinforcing the link between the lowest of society and alcohol. Those who engaged in substance use were seen as immoral, unrestricted, and unworthy.

Moreover, to create a moral, healthy, and just society, governments decided that they would have to prohibit the production and distribution of alcohol. The temperance movement, which was the early version of prohibition, spread across Europe, as countries all over attempted to silence minorities... by curbing alcoholism (see Edman, 2015).

Meanwhile, on the other side of the world, the United States was also aiming to be the perfect society. Domestic violence, political corruption, and a lack of public morals led activists, primarily pietistic Protestants, to ban the production, distribution, and consumption of alcohol (see Blocker, 1989 for a historical overview). Prohibition lasted from 1920 to 1933 and, as any radical change, it had mixed consequences. Since the alcohol supply was transferred to the black market, prohibition resulted in an increase in organized crime rates and a decrease in local revenues (National Commission on Law Observance and Enforcement, 1931); the ban was also seen as “an intrusion of mainly rural Protestant ideals on a central aspect of urban, immigrant, and Catholic life” (Orchowski, 2015, p. 32). On the other hand, it did result in a significant decrease in alcohol consumption, as well as a decline in liver cirrhosis rates (Blocker, 2006; Blocker, Fahey, & Tyrrell, 2003).

What those dry years inevitably did do is set the tone for future American legislation regarding drugs and alcohol. Similar to Europe, the U.S. saw a division in power, in which authority lay with people with a higher status (i.e. government officials, the wealthy, the police, etc.). Police corruption was especially prominent during this time, as police used personal discretion to enforce the law, often permitting and even directing illegal activities in communities that were invisible to the powerful and the wealthy – these communities largely consisted of people of color, people of low socio-economic status, and immigrants (see McGirr,

2015). Once again, a link was made between substance abuse, criminality, and marginalized populations.

Race continued to be an issue into the late 20th century, most evidently during the U.S. “crack epidemic” of the 1980s and 1990s. Crack cocaine very quickly became associated with crime in inner city neighborhoods, leading to a staggering disparity in sentencing guidelines. Despite consistent findings that cocaine hydrochloride and crack cocaine are chemically analogous and their physiological and psychoactive effects are similar, the two substances were treated otherwise by the law, with a 100:1 cocaine to crack weight ratio discrepancy needed to trigger a mandatory minimum sentence; this continued until the Fair Sentencing Act of 2010 (Hatsukami & Fischman, 1996; Wallace, 2014). Scholars have largely debunked this epidemic as an example of moral panic and racist policy (Schneider, 1998; see also Reinerman, & Levine, 1989); however, communities most affected by these unjust laws are still recovering.

This abridged history of power dynamics and drug policies brings us to the United States, circa 2018. Again, we are in the midst of an epidemic, this time driven by opioid overdoses. Again, certain communities are being targeted more than others. The “war on drugs” initiated by President Nixon and made infamous by President Reagan, is ever so present. From the Rockefeller Drug Laws to the recent discussions of mandatory minimum sentencing for possession and distribution of the potent synthetic opioid, fentanyl, the U.S. has made little headway in shifting the power dynamics toward parity in the criminal justice system and an overall humane view of people who use and abuse substances (see Drug Policy Alliance, 2018).

In the Therapy Room

When a patient walks in seeking treatment for substance abuse, be it a private office, a public hospital, or a support group, they are not coming in alone. They carry with them all of the

history, stigma, and injustice that was mentioned above. The clinician must not ignore the political infrastructure related to addiction and must acknowledge the social justice challenges that are inherent in this field, both on the macro and micro levels. Without that, the clinician is at risk for reenacting the power imbalances that exist outside of the therapy room.

Historically, advances in addiction treatment are devised in response to the political and social climate of the time period. For example, it was after the U.S. Prohibition, in 1935, that the well-known 12-step recovery program, Alcoholics Anonymous, came to exist (see Kurtz, 1991). The program enabled its members to voluntarily achieve and maintain complete abstinence from alcohol after the law no longer required it. Similarly, when addiction was proclaimed as a brain disease (Leshner, 1997), a theory that still holds today, clinicians and researchers looked toward advancements in medications such as buprenorphine and naltrexone and seeking answers in extensive fMRI studies (see Volkow, Koob, & McLellan, 2016 for a review).

What this implies is that the relationship between the clinician and the individual seeking treatment may mimic the relationship between that individual and the rest of society. For the therapeutic process to be meaningful and successful, the clinician must take great care in developing a social justice sensibility and restrain from generalizing the individual's experiences. The concept of intersectionality, for example, proposes that an individual is a complex being, a combination of inter-related identities and perspectives, all of which are diverse in their degrees of privilege (Grillo, 1995; Hulko, 2009). These combinations become more sophisticated within the therapeutic dyad.

The role of power imbalance in the therapeutic relationship, similar to the larger society, is intricate and complex. In hierarchical treatment, the clinician is often seen as an authority, so it is crucial to explore the power dynamics that can take place within the therapy room. Michel

Foucault suggested that power relationships can be exercised on the most basic level -- language (Foucault, 1992; Wooffitt, 2005). Because language allows us to define ourselves and others, it becomes a tool with which we introduce power imbalances. This concept has been explored in the field of addiction for decades, focusing on stigmatizing words such as “addict” and “alcoholic” (Dean & Rud, 1984) and their effects on individuals seeking treatment. Moreover, we have yet to agree on what it means to be “in recovery” (Kellogg, 1993; White, 2007)! On an implicit level, power imbalance may manifest itself through differences in gender (Ciano, Turner, & Turner, 1988; Cooke & Kipnis, 1986), race (Ridley, 1986), and socioeconomic status (Mathias & Sindberg, 1985). However, clinicians may express their power in a variety of ways, from claiming primacy over a client’s interpretation of an event to viewing the client as an object of treatment, rather than a subject (Bransford & Bakken, 2002). All of these phenomena can shape the distribution of power in the therapeutic relationship.

Jessica Benjamin (1995) proposed that power imbalance may also be maintained by clients, through their investment in not depriving clinicians of their authority (as cited in Muran, 2007, p. 264). Indeed, a client presenting with comorbid depression may require the clinician to assume a paternalistic approach, while a client who has never had a healthy relationship may have a need to idealize the clinician for a prolonged period of time. Thus, power imbalances are not only inevitable, they are normative. In fact, Irwin Hoffman (1996) refers to the authority of the clinician as “ironic,” referencing the way in which power can be a double-edged sword, either freeing the client from psychopathology or reducing the client’s own sense of self (see also DeVaris, 1994).

Stuart Pizer (1992) proposed that psychotherapy is an ongoing process of negotiation, as the therapeutic dyad attempts to comprehend each other’s differences and work through the

power imbalance; furthermore, he believed this negotiation was intersubjective, as the client and clinician constantly influence one another, from trivial adjustments to larger adaptations (see also Safran & Muran, 2001). Proposing that a core element of intersubjectivity was still missing, Benjamin (1990) identified mutual recognition, the ability to recognize the other person's subjectivity, as well as the capacity for attunement and tolerance of differences. Essentially, she proposed that intersubjective negotiation can be resolved when both parties can distinguish and accept each other, therefore shifting the power dynamics. Later, Stern et al. (1998) also described the "moment of meeting," where the members of the therapeutic relationship interact in a way that allows for a new intersubjective understanding of the relationship and a new "way-of-being-with-the-other" (p. 300).

As client and clinician attempt to navigate through these power differentials and find their way to mutual recognition, the therapeutic process may be impacted by moments of hostility and misunderstanding, causing alliance ruptures (Safran & Muran, 1996). Like the power imbalance itself, ruptures are common events, and when resolved, they can predict good treatment outcomes (Eubanks-Carter, Muran, & Safran, 2010). More importantly, this signifies that rupture resolution strategies may intervene in the intersubjective negotiation, alleviating the power disproportion. One such strategy is metacommunication, which is direct communication about the therapeutic process currently taking place in the room (Kiesler, 1988; Safran & Muran, 2000). For example, a clinician may ask, "What is happening between us right now?" and in doing so, may facilitate the movement towards mutual recognition by not maneuvering around, but directly working through the intersubjective negotiation and power differential.

Implications and Future Directions

Social justice lends itself to the constant interplay of power differential. The complexity of these dynamics should be examined on every level, from public policy to the therapeutic relationship. On the macro level, the field of substance use in the United States is at an impasse. Stigma continues to plague people who use drugs (Kulesza et al., 2016) while thousands of people continue to die from opioid overdoses (Rudd, Aleshire, Zibbell, & Gladden, 2016). A promising approach is community-based participatory research, providing marginalized populations an opportunity to make their voices heard and participate in the treatment and policy changes that affect them directly (O'Toole, Aaron, Chin, Horowitz, & Tyson, F. (2003). Moreover, research should focus on recovery management and recovery-based systems of care, as those cannot exist where injustice is not simultaneously addressed (Nissen, 2014; White, 2008). Though great strides have been made to emphasize community wellbeing, it is not yet an explicit goal of the practitioners in the field.

Moreover, concepts like intersectionality and language ought to be studied as hallmarks of egalitarian treatment relationships. Researchers in the field may want to direct their attention to Foucauldian discourse analysis or even the use of language as it is used by clients. This would have great implications on research on recovery identity (Kellogg, 1993) and treatment motivation enhancement (Moyers & Martin, 2006).

On the micro level of the therapeutic relationship, great impact can be made through a thorough understanding of power dynamics and their interplay in the therapy room, as well as the utilization of a social justice sensibility in treatment. Clinicians may want to explore their own experiences, personal biases, and prejudices openly and honestly. Moreover, they may benefit from increasing skills of metacommunication, self-awareness, affect regulation, and

interpersonal sensitivity, as those may facilitate the interplay of power within the therapeutic relationship (Eubanks-Carter, Muran, & Safran, 2015). DeVaris (1994) states, “The process of effective psychotherapy gives considerable power and respect to the patient. It activates a patient’s self-curative capacity and his/her active participation in the change process” (p. 592). Therefore, it is imperative that the clinician is aware and knowledgeable about the interplay of power that is inherent in the therapy room, as well as ways of addressing it.

In conclusion, both inside and outside of the therapy room, people who use drugs ought to be seen through a social justice lens that allows for inclusivity, unconscious conflicts, and a view of each individual, regardless of background, as a complex being – one who may be fallible. Kurt Lewin once wrote, “Research that produces nothing but books will not suffice,” and it is precisely through the continued efforts of researchers, practitioners, and policy makers that true social justice can find its way into the field of addiction and allow us to positively impact individuals presenting with substance use disorders.

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