

**Unit 1 Critical Essay: Leadership, Therapy, and the
Balance Between Service and Transformation**

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As a therapist, I often feel the strong pull to step in and fix things for my clients, especially when they are in distress. It makes me think of a client who was wrestling with whether to stay on their current medication and wanted me to intervene directly with their psychiatrist. In that moment, I felt the dilemma clearly: while I could advocate on their behalf, doing so entirely might provide relief in the short term but also risk reinforcing a dependency that left their own voice out of their care. That tension between offering immediate support and fostering long-term transformation is one I continue to wrestle with in my practice, and it is also a central question in leadership and social change. This tension is reflected in Paul Kivel's critique of social service models and in Mills Gordon and Stallings' vision of liberatory leadership. Together, these texts help me think through how leadership in therapy must move beyond service into shared, liberatory practice that empowers clients to advocate for themselves and transform their own lives.

Kivel (2007) draws a sharp distinction between what he calls social service work and social change work. Social service work, he argues, "addresses the needs of individuals reeling from the personal and devastating impact of institutional systems of exploitation and violence" (p. 129). While necessary, this form of work often focuses only on coping, not transformation. By contrast, social change work "challenges the root causes of the exploitation and violence" (Kivel, 2007, p. 129). Kivel warns that many organizations remain stuck in service mode: "While there is some overlap between social service provision and social change work, the two do not necessarily go readily together" (p. 130). This narrowing of vision, he notes, means that activists often "settled into service jobs helping people cope" rather than addressing the systems creating harm (Kivel, 2007, p. 129). As I reflect on my client's request for me to intervene on their behalf, I see Kivel's critique clearly: if I had only provided the service of advocacy, I might have given short-term relief but unintentionally reinforced dependence rather than supporting deeper transformation.

Where Kivel diagnoses the problem of service-centered responses, Mills Gordon and Stallings (2018) offer a vision for leadership that can resist this trap. They frame leadership itself as "a site of individual, organizational, and societal transformation" and describe liberatory leadership as "taking responsibility for collectively transforming our freedom dreams into reality... [while] divesting from and changing systems of harm that rely on domination and extraction" (Mills Gordon & Stallings, 2018, paras. 4, 6). They argue that "through liberatory leadership, we can shift systems so radically that something completely new emerges" (para. 6), a stance that moves beyond transactional fixes toward reimagining power with others. This framing resonates with my therapeutic practice: rather than positioning myself as an expert who solves the problem, I try to co-create conditions where the client can exercise voice, choice, and agency.

Placing these texts in dialogue reveals both the danger of remaining in service mode and the possibility of liberatory practice. Kivel (2007) reminds me that focusing only on service “may be intentionally or inadvertently working to maintain the status quo” (p. 130). At the same time, Mills Gordon and Stallings (2018) emphasize that liberatory leadership is about “building collective capacity, imagination, and practice over perfection” (para. 12). This is exactly what played out in the session with my client. I did not take over, and I did not step away. Instead, I invited my client into the dilemma with me. I named my impulse to intervene, and we explored what it would mean if they could not speak honestly and directly to their psychiatrist about their needs. By working through that tension together, my client faced their fear, initiated a hard conversation, and secured an adjustment to their medication. The win was not only the change in treatment; it was the practice of stepping into power—acting, not just coping. Afterward, we marked the moment: we named the courage it took, noticed the skills they used (preparation, boundarying, clear ask), and connected that success to a longer arc of care. That reflection helped consolidate a new internal narrative: “I can advocate for myself with my care team.” Moments like this remind me that therapy, like leadership, is at its best when it balances immediate support with a deeper invitation to transformation.

Ultimately, what my client taught me—and what these texts confirm—is that leadership for social transformation is not about doing the work for others but about creating the space for others to step into their own power. Kivel’s critique pushes me to be vigilant about not getting trapped in service models that reproduce dependence, while Mills Gordon and Stallings inspire me to practice leadership that is transparent, collaborative, and liberatory. For me, the clinical space is one site of this practice, but the lesson extends to how I teach, how I collaborate in artistic settings, and how I move in communities working toward justice. Across all of these roles, the charge is consistent: resist the lure of control, build collective capacity, and keep asking whether our choices are merely soothing symptoms or also shifting systems. As I move forward in my work, I hold the question: how can I continue to balance service and transformation so that my leadership fosters not only coping but also the conditions for liberation?

References

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- Mills Gordon, A., & Stallings, D. (2018, October 31). *Liberatory leadership: A transformative model for a changing world*. *Nonprofit Quarterly*. <https://nonprofitquarterly.org/liberatory-leadership-a-transformative-model-for-a-changing-world/>