'Rarely discussed but always present': Exploring therapists' accounts of social class in therapy

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'Rarely discussed but always present': Exploring therapists' accounts of social class in therapy

Abstract

This research examines therapists' accounts of how social class operates within therapy and its impact on the therapeutic relationship. The topic of class in therapy has rarely been addressed in the counselling psychology literature, with only a few papers published on this topic (e.g. Balmforth, 2009; Chalifoux, 1996; Kaiser & Prieto, 2018; Thompson, Cole & Nitzarim, 2012; Trott & Reeves, 2018). This study aims to address this omission by exploring the accounts of eighty-seven practicing psychologists, counsellors and psychotherapists, from trainees to experienced practitioners, who completed an online qualitative survey about social class in therapy. Thematic discourse analysis (Taylor & Ussher, 2001) was used to analyse therapists' accounts of their own social class status and class as a form of difference more broadly, their accounts of working therapeutically with class differences and their sense-making around the relationship between class and mental health. I identified oppositional sense-making in the data, where one (smaller) group of therapists located individuals' mental health difficulties within their socio-political context and described class differences in therapy as something that cannot be transcended by the therapeutic relationship. Another (larger) group of therapists drew upon 'oppression blind' (Ferber, 2012) discourses that removed clients from their socio-political context and dismissed social class as an important factor in therapy. When it came to their own class background, most participants used rhetorical strategies to disavow a middle class status and distance themselves from middle class privilege. Implications for practice and recommendations for future research are discussed.

Introduction

An anecdote from practice

Before discussing the academic rationale for my research, I'm going to discuss an anecdote from my practice – one that prompted me to undertake this research. I want to centre my own reflections around my class positioning as I will argue that reflecting on our class positioning and class privilege is integral to improving our class consciousness and working competently with class differences in the therapeutic relationship.

This research was prompted by an engagement ring from the supermarket Asda. In the early stages of my training as a counselling psychologist, I was working in a counselling service in a doctors' surgery in a socially deprived area of Bristol. I had a female client who I had been working with for several months. I felt we had a strong therapeutic relationship and I admired her resilience and capability as a single working mother. In one of our sessions she told me about how an ex-partner had proposed to her over the phone whilst he was intoxicated. When she brought it up the next day she realised he had forgotten all about it. He then somewhat reluctantly bought her an engagement ring whilst they were out food shopping in Asda. As I empathised with her feelings of disappointment at having to remind him of his proposal and her sadness at his neglect of their relationship, I also made a mistake that could have been very damaging to our work. This mistake was in assuming that part of the problem for her was *where* the ring came from. Upon reflection, I realised that this assumption came directly out of the middle class worldview that was implicitly dominating my thinking. My client had no problem with a ring from Asda, and fortunately felt able to correct me.

My training had taught me about the importance of avoiding the imposition of therapists' personal values and beliefs onto clients, but the middle class worldview I was operating within was so taken for granted that it went completely under the radar. This led me to thinking specifically about the different values, assumptions, and beliefs that might be operating in the

therapeutic environment when there is a social class disparity and how these differences could potentially silence or alienate clients and cause ruptures in the therapeutic relationship.

On my training course we were an overwhelmingly middle class group with more social power than many of our clients, yet we rarely discussed social class as a form of difference. I then discovered that not only was the psychotherapeutic literature on class in general very scant but there was hardly anything written in the UK from the perspective of therapists. I wanted to know why therapists fail to discuss and reflect on social class and our therapeutic practice. Did we not think it important? Did it make us wince (as I initially did when I realised my mistake) and feel too uncomfortable? I wanted to know how therapists make sense of social class and its impact on therapy.

In this thesis I argue that there is a neglect of social class in counselling psychology - in research, training and practice (Lui et al., 2004a; Smith, 2008; Thompson et al. 2012), in spite of a strong ethical concern within both the discipline of psychology and the field of counselling psychology for difference and diversity (DCoP, 2006; Smith, 2008). In order for counselling psychology to make further progress towards anti-oppressive practice, psychologists must appreciate the importance of including social class within discussions of difference and diversity. This must include engaging directly with the subject and having a better understanding of what social class means and how it operates (Hodgetts & Griffin, 2015). The following literature review is organised into two major sections. The first section, to provide a context for this study, is an overview of theorising around social class in the social sciences. In the second section I explore literature related to social class and mental health and review the psychotherapeutic and psychological literature on social class. The following points provide an overview of the introduction:

Theorising class in the social sciences

This section provides a context for this research by exploring:

- A brief history of class analysis in the social sciences, from structural definitions based on objective factors such as income and occupation, to definitions encompassing contemporary Bourdieusian notions of types of social class capital (Savage et al., 2013);
- Intersectional and feminist critiques of traditional definitions of social class;
- How class in contemporary Britain operates through vast inequalities (Manstead, 2018).

Class, mental health and therapy

The second section turns more specifically to class, mental health and therapy by exploring:

- The relationship between social class, socio-economic status (SES) and health and wellbeing;
- The fact that social class is a neglected topic in counselling and psychology literature;
- The existing research into social class in therapy from the perspectives of clients;
- Literature on therapists' perspectives on social class;
- The limited focus on social class within psychological literature more broadly;
- And the theories developed by counselling psychologists Liu et al. (2004a), named the Social Class Worldview Model and Modern Classism Theory.

A note on terminology

In this thesis I have used various terms interchangeably, reflecting the terms used in the literature being discussed. I will refer to therapists, counsellors, psychologists or psychotherapists to discuss those who engage in psychotherapeutic work with individual clients. Much of literature on social class in counselling and therapy comes from the US and uses terms such as 'low SES',

'poor', 'impoverished', 'socially marginalised' or 'people in poverty' to describe working class people, so in some parts of this literature review I have adopted those terms. The concepts of socioeconomic status and social class are related, (Manstead, 2018) despite the latter being far more nuanced and complex (Savage et al., 2012). Therefore the terms 'SES' and 'class' have occasionally been used interchangeably, again reflecting the terms used in the literature discussed.

Theorising class in the social sciences

Defining social class in sociology

The question of 'what is class?' is very difficult to answer because it has come to represent so many different things (Payne & Grew, 2005). Rather than a single universally agreed upon definition, there has been an abundance of theories that attempt to define social class, with most individual authors arguing for the superiority of their own particular definition (Crompton, 2010; Kearney, 1996). Traditional theories of social class divisions were based on individuals' relationship to the means of production and to ownership of capital (Crompton, 2010; Scott, 2002). This way of defining class was developed by Karl Marx (Giddens, 1998), who highlighted the permanent struggle between the landowners, the employers, and the exploited labourers for rent, profit and wages. Marx described the relationship between the ruling classes, known as the bourgeoisie, who were very small in number but very powerful, and the proletariat (or the working classes), who were large in number but only had their labour power to sell. This was a conflict-orientated model and a relationship characterised by inequalities and the subjugation of one group (the proletariat) by another (the bourgeoisie) (Cannadine, 1998).

According to Marx, the ruling classes not only had a monopoly over economic power, but they also had a monopoly over political power and ideology (Giddens, 1998). This meant that the ruling classes had a belief system that allowed them to justify and legitimate the inequalities from which they benefited and in turn, the working classes would accept and believe the ruling class ideology, which positioned them as inferior and deserving of the reduced circumstances in which

they lived (Kearney, 1996). To Marx, the social classes were not stagnant, lifeless categories conceptualised by academics, but existing, active and self-aware groups with a sense of collective identity (Cannadine 1998; Crompton, 2010). Until the late 1970s, Marxist conceptualisations of social class prevailed, but have since been criticised for being over simplistic and anachronistic (Dorling, 2014). The social structure of contemporary Britain was more elaborate than Marx had allowed for and could not explain, for example, corporate executives who earn very high salaries yet do not own the companies within which they work. According to Marx's theory, they sell their labour, meaning they would be placed within the category of the proletariat and be exploited and subjugated (Cannadine, 1998).

Within mainstream British sociology, Weber has been more influential than Marx in offering a more refined and productive model of social class structure (Craib, 2002). Weber was strongly influenced by Marx's ideas, and agreed that social class is established by objectively given economic conditions such as property ownership and labour market position, which in turn affect life chances (Scott, 2002). A 'social class' is a demographic cluster of households whose members share similar opportunities and life chances due to their relationship to property ownership (Scott, 2002). Weber also argued that the possession of certain skills and qualifications needed to acquire certain market positions were important and people with degrees and diplomas in professional or managerial positions have the capacity to earn more and have more favourable working conditions (Craib, 2002; Giddens, 1997; Scott, 2002).

Official definitions of class

In parallel with these academic definitions of social class, in the UK the Registrar-General's Class schema was introduced in 1913 and used occupation as the main index of class division, dividing up the occupational structure of the UK into 2 broad categories: working class and middle class (Crompton, 2010; Kearney, 1996; Savage, et al., 2013). This was very much concerned with 'standing within the community' and attempted to provide a contemporary 'snapshot' of Britain (Kearney, 2003). Particular occupations were assigned to particular classes,

based on the level of education and skill needed to perform a job. This class schema is very much a 'moralising' model, in which professions such as doctors, university lecturers and lawyers have inherently higher status than professions such as labourers, lorry drivers and cleaners, who are considered the least skilled and therefore within the lowest of the working class subclasses (Prandy, 1999). Until the 1980s, it was used by government and university researchers to analyse fertility, mortality and morbidity and by advertisers to target a particular advert at an income group (Kearney, 1996; Savage et al., 2013; Scott, 2014). Although sociologists during the 1970s and 1980s strongly critiqued this model, in favour of more elaborate and detailed class schemas (Prandy, 1999), it can be argued that the inclusion of notions of morality into definitions of class (which will be discussed below) (Skeggs, 2004) are still very much alive in the UK today (Hobbs, 2016; Manstead, 2018).

Towards the end of the 20th century, there was growing recognition of the Erikson-Goldthorpe-Portocarero (EGP) model of social class (Erikson & Goldthorpe, 1992; Goldthorpe, Llewellyn & Payne, 1987). Oxford sociologist John Goldthorpe and his colleagues firmly believed that purely economic criteria must be used in defining social class categories (Scott, 2002). The EGP model proved highly influential and defined seven classes according to an individual's employment position, differentiating between an employee or employer and those on a labour contract (such as building labourers or cleaners), and those who tend to be professionals and managers (Savage et al., 2013). This model was instrumental in the overhaul of the UK class schema through the development of the National Statistics Socio-Economic Classification (NS-SEC) (Rose & Pevalin, 2003), which for many purposes continues to represent a 'gold standard' in the measurement of class (Savage et al., 2013). The NS-SEC became the official measure of social class from 2001 and distinguishes between four basic employment positions: employers, the self-employed, employees and those involuntarily excluded from paid employment. From this, the category of employers is sub-divided into categories of large or small employers dependent on their number of employees. Similarly, the employees category is further differentiated by the type of contract an employee has with their employers:

labour contracts or service relationships. A labour contract defines a specific, relatively short-term exchange of wages for labour and pertains to the whole of the working class (Scott, 2002). The service relationship, however, is common for managerial and professional occupations and forms a longer-term contract in which incentives for the employee include a salary, a career or generous pension schemes. The NS-SEC has been shown to be a good discriminator in terms of morbidity and smoking behaviours, and self-reports on health and earnings (Scott, 2002). The NS-SEC has also been used as a means to act upon inequality by, for example, recognising the relationship between lower self-rated health and less favourable working conditions (e.g., Drever, Doran & Whitehead, 2003) or trends in life expectancy for individuals across the class spectrum (ONS, 2011).

The 'cultural turn' in defining class

NS-SEC, like the myriad other theories of social class, has not been immune to criticism and it has been said to be 'relatively insignificant in shaping people's cultural practices and tastes', and failing to capture the reality of people's everyday lives (Le Roux, Rouanet, Savage & Warde, 2008, p.1050). These 'top-down' academic conceptualisations of class have been argued to fall short in various other ways, such as not necessarily giving any indication of capital or wealth, not classifying individuals without a job or accounting for the fact that factors such as age, race and gender may be more influential in stratifying the population than occupational position (Crompton, 2010). Crompton (2010) suggested that the UK's structure of employment does contribute to our understanding of social class but does not provide a complete understanding of the complexities of it.

The 'cultural turn', is widely recognised in the field of sociology as a movement toward the more cultural dimensions of social class. Scholars within the field became less interested in the economic elements of inequality and more interested in cultural concerns such as lifestyle, leisure activities and spending patterns (Devine, Savage, Scott & Crompton, 2005). A central point of reference is the work of Pierre Bourdieu (1930-2002), French sociologist, anthropologist

and philosopher, who asserted that to define class, we must integrate both the theoretical definitions described above, and the subjective descriptions, such as consumer choices (Bourdieu, 1984; 1986). He suggested a model of class which takes into account aesthetic taste and makes a distinction between four types of capital: economic capital (wealth and income), social capital (contacts and connections that provide opportunities to make use of social networks), cultural capital (the ability to appreciate and engage with cultural goods) and symbolic capital (the interaction of all three of the other forms of capital) (Skeggs, 1997). These types of capital interact with the concept of field, a structured social space with its own rules, containing oppressors and the oppressed and constant permanent inequalities (O'Donoghue, 2013). For Bourdieu, this is a theory of social reproduction; the inheritance of power and advantage through capital accrual.

In 2013, a group of academics, led by sociologist Mike Savage from the London School of Economics (Savage, Devine, Cunningham, Taylor & Li et al., 2013) attempted to take into account both the traditional, structural definitions of class (such as household income and ownership of property) and the more nuanced and 'everyday' definitions (such as cultural interests and social circles). They created a class survey in conjunction with the BBC and the large number (161,400) of responses from the public suggests that social class still feels very relevant in people's lives. The authors were highly influenced by Bourdieu's work (Bourdieu, 1984; 1986) and stated that by taking into account the stock an individual has of each of the three capitals, it is possible to make subtle distinctions between people and provide a much more complex conceptualisation of social class (Savage et al., 2013).

They found that the economically poorest class, with an average household income of £8000, are also the most deprived on other dimensions such as social and cultural capital, have the lowest level of social mobility, are the least likely to have attended university, are likely to be located in old industrial areas of the UK and have the highest levels of unemployment. It is also worth noting that this was found to be a relatively large social class category, comprising 15 per cent of the population. In contrast, the most privileged social class (comprising 6 per

15

cent of the population), known within this research as 'the elite', have the highest levels of capital in all dimensions, particularly economic capital, with an average household income of £89K, almost double that of the next highest (in terms of the three types of capital) social class category, 'the established middle class'. The elite are likely to be located near London, be graduates from elite universities and to score the highest on 'highbrow' cultural capital (Savage et al., 2013). Although it can be seen that income alone does not determine social class, it has a significant impact on the membership of a class because of the opportunities having money affords or being without money prohibits. This study, the largest ever on social class in the UK, highlighted a clear social structure characterised by material inequalities.

In a paper commenting on Savage et al.'s (2013) study, Dorling (2014) agreed that 'social class in Britain is no longer neatly defined by occupation' (p. 453) and argued that people can have multiple class identities, illustrating this point with the example of a university graduate who works in a call centre; an individual high in educational status but low in occupational status according to the structural models described above. These broad assumptions about the assignment of identities based on occupational status or educational level do not necessarily cohere with individual's subjective understandings of how social class is defined (Holt & Griffin, 2005). Factors such as a person's accent, the way they dress, the supermarket they shop in, the newspaper they read, the television programmes they watch, their political views, where they live and their lifestyle (Reid, 1998) are all influential in creating social class identity. Furthermore, Dorling (2014) argued that an individual's postcode can reveal much more about their social class or socio-economic status than their income or occupation. He suggested that most parts of the UK are unequal in terms of the gaps between the rich and the poor, and money buys property or allows a greater degree of choice over the locations in which we live - where we are located is often a manifestation of our wealth.

The changes in the definition of class based upon 'bottom-up' factors or lived experiences are compatible with the growing number of arguments that social class is related to patterns of consumption (Savage, 2003; Warde, Martens &

Olson, 1999). For example, Chalabi and Sedghi (2013) discussed how in the past riding a bike and owning only one pair of shoes was seen as a sign of belonging to a low class and being on a low income, whereas, it may now be a sign of the well-considered choices of an educated professional with a higher social class status. Warde et al. (1999) described these consumer choices as 'cultural omnivorousness'. They argued that the class divide is based on these consumerist choices, where cultural omnivores, those who sample a wide range of cultural activities, such as frequenting different restaurants, do so as 'a mark of refinement, the possession of which is class related' (p. 124). They argued that this is done to gain respect and social standing in environments where cultural capital is admired (Warde et al., 1999).

In the past few decades, there has been an impasse in class analysis and the subject has been 'off the agenda' for many sociologists (Savage et al., 2001). Furthermore, a significant amount of effort has gone into denying the existence of social class in the wider cultural context (Wood & Skeggs, 2011), with the former Conservative Prime Minister Margaret Thatcher famously denying the existence of both class and society, and the former Deputy Labour Prime Minister John Prescott stating that 'we're all middle class now'. Manstead (2018) argued that it is unsurprising that Margaret Thatcher attempted to dispense with the concept of class given that people identifying as working class have been found to be less likely to have right wing political views (Evans & Mellon, 2016). However, perhaps this is not always the case, with recent YouGov polls suggesting that age and gender can be better predictors of voting patterns than class (Curtis, 2017). According to Wood and Skeggs (2011), the statements from these former UK politicians make sense, coming from the privileged few who were protecting their own interests by denying the inequalities of society. Savage et al. (2001) also suggested that the impasse in class analysis is not due to social classes ceasing to exist, but to the consequence of all of the competing theories and conceptualisations of class and the disagreements amongst scholars, as outlined above. Further adding to the analyses of traditional, structural class paradigms, offered by the likes of Marx and Weber are those deployed by feminist scholars, which will now be discussed.

Feminist critiques of structural theories of class

Traditional theories of social class are argued to overlook gender and ethnicity-related inequalities and to fail to capture the reality of individuals' lived experiences (Craib, 2002). Studies of class stratification were for many years written as if women did not exist in their own right, and accordingly women's class was measured in terms of their husbands' and fathers' occupation (Crompton, 1993; Wood & Skeggs, 2011). Feminist scholars argued this was inadequate and noted that many studies of stratification were 'gender blind' and written as if women were unimportant and uninteresting (Giddens, 1998). However, Goldthorpe (1983) defended what he called the 'conventional position' and argued that the paid work of women was relatively insignificant compared to that of their male counterparts and therefore they should be considered as the same social class as their husbands. Furthermore, feminists have critiqued Marxist theories of social class by highlighting that paid work is not the only way in which exploitation occurs within capitalist societies (Hartman, 1995). It has been argued that women's housework is a vital element of the social reproduction of capitalism (Hartman & Sargent, 1981) and domestic labour, performed mainly by women, provided for and serviced the (mainly male) workforce. This is a type of labour ignored by Marxist theories of class, which renders women unequal to men and allows capitalists to exploit women's unpaid labour (Hartman & Sargent, 1981).

Furthermore, Hartman (1995) argued that whilst early Marxists ignored housework, later Marxists did the opposite, overemphasising women's work in the home and ignoring their paid labour. Overall, Marxist theories tended to include women in the category of the working class and attempted to view women's oppression as another form of class oppression, questioning the relationship of women to the economic system rather than the relationship of women to men. Viewed in this way, issues of feminism were subsumed within issues of social class (Hartman, 1995).

I now consider how social class is argued to operate in contemporary UK, in order to provide further context to this study and to recognise some of the ways in which social inequalities are perpetuated here.

Social class and socio-economic status in the UK

Social class identities are strongly felt in the UK (Easterbrook, Kuppens & Manstead, 2018) and it has been argued that the British have an 'obession with class', that 'we cannot escape...' (Dorling, 2014, p. 454). As previously discussed, traditional academic theories of class, that were predominantly based on occupation, are argued to be insufficient in defining the contemporary UK class system as it operates in the world (Manstead, 2018; Savage et al., 2013). However, class inequalities still exist in the UK and 'it is patently true that the members of the different classes... inhabit worlds that rarely intersect, let alone overlap' (Manstead, 2018, p. 268). The UK is argued to have some of the worst levels of inequality in the western world, with 2012 figures from the Equality Trust (2017), a UK charity that campaigns against economic and social inequality, showing that the top one-fifth of households possess 40 per cent of national income, compared to the bottom one-fifth, who possess just 8 per cent. Wealth inequality is greater still, with figures from the UK's Office for National Statistics (ONS, 2014) reporting that in the period 2012-2014, the wealthiest 10 per cent of households in the UK owned 45 per cent of household wealth, whereas the least wealthy 50 per cent of households owned less than 9 per cent. The 'zero-zero' characteristic of the UK, where the people at the 'bottom' survive on zero-hour contracts whilst the people at the 'top' pay zero taxes, is a recurrent theme in public debate (Watt, 2014). Furthermore, a recent study devised by the Social Metrics Commission, an independent body comprising poverty specialists across the political spectrum, found that 14 million people, including 4.5 million children are now living in poverty in the UK (SMC, 2018). A key mechanism to the reproduction of these inequalities is argued to be the UK education system, where 'higher' social class children attend schools that have a more significant impact on their educational attainment than the schools attended by 'lower' class children (Hobbs, 2016). Evidence shows that income and wealth inequalities have a substantial effect on those at the 'bottom' and are related to higher levels of psychosocial problems such as mental health problems, addiction, 'obesity', teenage pregnancy, higher levels of homicide and higher prison populations

(Wilkinson & Pickett, 2009).

In the UK, class is no longer just a means of analysing forms of widespread inequality but a way in which individuals are judged as morally worthwhile (Nayak & Kehily, 2014; Skeggs, 2004). It has been argued that there has been a shift in explanations of inequalities from a social level to an individual level such that structural inequalities have been displaced onto the individual (Crompton, 2010). The mainstream mass media are argued to be highly selective in their representations of working class life so that a 'spectacular' version of it serves to portray working class people as figures of parody and moral rebuke, constructing the working class identity as a 'spoiled identity' (Nayak & Kehily, 2014). It is said that reality television, an increasingly popular, pervasive and influential form of mainstream media, reinforces class-related differences, often exposing working class people to the judgement of those from different class positions (Couldry, 2011) provoking 'class laughter', where the audience is encouraged to laugh at and mock the protagonists (Tyler, 2011). Through these conceptualisations of an 'undeserving poor' and social 'underclass', social inequality becomes a problem of individual pathology and working class people become responsible for their own less privileged circumstances (Lawler, 2005). It is understandable, when taking into account these extremely negative stereotypes, that working class people can feel threatened when thinking about themselves in class terms (Savage et al., 2001; Skeggs, 1997). Not only is the material reality of poverty detrimental to physical and mental health (Murali & Oyebode, 2004), but this 'demonisation' (Jones, 2011) of the working classes can be damaging to individuals' wellbeing when these messages are internalised and become the lens through which we see the world (Liu et al., 2013a). This moralising element of social class, and it's impact on working class clients (which will be discussed below) is one of the reasons for the importance of the current study in investigating the meanings attached to social class for therapists.

Class, mental health and therapy

The relationship between social class and socio-economic status and health and wellbeing

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The relationship between social inequality, poverty, health and mental health is well-recognised (Department of Health, 2010; 2009; Marmot, 2012; Murali & Oyebode, 2004; World Health Organisation, 2009). Capitalist societies, based on individualism and competition, have been shown to produce lower levels of wellbeing than those with greater community, reciprocity and equality (Wilkinson & Pickett, 2018). A number of writers have lamented the lack of attention to social class differences within counselling and psychology literature and have stressed that social class is a major factor determining our life chances and life experiences (e.g., Adler et al., 2003; Ballinger & Wright, 2007; Balmforth, 2009; Levy & O'Hara, 2010; Liu et al., 2004a; 2004b; Smith, 2005; Sue & Lam, 2002). A relatively recent review for the Joseph Rowntree Foundation, a British social policy research and development charity, found that the poorest fifth of the population are twice as likely to develop mental health problems as those on average incomes (Elliott, 2016). Research from the US has also found that low levels of socio-economic status, income and education are related to increased levels of depression, anxiety and substance addiction (e.g., Poulton et al., 2002).

Empirical evidence suggests that the strong link between depression and low socioeconomic status may be due to greater exposure to life stressors (Monroe & Hadjiyannakis, 2002; Sapolsky, 2004). Browne (2012) suggested that as well as material inequalities being problematic for people at the 'bottom', an individual's awareness of these differences and inequalities is devastating and contributes towards stress, anxiety and depression. This claim is reflected in Adler et al.'s (2007) earlier findings that the inverse relationship between both mental and physical health and socio-economic status (SES) was found to be as much to do with an individual's psychosocial sense of 'feeling poor' as any objective measure of SES. This is compatible with evidence from health psychology that a subjective sense of one's own social class can have an effect on health outcomes (Cohen et al., 2008). In laboratory conditions, individuals who considered themselves to be 'low' social status contracted the influenza virus more often than those who considered themselves of 'high' social status, which has been argued to be the result of an association between seeing oneself as having 'lower' social status and greater stress and poorer quality sleep (Manstead, 2018).

Furthermore, the American Psychological Association has acknowledged that poverty is detrimental to psychological wellbeing and initiated a task force to engage with these issues (APA, 2007). A relatively recent report for Psychologists Against Austerity, a UK network of psychologists campaigning to apply psychology to political policy, drew attention to the psychological effects of austerity (McGrath, Griffin & Mundy, 2015) and argued that because psychologists occupy positions of relative power, they have an ethical responsibility to speak out about the UK Government's austerity measures. The report outlined five specific ways in which austerity measures impact on individuals' mental health, calling them 'austerity ailments', which include: humiliation and shame, fear and distrust, instability and insecurity and being trapped and powerless. The authors argued that these experiences increase and prolong mental health problems and are indicators of 'poisonous public policy, weakness of social cohesion and inequalities of power and wealth' (p. 1). Psychologists Against Austerity (2015) call for social policy that works towards a more equitable society and for policy makers to move to a more supportive system and away from the current one, which they argued punishes the most vulnerable people in society.

Other professional bodies, such as the British Psychological Society (BPS), and the BPS Division of Counselling Psychology (DCoP), stress that practitioners have an ethical responsibility to clients, particularly those who inhabit positions of lesser privilege (BPS, 2017; DCoP, 2006). Societal inequalities can be mirrored in the therapeutic relationship (Trott & Reeves, 2018), where many clients, especially in the National Health Service and charitable organisations, are from 'lower' class backgrounds and are generally less materially privileged than their therapists (Proctor, 2006). It has been argued that a therapist who fails to recognise the inherent power imbalance in the room reinforces existing disparities of power and risks perpetuating a system that further disadvantages their clients (Spong & Hollanders, 2003; Totton, 2006), which is another reason for the importance of the current study.

I will now explore how discussions of class are often neglected within the field of counselling psychology and within the counselling and psychotherapy literature

more broadly, arguably falling short of DCoP's (2006) guidelines for ethical practice.

Class is neglected in counselling psychology in the UK

Counselling psychology has its foundations in cultural competence and ethical practice, and has a commitment to issues of social justice in its research, training and practice (Eleftheriadou, 2010; Gelso et al., 2014; Motulsky et al., 2014; Smith, 2008). Central to the field, is the recognition of the role of sociocultural factors, issues of diversity and societal oppression on mental health and wellbeing (Baluch et al., 2004; Bieschke & Mintz, 2012; Mintz & Bieschke, 2012; Smith, 2008). The BPS's most recent (2017) practice guidelines include a section on working ethically with people who are socially excluded (but there is little mention of social class). Furthermore, DCoP's Professional Practice Guidelines state practitioners must 'challenge the views of people who pathologise on the basis of such aspects as sexual orientation, disability, class origin or racial identity and religious and spiritual views' (BPS DCoP, 2006, p.7). The Heath Care Professions Council (HCPC) requires counselling psychologists to 'understand the power imbalance between practitioners and clients and how this can be managed appropriately' (HCPC, 2012, p.6). This must include an understanding of how social class differences can intensify the power imbalance in the relationship and produce feelings of vulnerability in more socially disadvantaged clients (Kearney, 2003; Proctor, 2002; Totton, 2006).

Despite the robust ethical position within counselling psychology, it has been argued that what is missing within the field is a 'fully developed consideration of classism within the spectrum of oppressions' commonly addressed within discussions of difference and diversity (Smith, 2008, p. 895). In both the US and UK social class 'has been relatively ignored within psychotherapy research' (Thompson et al. 2012, p. 208), and it 'remains one of the most elusive and least understood cultural constructs in psychology' (Lui et al., 2004a, p. 3). It is particularly ignored in UK counselling literature, where it has been said that it 'is almost never referred to at any level' (Kearney, 1996, p. 9).

One of the few discussions of class in counselling in the UK was in the form of a series of articles and commentaries in *Therapy Today* (2013), the monthly magazine for the British Association of Counselling and Psychotherapy, which discussed the impact of social class in the therapeutic relationship. A counsellor who identified as growing up working class described how she 'grew up believing middle class people were entitled to manage and support [her] so [she] sometimes gave [her] power away to them' (Daniels & Trier, 2013, p. 16) and reflected on how this phenomenon could occur with her clients today. Shepley (2013) further considered how a working class client might be faced with a 'double-whammy' of societal and professional power being present before them when entering into therapy. Former editor of *Therapy Today,* Sarah Browne (2012), asked why the profession is reluctant to engage with social and political change. She also wondered why the often-taught style of communication on training courses emulates the dominant middle class way of speaking (softly and tentatively) and if this is always appropriate.

One explanation for the neglect of class within UK counselling literature is that the 'energy for its exploration seem to come from counsellors with some working class affinities' (Ballinger & Wright, 2007, p. 161). This is compounded by the fact that the majority of counsellors are from middle class backgrounds or enjoy some degree of class privilege (Kearney, 2003; Smith, 2005; Vontress, 2011). Ballinger and Wright's (2007) argument would suggest that such counsellors have little interest in the subject of social class. This resonates with Kearney's (1996) argument that the people who hold the most power and are at the 'top' of these ideological hierarchies are the ones who are the least likely to question the system that holds them in these privileged positions. Over a decade after Kearney's statement, Ballinger and Wright observed the neglect of the topic over the last 30 years in the UK, noting 'there is very little research on class in relation to counselling and psychotherapy...' (Ballinger & Wright, 2007, p. 157). Another ten years on, apart from the few exceptions, which I will now discuss, this statement still holds true. I will now consider research on client perspectives on how social class influences counselling and psychotherapy.

Research on clients' experiences of class differences in therapy

Empirical research on client perspectives on class and class differences in therapy is limited to a handful of studies. A number of studies from both the US (e.g. Chalifoux, 1996; Thompson, Cole & Nitzarim, 2012) and the UK (e.g. Balmforth, 2009; Trott & Reeves, 2018) revealed that for working class or low income clients, class differences can produce feelings of discomfort, shame and powerlessness, leading to a power imbalance that they perceive to permeate the therapeutic experience (Balmforth, 2009). Class was found to be 'a potent cultural force' (Piff et al., 2012, p. 960) for counsellors having their own therapy. For these clients, (therapists in therapy) when their therapist was perceived as being of a 'higher' social class, societal power relations were felt by the client to be re-enacted in the therapeutic environment, leading to defensive attitudes, mistrust and disconnection (Trott & Reeves, 2018). Trott et al. (2018) also found that class similarities were reported to be problematic for clients when their therapists were perceived to collude with or make assumptions about their clients' class-based experiences. In US research, class-related struggles have been described by 'low-income' clients to be in stark contrast to the privileges afforded to their therapists and feelings of jealousy toward the therapists have been a common theme (Thompson et al., 2012).

Crucially, social class differences are found to be more problematic when the therapists are perceived to have little understanding of the clients' class-related experiences (Balmforth, 2009; Thompson et al., 2012; Trott & Reeves, 2018). Therapy often has a socio-political element for clients, and can be an oppressive experience if therapists ignore or dismiss the impact of poverty on their lives or the class differences between them (Chalifoux, 1996; Thompson et al., 2012). Some clients have experienced a sense that their therapists would judge them on certain aspects of their lives and reflected that they would not disclose to a middle class therapist what they would to a therapist from a working class background (Trott & Reeves, 2018). However, some clients have reported that when therapists made genuine efforts to understand their experiences in the context of their social class, class differences were a facilitative aspect of the relationship (Thompson et al., 2012; Trott & Reeves, 2018).

I will now consider research on how social class operates in the therapeutic relationship from the perspectives of therapists, much of which highlights the classism that can be found in the profession.

Therapists' perspectives, and classism in psychology, counselling and psychotherapy

A number of authors, mainly from the US, suggest that as professionals occupying positions of relative privilege and power, we have fallen short of our responsibilities to people of low SES or 'lower' social-class backgrounds by neglecting issues of social class (Fisher-Lavell, 2014; Goodman, Smyth & Banyard, 2010; Lott, 2002; Smith, 2005; Vontress, 2011) and this is one of the ways in which classism operates in both therapy practice and literature. In the US, it has been argued that psychologists and counsellors hold unexamined middle class worldviews, collude with classism and distance themselves from the most socially disadvantaged by formulating psychological theories based on middle and upper-middle class populations (Lott, 2002; Smith, 2005). Observing the paucity of research on social class in the UK, Ballinger and Wright (2007) explored the importance attached to it by experienced therapists and discovered that participants felt strongly that issues of social class were not adequately addressed on training courses. The authors also noted classism existing through barriers for working class people in accessing both counselling and counselling training.

Although there is controversy in the wider literature on social class about whether classism is unidirectional (from 'top' to the 'bottom'; Smith, 2005) or likely to occur between the classes (i.e. upwards, downwards and lateral classism, which will be expanded on below; Liu et al., 2004a), it is generally agreed that the people who occupy the lowest rung of the class ladder in society are the most likely to be harmed and oppressed by the people 'above' them. Therefore, much of the limited and predominantly US literature on classism in therapy focuses on the therapy with the most socially disadvantaged (Sue & Sue, 2013).

US researchers Sue and Lam (2002) reviewed the literature on social class in psychotherapy and noted the outdated classist beliefs held by some psychotherapists that individuals from low SES backgrounds are less likely to benefit from insight-orientated therapies such as psychodynamic therapy. These clients were believed to be more likely to gain better outcomes from time-limited, symptom-focused therapies with the therapist in more of an expert role (Lorion, 1974). More recent empirical evidence from research in the US, discussed below, suggests that perhaps Sue and Lam (2002) may have been incorrect to suggest this belief is 'outdated' but is instead a classist attitude that continues to exist within some trainee therapists (Smith, Mao, Perkins & Ampuero 2011).

When reviewing psychological support for women in the US, Goodman, Smyth and Banyard (2010) argued that specific therapeutic approaches are needed that target economic stress, powerlessness and social isolation and that currently there is a paucity of appropriate psychological support for impoverished women in the US. They found that not only did these women face logistical and practical barriers to accessing treatment such as childcare or transportation difficulties (Belle & Douchet, 2003; Rosen, Tolman & Warner, 2004), but they also had expectations of stigma from professionals or had negative past experiences of services (Lazear, Pires, Isaacs, Chaulk & Huang, 2008). Lazear et al. (2008) found that despite experiencing notably higher levels of depression and risk factors for depression such as domestic abuse than white women, low-income women of colour in the US were significantly less likely to access support. Low-income women of colour cited fear of being judged by professionals or mental health providers being 'quick to medicate'. US Researchers Goodman, Smyth and Banyard (2010) argued that oppressive social conditions are significant contributors to mental health difficulties, yet mental health interventions are predicated on biological, cognitive or emotional factors being of most importance, thus missing a large part of the puzzle in treating people from low SES backgrounds (Falconnier, 2009). They argued that cognitive behavioural therapy, for example, being one of the major empirically supported treatments for depression, would be inappropriate or insufficient for suggesting that faulty cognitions are at the root of the distress of people with low SES. They illustrated

this point with the example of 'an isolated and anxious single mother without a safe place for her children to sleep' (Goodman et al., 2010, p. 4). They asserted that psychologists need to move away from the restricted focus on intrapsychic processes and the interventions that follow, which may only be suitable to people with more economically comfortable circumstances, and address the stress and powerlessness caused by poverty and integrate this into practice from the outset.

In US research it has been argued that people with 'lower' SES and social class backgrounds might not receive the best treatment in therapy, being more likely to be diagnosed with a mental health condition, given less favourable prognoses and being evaluated as having higher levels of maladjustment than people of 'higher' SES or social class backgrounds (Sue & Sue, 2013). Sue and Sue suggested that therapists from upper or middle class backgrounds might not be able to relate to the devastating effects of poverty and may pathologise traits that come from living in economic adversity. For example, a therapist may fail to realise that the basis of the client's anger was not individual pathology but a result of a life marked by extreme poverty, hunger and lack of sleep.

Classist bias in trainee clinical and counselling psychologists in the US has been relatively recently investigated. One study identified a relationship between a hypothetical clients' social class background, the trainees' 'Belief in a Just World' (BJW), and their early diagnostic impressions and expectations of future work with the client (Smith, Mao, Perkins & Ampuero, 2011). BJW is a belief that the world is just and fair and the difficulties faced by others are deserved (Lerner, 1980), meaning that classism operates though the belief that people on the 'lower' end of the socio-economic spectrum deserve to be there through personal failures. In Smith et al.'s (2011) study, trainee psychologists who were given vignettes where a client was from a working class background had less favourable hypotheses of future work with the client. Furthermore, when participants believed that the poorer 'clients' deserved their circumstances, they anticipated they would find the work with these clients less meaningful and comfortable. The authors suggested that these findings coincide with previous literature, now decades old (e.g. Jones, 1974; Lorion, 1974), on negative attitudes

towards the poor, which might be related to poor treatment outcomes. They suggested that in order to tackle counselling psychology's neglect of social class issues in training, research and practice, these negative attitudes towards the poor might be a good place to start (Smith et al., 2011). Studies such as this, revealing therapists' potentially harmful attitudes towards people from socially marginalised backgrounds, is why it is essential to further investigate therapists' accounts of social class in therapy.

The failure to meaningfully address class in counselling and psychotherapy research is argued to be, in part, due to difficulties in producing a robust definition of class in psychology (Ballinger & Wright, 2007; Balmforth, 2009; Craib, 2002). Existing definitions are often reductionist and tend to heavily rely on socio-economic status (Baker, 1996). More recently, Liu et al. (2004a) have detailed counselling's lack of understanding of social class and classism and psychology's lack of consistency when it comes to conceptualising social class. In a review of over 700 counselling and psychology articles that used the term 'social class' written between 1981 and 2000, they identified over 400 words being used to describe it and found that there were more theoretical than empirical papers written about social class. They have suggested that it is essential for psychologists and counsellors to have a clear understanding of social class and classism in order appreciate the contextual variables that form an individual's subjective experience, and move beyond merely a charitable desire to help disadvantaged people (Fisher-Lavell, 2014).

I now consider discussions of race in therapy. I do so because it is possible to gain insights into how class and classism might operate in therapy through considering literature on other forms of multicultural therapy and working with difference.

What can we learn from discussions of race and racism in therapy?

Research on the experiences of clients of colour in the US has highlighted 'negative' expectations towards therapy among this group (Hardy & Laszloffy, 1995) and concerns about a lack of understanding from white therapists

(Awosan, Sandberg & Hall, 2011) associated with the experience of racial oppression in a white society. In UK psychotherapeutic literature, it is acknowledged that a client who is a person of colour and who has experienced multiple racist incidents might begin to believe that they are somehow 'inferior' and will expect to be treated this way by their white therapist (Eleftheriadou, 2010). This literature can enable an understanding of how a person who is socially marginalised (in class terms) might potentially experience therapy with a therapist of 'higher' class status. Indeed, as previously discussed, it is argued that an individual's experiences of class-related oppression can be replicated in the relationship between a middle class therapist and a working class client (Kearney, 2003; Totton, 2006).

It is important to acknowledge that for people of colour, race is far more than a form of social identity. Racism and discrimination take many forms, from denigrating or demeaning messages directed at people of colour (sometimes known as 'micro-aggressions'; Jackson, 2017) to hostility and violence. Furthermore, racism is a form of structural oppression, with discrimination being embedded in the practices of various institutions such as those within politics, law, education, employment and healthcare in ways that are often most visible those who are discriminated against (Johnstone & Boyle, 2018). In the UK, people of colour are more likely to be racially abused or attacked in public and discriminated against in the workplace, they are overrepresented in lower income groups and are more likely to be unemployed or experience other forms of social disadvantage such as higher prison populations and living in poorer quality housing (Johnstone & Boyle, 2018; Morgan, Kirkbride & Hutchinson, 2008). The cumulative exposure to these forms of racism and racial discrimination has been shown to significantly worsen physical and mental health (Wallace, Nazroo & Becares, 2016) and is therefore something that should be taken very seriously by therapists and other people in the helping professions.

Theorising whiteness as a power structure within therapy, and the white privilege (understood as the advantages inherent in being a white person in a

racialised society, McIntosh, 1998; Ryde, 2009) of white therapists can also potentially enhance our understanding of class privilege in therapy. White therapists' own racial identities can manifest in the experience of 'white anxiety' about their privilege and a heightened concern about practicing competently when working with people of colour (Jacobs, 2005). Studies on whiteness in therapy found that some white counselling students found confronting white privilege challenging (Rothman, Malott & Paone, 2012). In one US study, some denied or dismissed the existence of systemic white privilege and some displayed anger and defensiveness when being confronted with it (Ancis & Szymanski, 2001). Furthermore, white therapists are argued to distance themselves from the perceived 'typical' white therapist in an attempt to appear non-racist, which can result in their implicit biases going unexamined (Ryde, 2009).

We can potentially draw productive parallels between these studies on white privilege in therapists and the impact of class privilege in therapy (while also acknowledging the differences between race and class privilege and oppression). Ancis and Szymanski (2001) argued that the limited exploration of therapists' own social privilege could result in lack of empathy with the socially marginalised. The denial of white privilege is what is known as 'colour-blind' racism (Bonilla-Silva, 2014), and is arguably akin to class-blind classism, or 'oppression blindness' (Ferber, 2012), in which systemic discrimination, and the barriers to opportunity for socially marginalised people are denied.

Turning back to social class, having considered some of the existing psychotherapeutic literature on social class and classism, and race and racism, I will now consider contributions to the understanding of social class within the discipline of psychology.

Psychology's contributions to understanding social class

It has been argued that in order for psychologists to successfully conceptualise social class, we must also take into account the complex way in which multiple (and especially marginalised) identities intersect and inform experience

(Hodgetts and Griffin, 2015) - rather than attempting to conceptualise class as a independent and isolated concept. However, mainstream psychology has tended to neglect to directly engage with issues of social class in any depth, despite a long history of research into related issues, such as poverty, stigma, inequalities, exclusion and unemployment (Hodgetts & Griffin, 2015; Manstead, 2018). Hodgetts and Griffin called the neglect of social class within the discipline of psychology 'regrettable' (p. 4) and reflected on the fact that psychology has often been utilised in the interests of the middle classes and elites. They argued that in order to promote inclusion, it is essential that psychologists have a sophisticated understanding of the way in which social class impacts on people's lives.

One contribution from social psychology that can help to explain inter-group phenomena and relations between different groups, is social identity theory (SIT) (Tajfel, 1972). SIT proposes that the groups to which people belong are a great source of pride and self-esteem. Put simply, the status of the group to which we belong (the 'in-group') can affect our self-image and in turn we can increase our self-image by discriminating against and holding prejudiced views of other groups ('out-groups'). Tajfel proposed that this grouping of people together can result in stereotyping and that this is not an unusual cognitive process. He asserted that we tend to group similar things together cognitively and therefore exaggerate differences between in the 'in-group' and the 'out-group' and ascribe indistinguishable identities to members of the 'out-group'. Tajfel's (1972) theory is argued to facilitate an understanding of classism, which is said to be a result of the need to maintain an 'in-group' identity (Liu et al., 2004a). Social identity theory has been critiqued, however, because it arguably suggests that prejudice is inevitable and natural (Hewstone, Rubin, & Willis, 2002). Research has found that there are more complex factors involved in prejudice and it is more likely to occur when individuals gain a large sense of identity from their group membership, if this identity is threatened, and there is a conflict between the in-group and the out-group (Hewstone, et al., 2002).

The way in which linguistic tools are utilised to make sense of social class has been investigated within discursive psychology and critical discourse analysis, particularly in relation to stigma and prejudice in institutional settings

(Armstrong, Hamilton, Armstrong & Seeley, 2014; Hunt & Seiver, 2018; Turgeon, Taylor & Niehaus, 2014). For example, female college students in the US were found to draw discursive boundaries around status groups and sexual behaviour, which related to social class. 'High' status women used 'slut' discourse to construct class advantage, defining themselves as 'classy' as opposed to 'trashy', and 'low' status women used it to express class resentment against 'rich, bitchy sluts'. It was found that the 'high' status women's 'slut' discourses were the ones that dominated the social scene (Armstrong et al., 2014) so that their 'high' status was reproduced and reified. Another US study found that 'classtalk' and discourse around 'dependency' on welfare, as opposed to 'need', is used by welfare-to-work program managers to justify punitive welfare policies and blame poor people for their circumstances (Turgeon et al., 2014). Furthermore, discourses around class are argued to be related to students' experiences in educational settings in the US where dominant 'deficit' discourses position low-income students as culturally deprived (Hunt & Seiver, 2018). Although critical psychology has engaged with class and has provided useful insights into how classism operates, what has been argued to be missing from most class research in psychology is a theory of social class and classism (Liu et al. 2012). Accordingly, I now discuss theories of social class and classism within the discipline of psychology.

Psychological theories of social class

US counselling psychologist William Liu (2012) compared the psychological study of social class to the discipline's exploration of other constructs, such as race (via studies of the racial identity) or gender (via investigating conformity to gender norms). He argued that psychological theories of cultural constructs are imperative for their study and information often related to social class, such as income, education or occupation is virtually meaningless to psychologists without a psychological theory of class. Similarly, McCall (2005) suggested that psychologists have often failed to acknowledge the intersection of identities because there are no established guidelines to address research questions using an intersectional framework (McCall, 2005), and traditionally, psychologists (particularly within quantitative research) tend to isolate variables for

parsimony (Betancourt & Lopez, 1993). Social psychologist Michael Argyle (1994) suggested that psychology should enlarge the study of social class, such as class differences in sexual behaviour, language use and child rearing, and unless we incorporate psychological explanations into theories of difference between classes, such theories will be incomplete.

Some scholars, within US counselling psychology literature, have attempted to provide a psychologically informed definition of social class and classism. Liu et al. (2004a) have produced a model of these concepts, which they have termed The Social Class Worldview Model and Modern Classism Theory respectively (Liu et al. 2004a). The authors suggested that strict hierarchical measures of social class not only fail to capture how people see themselves but crucially, they fail to explain what motivates people to act in certain social class environments. In order to explain these motivations, Liu et al. (2004a) described the Capital Accumulation Paradigm (CAP), which suggested that within capitalist societies socialisation is aimed at the accumulation of social class symbols and proxies and this accumulation becomes a major life goal for most individuals. The CAP is a contextual model and suggests that individuals' motivation is to accrue and maintain control over certain resources to reinforce their status and the particular resources accrued depends on what is valued in a particular context. Within this paradigm, capital and resources do not necessarily refer to money, but also to behaviours and relationships and hence three types of capital are included in the paradigm: social (relationships and networks), human (perceived value derived from education, occupation, interpersonal skills or physical strength and beauty) and cultural capital (tastes and aesthetics). Capital and resources are perceived as 'valued goods in a society, the possession of which maintains and promotes a person's self-interest for survival and preservation' (Lai, Lin & Leung, 1998, p. 160), and these resources are accumulated to support their social class worldview (Liu et al., 2004a).

An important aspect of the Capital Accumulation Paradigm is that certain forms of capital may be valued in some economic cultures more than others and the variety of economic cultures means that there may be different expectations and values in each culture. Liu et al. (2004a) suggested that psychology's limited

understanding of class could be attributed to the assumption that people within particular class categories hold homogenous views and have similar lifestyle and consumer habits. They suggested that counsellors, in particular, should not assume that their clients share the same worldview as they do, even if they self-identify as the same social class. They argued that there can be, for example, a multiplicity of middle class economic cultures with different values and cultures. The idea that people have varying conceptualisations of what it means to belong to a particular social class category is the foundation of the Social Class Worldview Model.

The Social Class Worldview Model (SCWM) is an intrapsychic framework for social class, which captures the lenses through which people perceive their world. Liu et al. (2004a) proposed that the SCWM comprises five interrelated domains. The first of these domains is 'Consciousness, Attitudes and Salience', which refers to the extent to which an individual is conscious that he or she belongs to a social class system, those feelings, beliefs and values related to social class as the individual perceives it, and the meaning and significance social class has to an individual. The second domain is 'Referent Groups', which refers to the people, past and present, who may have influenced and mediated an individual's social class behaviours, or those people an individual is most likely to pay attention to. The third domain is known as the 'Property Relationship' and is concerned with the material items an individual uses to define themselves. Liu et al. (2004a) proposed that property refers to the perception a person has of their material possessions, rather than their objective value, and these can be used to fulfil interpersonal and emotional needs. The fourth domain is known as 'Lifestyle' and describes the way in which an individual chooses to spend their time and resources; this domain is similar to how cultural capital is defined (Bourdieu, 1984) and therefore lifestyle is 'cultural capital in action' (Liu et al., 2004a, p. 105). The fifth and final domain of the SCWM is 'Behaviours' and this refers to the learned, socialised and purposeful actions that are observable manifestations of an individual's social class worldview. These behaviours are performed within a socially classed environment to enable an individual to 'fit in' and thus appear 'normal'. The SCWM, and the domains comprising it, are

described by the authors as a schema people use to comprehend their social class feelings, perceptions, economic environments and cultures.

The authors also explained how classism exists in terms of the SCWM through Modern Classism Theory (MCT) (Liu, 2004a). The authors used Liu's (2001) definition of classism as, 'prejudice and discrimination based on social class resulting from individuals from different perceived social classes' (p. 137). The authors justified the elaboration of what they call 'typical', unidirectional (only occurring in individuals of 'higher' social class towards those with 'lower' status), conceptualisations of classism by arguing that unidirectional conceptualisations preclude the possibility that the recipient of classism may exhibit their own classist behaviours as well. They therefore define four types of classism: upwards classism, downwards classism, lateral classism and internalised classism. Upwards classism is defined as prejudicial attitudes toward people perceived to be of 'higher' social class status, for example, referring to these people as 'elitist' or 'snobs'. Downwards classism can be thought of in classic Marxist terms as people with 'lower' class status being oppressed by people of 'higher' class status. In terms of the SCWM, the authors suggest that this type of classism reminds the people to whom it is directed of their 'lower' status, whilst simultaneously reinforcing the perceiver's economic culture, norms and values. Lateral classism is described as discriminatory behaviour towards people in the same economic culture. This type of classism reminds individuals that they must be similar to each other to remain congruent with the values and norms of their economic culture (colloquially known as 'keeping up with the Jones's'). Finally, internalised classism is a result of the violation of the norms and expectation of an individual's economic culture, which can manifest in anger, depression or anxiety, related to not being able to meet the demands of their culture.

The Modern Classism Theory is conceptualised as a strategy that people use to accumulate certain types of capital needed in their particular economic culture. According to this theory, classism functions as a way to keep people in or out of a particular culture and that by including upwards and lateral classism, we are able to grasp the network of oppressions and prejudicial attitudes that exist across the spectrum of social class. The authors refer to 'in-groups' and 'out-

groups' to suggest that by identifying the latter, individuals can reify the demands, values and expectations of the former by comparison. People do this to avoid the potential anxiety of not having the resources to meet the demands of other economic cultures; by reinforcing their distinct needs through classism, they can accumulate and control 'their' capital. Furthermore, the authors propose that, within MCT, if people are unable to accumulate the necessary capital in a situation, internalised classist cognitions are triggered, such as feelings of failure. Classism is therefore perceived through the lens of an individual's social class worldview.

For this study, both the contemporary social class theory of Savage et al.'s (2013) study, and Liu et al.'s (2004a) frameworks of social class were helpful informing an understanding of the phenomenon. Savage et al.'s (2013) conceptualisation bridges the divide between objectivist, 'top-down', structural approaches to social class, based on income or occupation, and subjectivist, 'bottom-up' approaches based on taste or culture (Savage et a., 2013). By drawing on the work of Pierre Bourdieu (1984) to create seven social class categories based on varying levels of economic, social and cultural capital, Savage and colleagues were able to create an inductive class schema highlighting the levels of inequality in the UK. It is hoped that by engaging with a sociological theory of social class that takes into account the UK's social class inequalities, this research will occupy a progressive position in tackling classism within the profession.

Liu et al.'s (2004a) frameworks of social class have been cited in some counselling and psychotherapy papers as being the only noteworthy social class conceptualisations within these specific fields (Fisher-Lavell, 2014; Liu et al., 2004; Liu & Arguello, 2006; Smith, 2005). Unlike stratification theories developed within sociology, these are intrapsychic models of class, developed as a response to the insufficiencies of traditional models and the aforementioned need for a psychological theory of class and classism (Liu et al. 2004a). Uniquely, they implicate the role of classism and assume that social class operates at a subjective level in people's lives due to their unique perception of it. In addition, they explain how individuals are motivated to accumulate class capital, 'as a way

to cope with the various demands and expectations of their economic culture…'
(Lui et al., 2004a, p. 104).

Hodgetts and Griffin (2015) argue that in this era of increasing economic
inequalities and social divisions, with its significant impact on wellbeing
(Wilkinson & Pickett, 2009; 2018), it is more pressing than ever that
psychologists focus on social class and engage with contemporary
conceptualisations of it. Furthermore, for therapy to be effective across the social
class spectrum, therapist training and supervision should incorporate issues of
knowledge and self-awareness related to the economic stress that is central to
many clients' lives (Falconnier, 2009). It is clear that there is a need to further
develop this literature in order to enhance our multicultural competence as
practitioners with a commitment to social justice and anti-oppressive practice, in
accordance with the values of our profession (DCoP, 2006).

Studies on the discourses used by therapists' when discussing diversity in the
therapeutic encounter have been useful in exploring their influence on the
therapeutic process. For example, returning to discussions of racial difference in
therapy (as discussed above), Wallis and Singh (2012) found that some white
psychotherapists drew on discourses of 'political correctness' and 'colour-blind'
discourses of whiteness as an 'invisible norm'. The use of these discourses meant
that white therapists possessed the power to choose which aspects of difference
to attend to in therapy and ignored the impact of racial marginalisation. A study
of male therapists' constructions of erotic countertransference in therapy
identified discourses of hegemonic masculinity, including the naturalness of
male sexual desire for female clients and female responsibility for evoking this
attraction (Penny & Cross, 2014). These two studies suggest that therapists,
through the language that they use, are able to replicate potentially harmful
cultural practices in their work (Sinclair, 2007).

As the current study is about how therapists make sense of how social class
operates within the talking therapies, exploring therapists' sense making about
this phenomenon and how this in turn might influence therapeutic interventions
is an important area of investigation. Hare-Mustin (1994) argued that the same

discourses that govern the world in which we live also influence what happens in therapy, so that the therapy room is likened to a 'mirrored room', facilitating or constraining talk about various phenomena. Therapists who privilege, for example, human agency and individualism in mental health, over structural and systemic factors, risk overlooking harmful influences in clients' lives (Sinclair, 2009). Without a thorough interrogation of the sense-making processes therapists utilise around class and other areas of social marginalisaton, they may inadvertently replicate social oppression in their work. Thus, it is on this basis that this research aims to explore therapists' accounts of working with social class in therapy.

The current study

The overall aim of this research is to explore how therapists make sense of social class differences between themselves and their clients within the therapeutic relationship. Through exploring therapists' accounts of class in therapy, particularly with regard to their own class positioning and how social class is made sense of in informing the therapeutic relationship, it is hoped that this research will contribute to our understanding of a barely addressed area of the literature.

The intention of this research is to contribute to an enhanced understanding of issues of social class in line with counselling psychology's tenets of inclusivity and anti-oppressive practice (BPS, 2017). It is hoped that this research will invite counselling psychologists and other professionals practicing psychotherapeutically to reflect on the importance of including social class within discussions of difference and diversity.

Research aims

The proposed research study aims to explore:

1. Therapists' accounts of their own social class status and their sense-making around social class as a form of difference more broadly;
2. Therapists' accounts of working with clients they perceive to be from a different social class background to themselves;

3. The way(s) in which therapists make sense of the relationship between socio-political factors and mental health;
4. Therapists' accounts of how social class operates within and its impact on the therapeutic relationship.

Methodology

Qualitative approaches are widely accepted to be appropriate for applied psychologists seeking to answer questions without dichotomous answers (Camic, Rhodes & Yardley, 2003). Therefore, a qualitative approach was best suited to this research, as the intention was to gain rich data and a deep understanding of therapists' accounts of social class in therapy (Braun & Clarke, 2013). Data were collected from participants using the novel technique of an online qualitative survey and analysed using a social constructionist informed thematic analysis.

Theoretical assumptions

Counselling psychologists must be sensitive to the fact that written (or spoken) material, such as case studies or file notes, neither reflect a neutral or objective reality, nor are they 'unproblematic representations of clinical work as it actually happens' (Davy, 2010 p.62). Instead, we must take a critical approach towards taken-for-granted knowledge and be aware that meanings can be constructed according to our social context (Burr, 2015). The notion that conventional knowledge is historically and culturally relative is the bedrock of social constructionism (Burr, 2015), the theoretical orientation underpinning this research. A social constructionist perspective rejects the positivist position that there is an objective reality that can be discovered by observations from an unbiased researcher (Braun & Clarke, 2013). Instead, knowledge is understood as being a product of culture and history, and realities are multiple and subjective (Taylor & Ussher, 2002). Furthermore, a constructionist epistemology reflects an anti-essentialist position and rejects the notion that individuals are unique and self-contained (Burr, 2015; Taylor & Ussher, 2002). Social constructionism is concerned with the way in which our common understandings of the world (and ourselves) are constructed through interaction between individuals, where certain versions of the truth are sanctioned and reproduced (Burr, 2015). There is a focus on the use of language in particular and 'the way in which the world of language and symbols come to dwell within us' (Taylor & Ussher, 2002, p. 295).

Language is constitutive of our social categories and is fundamental to the operation of power, permitting or prohibiting certain social actions (Foucault, 1972). This anti-positivist and anti-essentialist position necessitated the view that this research data could not, therefore, reflect an inner truth or provide an objective insight into the 'real' cognitive processes of participants. Instead this research conceptualises language as being used in a way that is fundamentally social. Therefore, in this research there was an emphasis on investigating how linguistic tools functioned as a means to achieve, construct or manage a version of reality, *for* others in a particular context (Braun & Clarke, 2013).

Qualitative survey

Qualitative surveys consist of a number of open-ended questions with space for participants to type their responses (Terry & Braun, 2017). They have been identified as appropriate methodologies for research questions concerned with interrogating participants' socially-shared meanings and sense-making around a phenomenon, within a critical framework (Braun & Clarke, 2013; Terry & Braun, 2016).

As an exploratory study in an under-studied area, there was a deliberate strategy to use 'maximum variation' sampling (Fassinger, 2005) for as demographically diverse a sample as possible, in order to draw on a wide a range of experiences and sense-making practices from individuals across the social class spectrum. Thus online qualitative surveys were used to gather data from a range of therapists from different professional backgrounds, including practicing counsellors, psychotherapists and psychologists, with a variety of experience, from trainees to experienced practitioners. This decision also allowed the accumulation of a larger amount of data than would be gathered by only recruiting psychologists.

Online surveys can overcome issues of geographical distance from participants (Peel, 2010). This meant that on a practical level, it was possible to collect a range of data from therapists from a variety of locations around the UK (with a couple of respondents answering from the US and Australia), practicing a wide range of therapeutic modalities, from a variety of settings, such as within the NHS, the private sector and charities. Online surveys were also advantageous

within the financial and time-related constraints of this 'medium sized' project (Braun & Clarke, 2013). They are resource-lite and provided a quick and inexpensive way to collect a large amount of data and a wide range of responses over a short amount of time, whilst still providing an understanding of the complex relationship participants have to social class in therapy (e.g. Frith & Gleeson, 2008).

A further advantage of qualitative surveys is that when used to gather data on potentially sensitive subjects, they have been found to be less daunting for participants than face-to-face interviews (Fish & Wilkinson, 2003; Toerien & Wilkinson, 2004) because of the anonymity they afford participants (Braun & Clarke, 2013; Frith & Gleeson, 2004; Toerien & Wilkinson, 2004). Class can be a sensitive subject for people in the UK and researchers often face evasive or uncomfortable responses from people when attempting to discuss it (Sayer, 2002). Furthermore, issues of social desirability have been found in previous research asking therapists about their practice and we were mindful of therapists' self-presentational activities, specifically those designed to portray themselves as competent therapists or take a 'pre-emptive strike' against any questions about their fitness to practice (Rance, Moller & Douglas, 2010). It was therefore hoped that the online environment, providing maximum anonymity (Terry & Braun, 2017), would allow participants to be more open about their experiences pertaining to social class.

Qualitative surveys allow the standardisation of questions and therefore allow a relatively easy comparison of responses across a data set (Braun, Tricklebank & Clarke, 2013), which in this project assisted with identifying both the diversity and patterns in responses from participants. In addition, because the questions are predetermined, it was anticipated that the participants would be less likely to avoid the subject of social class and relevant data would hopefully be generated, although it was recognised that this problem of avoidance may not be entirely eliminated (Braun & Clarke, 2013).

Participants and recruitment

To ensure a large and diverse sample, participants were recruited in the following ways:

1. Through approaching the course directors of counselling and therapeutic training programmes throughout the UK, and asking them to disseminate information about the study to the students on their programme.

2. Contacting relevant third sector organisations that provide counselling and therapeutic services and asking them to disseminate information about the study to the therapeutic practitioners within their organisations.

3. Finally, snowball sampling through my and my supervisor's personal and professional networks.

As mentioned above, the aim of this research was to address a gap in the literature, highlighted by the findings that therapists from a range of professional backgrounds address social class to a varying degree in their practice, thus potentially impacting a significant number of clients (Balmforth, 2009; Thompson, Cole & Nitzarim, 2012; Trott et al., 2018). Therefore responses were sought from any qualified psychotherapist, counsellor or counselling or clinical psychologist, or trainee on an accredited psychotherapy, counselling, or counselling or clinical psychology course who has at least a year's experience of working in a one-to-one capacity psychotherapeutically with clients. Apart from participants being over 18, there were no other exclusion criteria and therapists who worked in a variety of settings and with a wide range of clients were encouraged to participate. The survey generated 83 responses, which when added to the 4 pilot survey responses (see below), meant there were a total of 87 respondents in this study. This number of respondents was in keeping with Braun and Clarke's (2013) recommendations for broad and potentially sensitive research topics and for research using qualitative surveys, which can potentially generate more shallow data then techniques such as interviews (Braun & Clarke, 2013), although many of the responses generated were rich and detailed.

The tables below (tables 1.1-1.7) display the participants' demographic data and use the same terms employed by the participants themselves for their ethnicity/racial background, gender, sexual orientation, place of work, theoretical orientation and most recent or highest qualification. The spaces for participants to answer the demographic questions were intentionally left blank so as not to impose any pre-existing categories or constraints upon them and to enable them to self identify. Most participants were white British, heterosexual women between the ages of 26 and 55, practicing in the NHS or charitable sector. The most common theoretical orientations were integrative and psychodynamic therapy and most participants were educated to professional doctorate level, perhaps reflecting the emphasis on taking part in and conducting research in counselling psychology (DCoP, 2006).

In the interest of gathering the most data possible, the responses from overseas participants were not excluded from the dataset.

Tables 1 – 1.7. Demographic details collected from participants

Table 1.1. Participants' age

18-25	26-35	36-45	46-55	56-65	65+
5	21	19	22	12	8

Table 1.2. Participants' ethnicity/racial background:

White British	White	White Jewish	White European	Black British	Not disclosed
59	8	6	4	2	2
Chinese	Chinese Singaporean	Black African	Mixed Black	White Irish	British Indian
1	1	1	1	1	1

Table 1.3. Participants' gender:

Female	Male	Non-binary	It's complicated
68	17	1	1

Table 1.4. Participants' sexual orientation:

Heterosexual	Gay	Bisexual	Asexual	Pan/asexual
70	5	5	1	1
Inclusive	Queer	Lesbian	Not disclosed	Other
1	1	1	1	1

Table 1.5. Participants' place of work:

NHS	Charity	Private Practice	NHS funded 3rd sector
36	22	15	6
Various services	Education	Probation	Not currently practicing
4	1	1	2

Table 1.6. Participants' theoretical orientation:

Integrative	Psychodynamic	Cognitive Behavioural Therapy (CBT)	Person Centred	Pluralistic
47	13	9	8	2
Relational	Existential	Systemic	Atheoretical	Transactional analysis
1	2	2	1	1
Psychosynthesis				
1				

Table 1.7. Participants' highest/most recent qualification:

Professional doctorate/PhD	Masters	Diploma	Postgraduate Diploma	Degree
39	21	16	8	3

Survey design and data collection

It is suggested that when using surveys to generate qualitative data, the researchers must be flexible and aware of the potential need to redesign the questions employed before the survey is given to participants (Terry & Braun, 2017). Therefore the piloting phase of the project was crucial and allowed me to ascertain whether the questions generated the desired amount and type of data.

The pilot also allowed us to measure approximately how long it would take to complete the survey (which was about 20 minutes, if the responses were reasonably long and detailed) in order to let participants know what to expect. In line with Terry and Braun's (2017) suggestion to pilot the study amongst a sample of people similar to my participants, I invited colleagues on the Professional Doctorate in Counselling Psychology course at The University of West England to complete the survey and then asked for their feedback. The feedback from the pilot study and the richness of responses helped to determine the approximate sample size for the research and the exact questions that would be asked (Braun & Clarke, 2013). The pilot survey questions were as follows:

1. How do you define social class?
2. How do you define yourself in terms of social class? Please explain your answer.
3. How do you think clients perceive you in terms of social class? Please explain your answer (you may wish to reflect on things such as your clothing and appearance, your accent and, if you practice at home, your home environment).
4. Can you describe a time when you have worked with a client whose class and class background was different from yours? How did this impact on the therapeutic relationship, if at all?
5. Have you ever addressed social-class in the room with a client? What were your reasons for doing so/not doing so?
6. How do you think class matters in therapy, if at all?
7. Is there anything else you would like to add?

After examining the data generated from the pilot survey and taking into account some of the feedback received, it was decided that the survey questions would be amended. For example, question 4 was split into two separate survey questions as it was anticipated that this would make it more likely that participants would answer both elements. The amended survey questions were therefore as follows:

1. How do you define social class?
2. How do you define yourself in terms of social class? Please explain your answer.

3. How do you think clients perceive you in terms of social class? Please explain your answer (you may wish to reflect on things such as your clothing and appearance, your accent and, if you practice at home, your home environment).

4. Can you describe a time when you have worked with a client whose class and class background was different from yours?

5. How did this class difference impact on the work you did with the client, if at all?

6. Can you describe a time when you have addressed social-class in any way with a client?

7. Please can you tell me your reasons for addressing social class with a client (or not doing so)?

8. How do you think class matters in therapy, if at all? Please explain in detail.

9. Is there anything else you would like to add?

Various factors were taken into account when designing the survey questions. The questions needed to be ordered in a way would not be daunting to or overwhelm the participants (Braun and Clarke, 2013). Therefore, the survey started with the 'gentler' questions about social-class in general and then progressed to asking more probing about participants' experiences of class in the therapy room. The questions were all set up to elicit participants' personal meaning-making, therefore, for example, question 1 was framed as 'how do you define social class' as opposed to 'what is class' (Terry & Braun, 2017). Crucially, as qualitative surveys have the potential to generate rich and detailed data (Terry & Braun, 2016; 2017) it was essential that a balance was found between asking enough questions for a breadth of data on the subject, but not so many questions that 'roll-off' was encountered, where participants did not answer all the questions, or include enough detail. Questions should be open-ended in order to discourage yes/no responses, therefore, for example, rather than asking 'do you think class matters in therapy', the question was worded as 'how do you think class matters in therapy, if at all'. In addition, asking the question in this way was intended to encourage participants to think about social class in

therapy if they have not done so before. Furthermore, because there would be no opportunity for clarification once the survey was sent out, it was important that questions were as clear and precise as possible (Terry & Braun, 2017). Questions should also be non-assumptive; which is another reason for the wording of the question 'how do you think class matters…?'. Participants were also asked to define their own class background in their words rather than any assumptions being made about their class background. Questions also needed to be empathic and not challenging or criticising. For this reason, question 7 was worded as 'can you tell me your reasons…' rather than 'why not', which could be interpreted as threatening (Braun and Clarke, 2013).

The online surveys were created and distributed using specialist software (*Qualtrics*). The link was emailed out to participants with a short email explaining that the aim of this research was to gather data from therapists on the importance of social class in therapy. The link would open onto the page with the participant information sheet and consent form, so that participants had to first consent to taking part through a click box (Braun & Clarke, 2013). Study information included information about anonymity, confidentiality, participants' rights to withdraw retrospectively from the study (and the limits on this, for example, after submission of the thesis) and who was eligible to complete the survey. Participants were told how their data would be used as well as what risks and benefits were involved in study participation. They were given information about how to complete the qualitative survey questions, asking them to be as detailed as possible and were given a deadline for completing the survey that was 3 months after the links were sent out, to allow time to collect as much data as possible. This deadline was then extended by a further 3 months so allow more data to be collected. Participants were given the opportunity to generate their own easily remembered but anonymous participant ID and were prompted to provide this information in the event that they wished to retrospectively withdraw their information, although to date, none of the participants have made this request. Finally, after the completion of the survey demographic data was collected. It is thought to be less threatening to participants to ask for demographic data this way than to ask for personal details

at the start and this placement was likely to encourage them to answer all the demographic questions (Braun & Clarke, 2013).

Ethics

Adherence to the British Psychological Society (BPS) ethics code was an integral part of all stages of this research (BPS, 2014). This topic was potentially politically sensitive as it asked therapists about their sense-making around a subject they may not have previously considered in relation to their practice. Although it was deemed unlikely, there was the potential for participants to become upset by a particular question and therefore sources of local and national psychological support were provided and participants were advised to make use of supervision.

Ethical approval for this study was granted by the University of the West of England, Health and Applied Sciences Faculty Research Ethics Committee (FREC).

Reflexivity

Although, as previously described, the inspiration for this research came from the beginning of my training as a counselling psychologist, when working in a GP surgery in a predominantly working class area of Bristol, the seeds were sown much earlier on in life. I was born in the north of England to a father from a working class background and a mother from a middle class background. As a child I was aware of the implicit idea within my family that somehow my mother's family was 'better' than my father's family. I did not realise until much later in life that this idea of 'betterness' was related to social class. I now consider myself middle class and socially privileged in many ways, although throughout my childhood I recall feeling unsure about my class status, probably as a result of the class disparities at home. I thought about class often and felt like I had one foot in a middle class world, and one foot with the working classes. I later became very aware of my social privilege when working in various social care roles in socially deprived areas of Bristol. I started to appreciate how my middle class status meant that not only could I afford to embark on an expensive postgraduate training course but I could take for granted the privilege to both buy groceries and put my heating on. When seeing clients in the GP surgery, I

was reflecting on some work with a particular client and realised that I had made an assumption about them, as a result of my middle class worldview, that could have been damaging to the therapeutic relationship (the 'Asda ring' incident). It was during this time that I started to think about the impact of class differences between therapists and clients and how class-related worldviews could impact the relationship.

Researchers need to be able to critically reflect on and have an awareness of their 'insider' and 'outsider' positions when conducting research on groups with whom they may or may not share qualities (Gallais, 2008). Within this research, I have 'insider status' by virtue of being of the same occupational background as all of the participants, and being of a similar social class background to many of them. Gallais (2008) highlighted particular risks associated with this sense of sameness and collective identity; predominantly its potential to compel the researcher to have preconceived ideas about what they will encounter in the data. It was for this reason that this research required I had a 'heightened sensitivity' to any assumptions I may have been making when reading the data, based on my knowledge or beliefs about a participants' theoretical orientation, professional background or place of work, for example, which could impair my 'clearsightedness' (Gallais, 2008, p. 146), and threaten the validity of my analysis. There was also the awareness however, that this 'insider status' can add to the richness of the understanding of the data precisely because of the knowledge of the systems and practices of being a therapist (Coghlan & Brannick, 2007).

Analysis

This research used a thematic analysis to identify patterns of meaning (or themes) in the data whilst drawing on insights from discourse analysis; specifically an approach referred to as thematic discourse analysis (Taylor & Ussher, 2001; Terry & Braun, 2011). Thematic analysis is recognised as a valuable method for psychotherapy and counselling researchers to investigate the experiences or views of particular groups of clients or therapists (e.g. Carew, 2009; Hunt, 2013) and it is compatible with a constructionist paradigm (Braun & Clarke, in press, 2018) in which there is no single 'truth' to be excavated from the data (Burr, 2015). Counselling psychologists are urged to respect a multiplicity

of perspectives and worldviews (Strawbridge & Woolfe, 2010) and 'to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing' (BPS, 2005, p. 1-2). Therefore a critical approach to data analysis, based on an anti-positivist position and a commitment to the constructed nature of reality is appropriate.

Discourse analysis is the analytic approach most strongly associated with a constructionist epistemology. Discourse analysis rejects mainstream psychology's historic conceptualisation of language as simply descriptive or representative (Potter, 1996). Instead language is conceptualised as performative and action-orientated – particular discourses are drawn upon in order to accomplish certain social activities or to construct particular versions of reality (Potter & Wetherell, 1987). Furthermore, particular accounts are themselves constructed (Potter, 1996) as 'people are enticed or encultured into particular, even partial, ways of understanding the world' (Edley, 2001 p. 203). Within the 'umbrella' of discourse analysis is the study of interpretative repertoires, which have been defined as 'a range of linguistic resources that can be drawn upon and utilised in the course of every day social interaction' (Edley, 2001 p. 1980). Interpretative repertoires are analogous to library books, constantly available for borrowing and '…when people talk (or think) about things, they invariably do so in terms already provided for them by history' (Edley, 2001, p.198). It is in this sense that interpretative repertoires are important concepts within this thesis as they provide an insight into the cultural history of social class and inform the ways class is able to be made sense of and talked about (Wetherell & Potter, 2001).

Repertoire analysis is interested in the way in which language is utilised in order to create a certain version of reality (Potter et al., 1990) in specific contexts, such as in social work with homeless women in the US (Juhila, 2009), or with individuals discussing their substance misuse in Norway (Selseng & Ulvik, 2016). Repertoire analysis is concerned with what these discursive tools achieve and what effects they have, in specific, 'local', contexts (Braun & Clarke, 2013). The 'exterior' focus of repertoire analysis requires a distinction to be drawn between the intentions, or cognitive processes behind the use of a particular discursive

tool, and its social consequences (Edley, 2001), with the focus being on the latter. Sitting within a discourse analytic approach, it requires that researchers take a consistently distanced approach to the data, treating all accounts as doing particular discursive work, rather than taking an approach that sympathises with or scolds participants (Antaki et al., 2003).

The data were analysed following the process outlined in Braun and Clarke's paper on thematic analysis (Braun and Clarke, 2006; 2012; 2013). 'Data-driven' or inductive analysis was used due to there being no preconceived ideas or expectations from the responses (Braun & Clarke, 2013). Although by being read through a critical lens, there was the intention to go 'beyond the semantic content of the data…to identify the underlying ideas, assumptions and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data' (Braun and Clarke, 2006, p. 84). In accordance with Edley's (2001) suggestion that familiarity with one's data is an imperative first step when conducting interpretative repertoire analysis, the data were read over several times. Preliminary coding was then conducted across the entire data set, coding for implicit and explicit content as well as the particular language used by the participants. The codes were then clustered into potential themes, which were examined to ensure that the codes within each theme corresponded to the themes. A recurrent process will was followed according to Braun and Clarke's (2006; 2012; 2013) guidelines until a list of four themes was generated that incorporated the majority of the data. Edley (2001) suggested that taking note of and 'gradually recognising patterns across different people's responses' (p.199) can aid the recognition of interpretative repertoires. By identifying the use of similar and familiar kinds of tropes, the themes generated represented the common interpretative repertoires used by participants. Thus I was able to gain an insight into the wider cultural ideas that informed their sense-making (Edley, 2001; Wetherell & Potter, 1992) about the impact of social class on the therapeutic environment.

In the analysis, data extracts are used both illustratively, to demonstrate the kind of data found in each theme, and analytically, where relevant features of the extracts are discussed in detail (Terry & Braun, 2016). Spelling and grammar errors within the data excerpts have been corrected for readability and in order

to present salient features of the data, ellipses have been used to indicate places where an extract has been cut or edited.

<h1 style="text-align:center">Analysis</h1>

Four themes have been generated in this study, each comprised of 2 subthemes, except for theme 3, which is comprised of 3 subthemes. Table 2 provides an overview of the themes generated.

Table 2: Overview of themes

Themes	Subthemes
1. The 'location' of social class/ who 'holds' a classed identity	1.1 Social class is 'held' by the working classes 1.2 Displaying awareness of class privilege and class status
2. The relationship between social class and mental health	2.1 Individualising and psychologising mental health 2.2 Contextualising mental health
3. Class self-positioning – disavowal of middle class status	3.1 My working class heritage 3.2 The mitigation of privilege 3.3 Distancing the self from the 'clueless middle class therapist'
4. Class differences can/cannot be transcended by the therapeutic relationship	4.1 Class differences can and must be overcome in therapy 4.2 Class differences cannot be escaped in therapy

Theme 1: The 'location' of social class/ who 'holds' a classed identity

The first theme generated captures discussions of the 'location' of social class, who 'holds' it and who is most impacted by their social class status. The first subtheme captures the way in which many participants made sense of class as a form of difference predominantly invested in or 'held' by people from socially marginalised or working class backgrounds. This parallels the way in which race is constructed as 'belonging' to people of colour by those with racial privilege (e.g. Jacobs, 2005; McKinney, 2005; Mills, 1997; Ryde, 2009). Alongside this,

participants used various rhetorical techniques to construct their own middle class identities as neutral and 'normal' (Lawler, 2008) and as unmarked by social class. For example, middle class indicators, such as the absence of a regional accent (Addison and Mountford, 2015) were constructed as being 'neutral' in class terms, and thus these participants positioned themselves as located outside of class.

In contrast to these notions of 'classed' and 'neutral' social identities, some participants, described identifying themselves as middle class, framing it as a socially privileged position that created opportunities, or did not present barriers to opportunities. They often provided narratives of awakening to the realisation of the importance of social class in people's lives (much as I did, as discussed in my reflexive statement above); an awakening from a previous 'class blindness'. Thus, these participants (implicitly) positioned themselves in opposition to the 'class blind' therapist. This theme therefore consists of two subthemes: 1.1 social class is 'held' by the working classes, and 1.2 displaying awareness of class privilege and class status.

1.1 Social class is 'held' by the working classes

Many participants used accounts of personal attributes and characteristics to describe their class positioning that paralleled the way in which whiteness is constructed as racially 'neutral' or normative, with a 'raced' identity belonging to those who are racially marginalised (e.g.; Jacobs, 2005; McKinney, 2005; Mills, 1997; Ryde, 2009). Like whiteness, in some of these extracts, middle class identities were often made sense of as 'the ground from which other things appeared' (Ryde, 2009, p.35).

In the following extract, an example of the construction of this 'socially-neutral' identity can be seen in response to a question about how participants believe they are perceived by clients with regard to social class:

Extract 1.

'Probably middle class although I think I come across as pretty

class-less. I don't have an accent, regional or received

pronunciation. I dress smart/casual when I see clients (chinos and

a casual shirt usually and leather shoes).'

(P70, White male, age 47)

After conceding a likely middle class status, the above participant worked up an account of class neutrality, predominantly through his construction of an accent that is non-existent. In this extract, received pronunciation is linked to social privilege so that his own accent is positioned in contrast to those associated with both ends of the social spectrum (Addison & Mountford, 2015); therefore, through this (absent) class indicator, clients are unable to make any social judgements about his class.

Middle class (or 'white collar') workers have been argued to strategically conform to clothing that allows them to 'blend in' and to embody professionalism and maintain class and gender privilege (Masi de Casanova, 2015). In P70's description of his clothing, middle class neutrality is achieved thorough presenting his work attire as 'casual' or ordinary. Acknowledging the possibility of alternative descriptions (Potter & Wetherell, 1987), it is significant that this participant framed leather shoes and chinos as 'smart/casual', as opposed to, jeans and trainers reflecting this clothing style, for example. This frames what might be read as 'typically' middle class clothing (Masi de Casanova, 2015) as something that 'blends in', reinforcing discourse around middle class 'ordinariness' and class-neutrality.

As in extract 1, in the following extract, the participant again drew upon discourse of 'ordinariness' in the descriptions of her dress, and situated her accent in between those associated with social marginalisation and social privilege (Addison & Mountford, 2015) to construct herself as class-neutral. This participant described herself as middle class in a previous response in the survey but in this extract seemed to minimise the degree to which her clients perceive her as socially privileged:

Extract 2.

'I don't think they see me as 'posh', I would say I am
probably more Bohemian. I wear quite casual/understated
clothes, but I don't have a regional accent, but then it's not
posh either. I have to be honest and say that I have never
thought about what social class my clients perceive me to
be. I have never really thought about this aspect of myself in
client work really.'

(P64, White female, age 31)

By using the term 'Bohemian', which is associated with rebellion against dominant middle class values (Brake, 1985), this participant positioned herself outside of the class system. The irrelevance of P64's classed identity in her client work is further emphasised with her statement that this aspect of herself is not one she has considered in great detail before. The implication is that she (as a presumably middle class person) can frame her identity as neutral. Her classed identity does not exist; there is therefore 'a nothingness' (Ryde, 2009, p.35) to contemplate.

In several extracts, class was constructed as 'belonging' to the (working class) client by being the working class client's 'problem'. In the following extract, class was treated as being brought into the room by 'lower-class' clients for whom the therapist's work must be adapted:

Extract 3.

'I have no ear for accents and therefore no ability to soften or
adapt my accent, which has often been called "posh". It is
necessarily one of the first things they are aware of.
...sometimes I consciously choose simpler words but am
probably not aware of the times I fail to do this. (There is also
a risk of either being patronising or inauthentic if I adapt too

much.) I dress tidily but quite ordinarily.'
(P19, White female, age 58)

Again, notions of social neutrality are evoked through descriptions of a 'tidy' and 'ordinary' work attire, suggesting what counts as ordinary is a classed subjective judgement, raising questions about what kind of attire would be considered extraordinary. This participant both conceded a privileged class status, suggesting it is apparent to her clients through her accent, and disavowed it with the use of passive language ('which has often been called 'posh''), implying that this description is ascribed to her by others and is not one she willingly takes ownership of. By stating that she is unable to hear accents, this participant seemed to locate herself as sitting outside of a social system where class indicators such as accent are readable (Addison and Mountford, 2015). By suggesting that she in unable to perform accents, this account also seems to suggest that it might be desirable to adapt one's accent when working with people of a different social class, perhaps in a way that would attempt to make the class differences in the room less visible.

Ostensibly, this seems to be an account of an inclusive therapist who adapts her use of language for more socially disadvantaged clients. However, this extract also evidences the construction of the 'working class other' (Skeggs, 2002) as a group outside of the 'in-group' (Tajfel, 1972) (which, in this case is the middle classes) with smaller vocabularies or a lack of education, for whom her usual practices must be adapted. The overall impression of this extract is the construction of middle class identities as normative and ordinary and working class identities being inherently classed and 'other' (Skeggs, 2002).

The following extract, which is a response to the question about the impact of working with class differences, P20 constructed class as an aspect of difference that enters the room solely through presumptions that are made by working class clients:

Extract 4.
'I think it probably affects the presumptions that the client
has about me and my life - as I said, I think most clients

probably assume I'm middle class purely by virtue of my

profession. But as ever, I work to empathise and connect, so

unless the client takes a particular dislike/offence at my

perceived class status, I'm not sure how much of a problem it

would present - clients make all kinds of assumptions and

fantasies about us which we have no control over and often

don't hear/find out about.'

(P20, White female, age 32)

In the above extract, the importance of social class itself was diminished by being framed as one of many projections or fantasies made by clients. Class is not conceptualised as a social system that the therapist and client are embedded within, but rather it is located within the psychological realm, away from social or material realties, with the implication that there is something fantastical or unreal about class-based perceptions made by clients. P20's class status is framed as being perceptible 'purely by virtue' of her status as a therapist, suggesting that this this is a superficial reading of her class and a much deeper analysis of her social status is unavailable to her clients, who are only able to engage in fantasies about her.

This participant also constructed an account of herself as powerless in the way class influences her clients' perceptions of her in the therapeutic environment. Class differences are portrayed as potentially antagonistic and requiring empathy and connection to overcome, echoing the notion of a 'good' therapeutic relationship transcending class, which will be discussed in theme 4.1. A 'chip on the shoulder' discourse can be seen in this extract, which is often used to position people of colour as bitter and difficult to control, assigning the 'problem' of race to them (King, 2004). Here, class is 'held' by the working classes with the construction of class differences as presenting difficulties for a working class client who has particularly strong feelings about class.

In the following extract, P43 described his work with socially disadvantaged clients in a forensic setting in a Reformative Training Centre (or RTC – a youth prison in Singapore). To give context to this extract, it is worth noting that in a previous response, P43 described a comment made by an adolescent resident of

the RTC (who was receiving counselling through the service) that P43 had a 'silver spoon' in his mouth. The extract below was written by the same participant in response to the question about whether class issues have been addressed with clients in his work:

> Extract 6.
> *'With the RTC client who commented about my "silver spoon", I mentioned about it to a residential staff. He spoke to that client and said that it was unkind to say those things about me. My colleague said it was not fair to make a judgement just because I had certain educational opportunities he (client) did not have. That RTC client never commented about the "silver spoon" again. In fact the client did say I had the right and genuine intentions when working with him. I did feel though he would always perceive me as being more "privileged" than him. There was nothing I could do about that. With the Prison Family programme, my colleagues gave me different feedback. One colleague (Colleague A) said I should try to avoid speaking in complete sentence and try to enunciate every word. In addition, it was suggested I should learn to speak Malay and Hokkien Chinese (vernacular of prison) instead of the usual languages I spoke which was English and Mandarin Chinese... Another colleague (Colleague B) said I should be just as I am, be genuine and listen attentively to the inmates. The advice this colleague gave was I cannot change who I am. I will always be perceived by the inmates as the "University educated upper middle class boy" who speaks in complete sentences. Thus the only thing I can do is to show unconditional positive regard and genuine desire to understand the inmates' frame of reference.'*
> (P43. Chinese Singaporean Male, age 31)

This account is structured so as to suggest that the participant was the victim of an unfair judgement in the transaction between himself and the resident, and

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this was confirmed by a member of staff at the RTC and relayed to the client. Class differences (and particularly salient in this extract, subsequent differences in privilege and power) were constructed as being entirely the client's 'problem', capturing the notion that class is invested in the socially disadvantaged. Again discourse of powerlessness was drawn on with the participant stating that there was nothing he could do about the way he is seen by his clients. He described advice he was given by a colleague to try to adjust himself to the clients, presumably to minimise the perception of a power imbalance, but P43 constructed this advice as unreasonable and himself as defenceless against negative feelings clients might have about him, which seemed to be implied to be the client's own choice. This participant, like some of the others presented in this theme, described himself as working hard to bridge the gap between himself and his clients by using Roger's (1957) core conditions, without an explicit articulation of the impact of his privilege on his relationship with clients.

In summary, within this subtheme, participants constructed social class as an aspect of difference that is located within marginalised groups. This parallels the way in which race has been made sense of by counsellors as 'belonging' to racially marginalised groups, with whiteness being constructed as a race-neutral identity (Ryde, 2009). Participants made sense of a middle class identity as neutral or normative and reified this with descriptions of their 'ordinary' dress or 'neutral' accents. Often they described having to adapt their practice to working class clients, evoking the notion that work with middle class clients is the benchmark, and 'othering' the working classes (Skeggs, 2002).

1.2 Displaying awareness of class privilege and class status

In contrast to the above subtheme where class is made sense of as something that 'belongs' to the working classes, positioning those with middle class status as class-neutral, some participants described their middle class status as being ever present in their work. Some participants reflected on the privilege inherent in their middle class status and made sense of class itself as something that has a profound impact on life chances. In this way, middle class identities were not

cast as 'class-neutral' but as a privileged social status in a classed society. In many of these extract however, the importance of class was still minimised or an individual's middle class status downplayed. In this subtheme, both discourses of class privilege and systemic oppression and 'oppression blindness', which serve to deny systems of privilege, were in operation (Ferber, 2012).

The following extract was written in response to the question about how clients perceive participants in class terms:

> Extract 7.
> *'I think I probably appear to be middle class, white, female and educated and as such that I am privileged and have little experience of societal oppression. I feel that I am lucky in this. I'm from a middle income family that values education and I think that chimes with mainstream social values in Britain and so I don't think often about class if I am honest because I don't have to.'*
> (P71, White female, age 35)

Although the survey question invited participants to articulate how they are perceived by clients, it is important to note the 'ever present possibility of alternative descriptions...' (Potter & Wetherell, 1987, p. 3). It is therefore noteworthy that in this extract P71 framed her privileged identity in terms of how it is perceived by clients, so that it is not something she takes full ownership of. She then displayed an awareness of her social privilege ('lucky') and articulated her limited experience of societal oppression as a result of this privilege. She also conveyed recognition of belonging to the societal mainstream where she has not experienced marginalisation or 'othering' (Skeggs, 2002). This account also displays the recognition that being middle class does not present obstacles or bring about deprivation, thus she has not felt it necessity to give class much consideration. Implicitly, class becomes something only the socially marginalised have to think about.

In the following extract, the participant appeared to draw on competing discourses in response to a question about whether social class is something that has ever been addressed with clients. She both minimised the importance of class in therapy and then went on to acknowledge its relevance:

> Extract 8.
> *'I tend not to [address social class with clients] - I don't think it's relevant, although I am sure that is because I am 'middle class', so class may not have had such an impact on my life. I also don't want to draw attention to some privileges that I have had - e.g. going to a private school, going abroad, because I don't want to negatively effect the therapeutic relationship (so I must think it's relevant!!).'*
> (P79, White female, age 32)

This participant initially appeared to minimise the importance of social class in therapy, echoing the logic adopted by many white people that because race isn't important to them, it should not be important to people of colour (McKinney, 2005). She then went on to display an awakening to the importance of her class, and that this privileged status has previously enabled her to overlook social class as a relevant factor in therapy. Although this participant did not render herself class-neutral and appeared to acknowledge her privilege, she seemed to display an assumption that class diversity in the therapeutic relationship is likely to manifest in the client being of a 'lower' class and that this will present as a barrier to empathy. In order to minimise this threat to the therapeutic alliance, the assumption was that class differences and her social privilege must be left out of the room.

The following extract is a response to the question about whether class matters in therapy. This participant highlighted her societal privilege compared to some of her clients and how this translates into power in the therapeutic relationship:

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Extract 9.

'I think class matters extremely. Those perceived as middle class or educated do hold more power in society. I can sit in the powerful therapist's chair because I had the means and aspirations to acquire a significant education, values which were instilled in me from an early age. This does put me in a more powerful position than many clients who are used to taking orders, or being 'less than' people from my social class... [class] is a difficult thing to stay aware of as a therapist and I am aware I am probably limited in my ability to really hold this, but it is important to attempt in order to be as available to my clients as possible. It is something I would take to supervision on a regular basis. We are always working with difference, which inevitably impacts on the therapeutic alliance. I know I work better with people whose values match my own, rather than with those where I have to work harder on empathy because I have an instinctive emotional recoil, or even because I struggle to understand their reality. In general difference is a scary thing, (I think it frequently triggers separation anxiety in all of us) and clients bring with them experiences of the wider world, as do I.'

(P65, Mixed black female, age 35)

This participant drew on a structural and hierarchical account of class, which is a contrast to some accounts in theme 1.1 where class is made sense of as immaterial and nothing more than difference or fantasy. Although in this extract the importance of class is argued to matter 'extremely', there is again an emphasis on 'those perceived' as middle class. This representation of class status as merely a perception has the effect of somewhat dismissing the material reality of class. However, in the account of the way in which class has operated in her own life, P65 drew comparisons with the lives of less privileged clients, reflecting on her class-related privilege and how this translates into life chances and life expectations. This participant framed social class as inextricably linked to power and that this power imbalance inevitably enters the therapeutic

environment where both parties bring their social class informed experiences with them. Here class differences were again articulated as a barrier to the therapeutic relationship, where class is 'tricky' and P65's abilities to empathise with and 'hold' the reality of some of her clients' lives is 'limited'. Here, empathy and unconditional positive regard are treated as imperfect tools for managing and overcoming class differences. Although class is described as extremely important, resulting in differences in power in the relationship, it is also normalised and its importance diminished by being indicated to be simply another form of difference 'we are always working with'. This account seems to suggest that class is both located within the social and political realm and it can be merely a perception held by others; it both matters greatly, and it is just one area of difference in a list of many.

This subtheme captures the way in which social class is presented as being both ever present in participants' therapeutic work and privileged middle class identities, presenting opportunities for education and professional advancement. Class was articulated as being responsible for differences in power in the therapeutic relationship, where participants wrote about having encountered fewer systemic barriers than many of their clients. Alongside this is the way in which class was still minimised as a material reality, often being constructed as merely a perception held by others, although the wording of the question 'how do clients perceive you in class terms' potentially occasioned these responses. These competing discourses are evocative of the difficulties the counselling world has had in defining and making sense of social class (Liu et al., 2004a; 2004b), which have contributed to a lack of research on class in counselling and psychology (Thompson et al., 2012; Lui et al., 2004a; 2004b).

Theme 2: The relationship between social class and mental health

The second theme captures participants' sense-making around the relationship between social class and mental health. Most commonly, participants articulated the conventional liberal humanist view that locates human problems within individuals thus decontextualizing mental health from the wider social and

political environment. This is a prominent way of conceptualising mental health within some therapy traditions (Jenkins, 2001), and wider discourses of mental health, such as the biomedical model (Pearlin, Avison, & Fazio, 2007), which posits that mental health 'disorders' are the result of biological abnormalities. Less common, was the construction of mental health through a socio-political lens and an articulation of the impact of systemic oppression on wellbeing. This theme has therefore been separated into two subthemes: 2.1 individualising and psychologising mental health; and 2.2 contextualising mental health.

2.1 Individualising and psychologising mental health

Many respondents seemed to minimise the impact of economic and social factors on mental health. Often participants downplayed the relevance of class by describing only taking into consideration their clients' mental health 'symptoms' when understanding their difficulties and formulating their psychological interventions. There are a number of examples of participants appearing to view their clients' distress as being entirely separate from their socio-political environment:

Extract 10.
'I have never considered the class background a client came from.
I just focus on the presenting issues of my client.'
(P46, Black British female, age 48)

Extract 11.

'[Social class] is such a tiny part of the story… It was not relevant
to the presenting issue… and was therefore not explored in the
client-led work.'
(P58, White female, age 42)

Within these extracts, the suggestion seems to be that not only is it possible to understand a person's difficulties without having an understanding of their

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wider social context but that it would be distracting or derailing to attend to it. This is particularly explicit in extract 11, where P58 declared that the work is client-led, which is one of the central tenets of person-centred therapy (PCT). PCT aims to be non-directive (McLeod, 2009), putting the client in the position of expert, prioritising their subjective experience and allowing them to direct the trajectory of the work. The implication here is that any exploration (or consideration) of class from the therapist would be 'directive', thus undermining the principles of this therapeutic modality.

Class was often subsumed within other areas of difference, through discourse around how 'all difference matters'. The notion of all differences being equally important was hinted at in the previous subtheme within some responses that treated social class as just another form of difference within a long list of other, and perhaps more important, differences we are always working with. In this way, class differences were normalised (Potter, 1997) and the relationship between social class and mental health was dismissed.
In some responses, class was often dismissed even when participants were directly asked to comment on it:

> Extract 12.
> *'All differences between us matter with respect to how much the*
> *client can feel understood and valued.'*
> (P8, White male, age 45)

> Extract 13.
> *'This is about class in particular but differences in general also*
> *need acknowledgment from gender, sexual orientation, race, creed*
> *etc to the less obvious such as family cultures within these.'*
> (P11, White female, age 72)

In these extracts, universalising differences has the effect of downplaying the importance of class, in a very similar way to how the 'all lives matter' response to the 'black lives matter' does. This movement makes an ostensibly rational claim

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that all US citizens are equally valued and respected in US society and works to frame the claim that 'black lives matter' as the equivalent of stating that they matter more than white lives do (Newall, 2017).

Some participants commented on how class is an out-dated concept, which had the effect of minimising the overall importance of it and dismissing it as a factor in influencing mental health. Some participants seemingly dismissed social class as a factor related to mental health by claiming that it is no longer relevant to clients' lives:

> Extract 14.
> *'I think the class war is over-stated, over-rated, and over-emphasised by those with political agendas. It no longer exists, much as Jeremy Corbyn et al. would like it to. People are pleased to have an appointment with me and I'm pleased to be helpful to them, whatever their alleged class. These things matter much more to British people than they do to people where I'm from.'*
> (P54, White female, age 61)

'Class war' is an extrematised framing (Pomerantz, 1986) of class relations that warrants the dismissal of class altogether. There appears to be the suggestion that those interested in class or with left-leaning politics that call for more social equality talk about class because of other agendas. There is the iteration of the idea that the British national characteristic is to be preoccupied with class and that those with an interest in class are politically extreme. The three-part list of 'over-stated, over-rated, and over-emphasised', is a rhetorical device that adds emphasis and credibility (Potter, 1997) to the construction of class as an out-dated concept and the word 'alleged', serves to deny the existence of structural barriers and levels of inequality in the UK. This is further emphasised with the participant's suggestion that her relationships with clients transcends class (which will be explored further in theme 4): both parties are equally 'pleased' to work together, class differences aside. Here, class is presented as not important to her work and not relevant to clients' lives.

The following participant stated that class is not important to clients and thus they rarely wish to address it. She then went on to describe an occasion where a client had explicitly brought up social class but she and her client had a different understanding of the roots of her client's distress:

> Extract 15.
> *'Clients rarely wish to talk about social class - I think that's because it's an out-dated concept that does not fit contemporary British culture. I once had a client who was ashamed of her "working class" roots but that was more related to her shame about her father being a drug addict. She wanted to "rise above" this history in order to be a good mother to her own child.'*
> (P45, White female, age 51)

The suggestion here is that the therapist uncovered the real issue underlying the client's distress and shame – the client is described as being ashamed of her working class roots, but the therapist appeared to dismiss this account and located the problem entirely within the client, distinct and separate from its social context. This account is reminiscent of what Davies (1986) called 'problem reformulation' whereby a client's problems are stripped of their social significance and transformed into a 'typical' therapy problem (i.e. a problem of individual suffering and distress, not a problem arguably caused or exacerbated by structural inequalities). The effect of this account is that mental health issues, including addiction, seem to be made sense of as being entirely separate from their social context; the client's problems were constructed as unrelated to social inequalities but about drug addiction and poor parenting.

This subtheme captures the rhetorical devices deployed to dismiss the relationship between mental health and social class. These rhetorical strategies included accounts of ignoring clients' socio-political context in their work by only taking into account their 'symptoms', using discourse around how 'all difference matters' and claiming that class is an out-dated concept and therefore

not relevant a factor in making sense of human distress. The following subtheme provides a contrast to this one, where participants wrote accounts of linking clients' social context with their mental health difficulties.

2.2 Contextualising mental health

In contrast to the previous subtheme, a number of the participants offered accounts of the causes of mental health difficulties that connected these with structural inequalities and the wider social context. In doing so, some participants positioned themselves as different from therapists who do not use a socio-political lens or emphasise the impact of social class on mental health in their work, evoking the notion of the 'clueless middle class therapist', which will be explored further in subtheme 3.3.

The following participant described the various ways in which her male working class client's mental health and wellbeing had been impacted by his social class:

> Extract 16.
> *'He felt controlled by being working class. He felt he had to temper his expectations of his life, doff his cap to others and not get to big for his boots. To try to do a non-trade job or seek creative freedom seemed to him to be unacceptable for a man of his class. He was angry and felt limited by it and that it reduced his self-esteem and his hopefulness about life. He felt depressed and apathetic in the face of it.'*
> (P71, White female, age 35)

The rhetorically potent language used in this extract ('controlled', 'temper his expectations', 'doff his cap') is evocative of the famous Two Ronnie's Class Sketch (Feldman & Law, 1966), satirising the British class system where 3 actors stand in descending height order left to right, and represent the upper, middle and working classes. The upper and middle class characters describe their social advantages and disadvantages and how each looks upon the other. Both look

down upon the working class character, who declares 'I know my place', caricaturing the subjugation of the British working classes. The extract above is a powerful portrayal of the substantial impact of class on P71's client's life. What this account suggests is that class matters – not only materially but also psychologically; this participant made a clear causal link between her client's social class status and his mental health, with his lack of creative freedom (with creative freedom being associated here with middle class status) placing limitations on his life that resulted in anger, depression, hopelessness and low self-esteem.

The following participant was critical of liberal humanist discourses within counselling, which individualise mental health concerns and decontextualize human suffering (Sinclair, 2007; Jenkins, 2001) and likened this to the notion of 'blaming the victim' (Ryan, 1971), which places responsibility on the individual for the harm that befalls them:

> Extract 17.
> *'I think class matters deeply. It annoys me that in the counselling world there is such emphasis on the individual and individual responsibility, that class as an issue is side-lined. My point I suppose is that people cannot be responsible for the class they were born into or the affect this has had on them, and if we neglect this then its akin to blaming people for being in poverty. There has been some research done also which shows that those from lower classes are more likely to experience mental health problems because of things like debt or not being able to afford good food or enough space etc. As counsellors I strongly believe we should be looking at the whole person and if we leave class out of therapy then I fail to see how we can fully accept somebody.'*
> (P75, White male, age 27)

By referencing research around social class and mental health, this participant distanced himself from what he framed as dominant therapy narratives

mentioned above (Sinclair, 2007; Jenkins, 2001) and in doing so positioned himself as a different kind of therapist. By arguing that 'class matters deeply', he suggested that class is not just a minor concern but is profoundly important to him, further emphasising his detachment from these dominant therapy narratives. Within this account there is also a reworking of the notion of the 'whole person', which within humanistic approaches to therapy typically refers to non-judgementally working with all the 'parts' of a person, the parts a client feels are good and bad, and taking a holistic approach to working with individuals (du Plock, 2010). By including social class status into this notion of a whole person, this participant locates the psychology of different 'parts' of a person within a socio-political context.

Some participants offered accounts of how social class is linked to wellbeing in general and how social forces operate in our lives in various ways. They expressed a socio-political view of therapy, showcasing their awareness of the deprivation experienced by many counselling clients:

> Extract 18.
> *'I think class is very important. I think a huge amount of*
> *experience is determined by privilege and economic hierarchy, and*
> *I firmly believe many privileged people are oblivious to this fact. A*
> *therapist who does not acknowledge the sheer importance of*
> *access to wealth has on every opportunity we experience in life, for*
> *me is never going to be able to provide a fully understanding*
> *environment to client.'*
> *(P1, White female, age 24)*

In extract 18, the therapeutic environment has been constructed as a socio-political one to highlight the impact of social inequalities on mental health. Through powerful language ('I firmly believe', 'sheer importance') this participant emphasised her recognition of the impact of economic and social factors on human wellbeing and drew upon the notion of the 'clueless middle class therapist' (which will be discussed in theme 3.3) to distance herself from

this figure and the shortfalls of therapy not understood through a socio-political lens.

The following participant drew on the 'heat or eat' trade off in the UK (Beatty, Blow, Crossley, 2011) to describe a client living in impoverished conditions:

> Extract 19.
> *'She was now living on a tiny amount of benefits each week, and*
> *literally had to choose between heating and eating. I've never been*
> *in that situation, I'm glad to say, and it's hard to imagine what*
> *that does to you, year after year.'*
> (P76, White female, age 48)

The above account locates P76's client's distress within her economic and social context, whilst displaying gratitude and awareness that she herself has avoided such hardships. The rhetorically potent language used expresses the extremity of the situation ('tiny amount', 'literally had to choose', 'year after year') and evokes an image of the daily grind of poverty.

The responses in this subtheme broadly reflect the social inequalities approach to psychological formulation outlined by McClelland (2013), which argues for the hierarchical nature of power in society where 'low-status' groups experience the most negative and disempowering effects. This approach is critical of mainstream Western psychological theories that decontextualize suffering and argue for societal-level formulation of distress and broader system-level interventions.

This theme captures the participants' constructions of the relationship between mental health and social class, with responses falling into two subthemes. The first subtheme captures responses that draw on dominant therapy narratives that locate mental health within individuals, attempting to remove them from their social context. Within the second subtheme generated, participants located

their clients' distress within a socio-political context and often positioned themselves as different from the majority of therapists who do not.

Theme 3: Class self-positioning – disavowal of middle class status

The third theme captures how the participants self-positioned in relation to social class and, more specifically, the discursive techniques employed by the participants to disavow and distance themselves from a middle class status. This theme consists of three subthemes, each of which captures the particular rhetorical techniques deployed by the therapists to distance themselves from a middle class positioning. The way that participants made sense of their class status had the effect of positioning them in a favourable light. For example, categorising oneself as 'working class' might imbue a certain authority on matters related to issues of social class and social inequality (Spong & Hollanders, 2005). Furthermore, as the questions in the survey invited participants to reflect on their professional identity, it seems to follow that displays of having worked hard to achieve one's position in life would be desirable. Those of us with social privilege have been taught to see our accomplishments as based on our own efforts and hard work alone (Stewart, Latu & Denney, 2012). Therefore, admissions of an 'authentically' middle class identity, having started from a higher rung on the social ladder (Bourdieu & Passeron, 1977) might work to undermine the personal qualities that facilitate striving for and achieving professional success. The three subthemes that constitute this theme are: 3.1 my working class heritage; 3.2 the mitigation of privilege; and 3.3 distancing the self from the 'clueless middle class therapist'.

3.1 My working class heritage

When responding to a question about how they defined themselves in terms of social class, many participants wrote about their working class backgrounds, whilst simultaneously referencing recognised markers of middle class lifestyles, such as a higher income and a professional occupation (Erikson & Goldthorpe, 1992). There are a number of ways in which participants conveyed their

working class heritage. Participants told stories of humble beginnings; having had working class parents who engaged in manual labour or low-skilled work and growing up in a family with little in the way of material wealth. Often participants described having worked their way up from these humble beginnings to the middle class lifestyle they occupied at the point at which they completed the study. A number of participants described a feeling or a sense of being working class 'on the inside' with regard to their values and deeply felt emotional connections, despite living a middle class lifestyle and making consumer choices associated with middle class life (Devine, Savage, Scott & Crompton, 2005). Some participants highlighted their working class consumer choices and behaviours and others described holding working class and socialist values. Unlike in other western countries where class is more strongly tied solely to socioeconomic status (Rose & Harrison, 2010), in Britain class is widely acknowledged to encompass both economics and values (Savage et al., 2013). This meant participants could separate out these two aspects of class in their accounts and prioritise values (and emotions) over economics in their own class positionings. Values and emotional connections were deployed as bottom line arguments – what really determined someone's class allegiance, and economics were framed as only superficial manifestations of class. Someone might be (mistakenly) perceived as middle class based on their appearance and accent or vocabulary, but this was merely a surface-level middle class veneer 'disguising' their working class core.

The extract below presents an example of the use of many of the rhetorical devices described above:

> Extract 20.
> *'I was brought up by single-parent mother who worked as a*
> *secretary. My mothers' parents worked "in service" (maid/valet).*
> *We lived on a "blue collar" housing estate. However, I went to a*
> *grammar school and subsequently university, which led me into a*
> *well-paid career. I married a woman whose parents were teachers.*
> *Most people would identify me as a member of the Guardian-*

reading liberal middle-class, but emotionally I still cleave to the

values of my working class family background.'

(P37, White male, age 57)

This participant drew on the widely-available cultural narrative of 'rags to riches' (Forrest, 2014) to position himself as having experienced social mobility as a result of his grammar school education, despite his humble beginnings in a 'blue-collar' working class family. The use of a passive framing ('which *led* me into a well-paid career') implies that this participant did not actively pursue social mobility; rather this is something that just happened to him. By suggesting that the label of 'middle-class liberal' is assigned to him by others, based on his present-day political leanings and consumer choices, this class identity was framed as a superficial reading, based on external factors only. This participant then further distanced himself from a middle class identity through the use of the evocative word 'cleave', to describe his feelings about his class identity; what is worked up here is a rhetorically potent account of class that is more about deeply felt emotions than lifestyle and consumption. Included in the narrative of 'rags to riches', is the positioning of himself alongside his spouse, who is arguably more authentically middle class than he is because of her parents' professional occupations, thus accentuating his 'working classness' by comparison. He also implied that his wife's class status has elevated his own, suggesting he has 'married up'. The overall message appears to be that he is only ostensibly middle class and rejects this label on a much deeper, emotional, level.

In the following extract, the participant placed himself on the margins of the middle classes with his use of the moderator 'lower', conveying the material deficits in his childhood home:

Extract 21.

'I would define myself as lower middle class. My background is very

mixed. My father worked in an office, but had worked his way up

from the factory floor. My mother worked as a secretary. We

owned our own house, but didn't have a car or a telephone. On the

other hand I am educated to master's level and work as a senior
manager in the NHS, as well as maintaining a private practice as a
psychotherapist.'
(P47, White male, age 64)

This participant conveyed his father's humble beginnings and asserted that his father's career progression was by virtue of his hard work, with the notion of his father moving upwards on the social ladder, from the bottom towards the top, further highlighting his working class heritage. The somewhat extremitised framing (Pomerantz, 1986) of his background as 'very mixed' strengthens the implicit claim that a straightforward reading of his class background is difficult, further distancing him from a middle class identity. In a similar way to the response presented in extract 20, this is an account of a participant positioning himself as having a modest, working class heritage, whilst having present day culturally normative middle class lifestyle markers such as a having higher degree and a professional occupation (Devine, Savage, Scott & Crompton, 2005).

In extract 22, again a participant's class middle status was framed as existing by virtue of being perceived that way by others, and because of certain markers of class identity (education and the way she speaks):

Extract 22.
'I would say... that I am seen as middle class. This is due to my
education and received pronunciation. However my familial
roots are not as such.'
(P30, British Indian female, age 39)

This extract is in response to the question asking participants to define their own class and seems to be delivered as a concession to her middle class status; she did not take ownership of it as a self-definition. By referencing to her family roots, her middle class status is further disavowed, implying her 'middle classness' is somewhat artificial; she may sound middle class, but deep down she is not.

Other participants, whilst describing middle class attributes, also described engaging in behaviours and making consumer choices that might call into question their membership of this group:

> Extract 23.
> *'Upper middle probably by accent and profession, though less so if I arrive on a bicycle or am working as a volunteer.'*
> (P8, White male, age 45)

> Extract 24.
> *'I think that my clients perceive me as belonging to a middle social class...Clients also see me coming in with "Greggs" (widely considered to be a cheap takeaway food store) take away coffee...'*
> (P28, White female, age 28)

By highlighting activities such as using a bicycle, working as a volunteer or using 'cheap takeaway' outlets, both P8 and P28 played down their middle class identities and suggested that they are not fully and not always middle class.

This subtheme captures the way in which participants worked hard to create accounts of themselves as being working class on the inside, or deep down, by drawing upon narratives of a working class heritage. This included telling stories of humble beginnings and working class ancestry, producing accounts of an emotionally felt sense of being working class, and telling stories of engaging in behaviours and making consumer choices that might be considered working class. In these accounts, class was split into value and emotions, and lifestyle markers, so that the participants were able to frame themselves as being 'truly' working class, despite being superficially perceived as middle class.

3.2 Mitigation of privilege

Another way in which middle class status was disavowed by participants was through discursive strategies used to distance the self from (middle) class privilege. This was done by expressing and displaying self-consciousness or

embarrassment about their social status. For example, participants framed their membership of the middle class is unrelated to money; they used examples of material wealth greater than their own in order to downplay their own material privilege; some framed membership of particular class groups as based on certain behaviours, with the implication being that class status is a conscious choice; and many constructed accounts in which hard work elevated them to their current class positions.

The following extracts were structured to express of discomfort or embarrassment about acknowledging the privileges of a middle class lifestyle and social positioning:

> Extract 25.
> *'We're very fortunate and privileged, and very well aware of that. I'm aware I'm feeling slightly uncomfortable saying all this, as it sounds like boasting, so I'm glad it's anonymous!'*
> (P76, White female, age 46)

> Extract 26.
> *'Probably as of firm middle class sadly'*
> (P5, White female, age 37)

Extract 25 is structured to display P76's awareness of her class privilege, her discomfort in discussing it, and her relief about the anonymity of the survey. The demonstration of self-consciousness and the implication that alluding to privilege is tantamount to 'boasting', works to downplay and distract from the privilege inherent in P76's class status, instead drawing our attention to the display of discomfort. Similarly, in extract 7, the details of P5's middle class status were not discussed, but the self-deprecating use of the word 'sadly' draws our attention to her display of uneasiness about class privilege.

Some participants downgraded their own class position by comparing themselves to members of higher class-status groups (such as the 'upper class' or

'posh'), and the features, behaviours and consumer choices that they associate with this group. For example:

> Extract 28.
> *'My accent is pretty middle class but not posh'.*
> (P46, White female, age 46)

> Extract 29.
> *'I'm not putting an expensive leather handbag down next to my chair and smoothing down my designer outfit, much as I wish I could!'*
> (P60, White-Jewish, age 48)

> Extract 30.
> *'I was described by friends at uni (Cambridge) as 'working class gone good', although they were so privileged one of them took out a crisis loan to buy text books.'*
> (P64, White female, age 31)

What can be seen in the extracts above is the use of contrasts between the self and imagined or real others (therapists who wear 'designer' clothes and carry expensive handbags or privileged friends at university) that work to contest the participants' positioning as socially privileged (Dickerson, 2000). Participants worked up legitimate class identities by discussing what they are not. In this way there appears to be the construction of an 'ordinary', and therefore arguably less privileged, middle class identity, and the location of privilege with those who are 'posh'.

Some participants went on to note that not only is their middle class status unrelated to the accumulation of material wealth, but also it is a label allocated to those who engage in worthy behaviours:

Extract 31.

'I define myself as belonging to a middle-upper class. I say this because I consider myself to be a respectful person who is highly skilled to have open-minded and opinionated conversations with other people in society. I am also capable of taking on board others' opinions and consider them to be an addition to my knowledge. With regards to my financial status I am not considered to be "well-off", in fact I have to work part time in order to complete my post-grad course. However, I do manage to buy for myself whatever I may need and sometimes more than that.'

(P28, White female, age 28)

In the above account, class has been reworked to be unrelated to material or financial privilege but is contingent upon her personal attributes and behavioural choices alone. Her own financial status is constructed as ambiguous, being simultaneously modest and in excess of her needs. It is underplayed by suggesting that she is '*not considered* to be "well off"', which is framed as an assessment of her financial status coming from a source other than herself. In this way there is a display of disinterest from her, which works to substantiate the truth of her formulation (Potter, 1997). By referencing her ability to provide for herself materially, she was able to situate herself somewhere between being very privileged and poor, yet constructed her higher class status as being unrelated to this socioeconomic position.

Another rhetorical device deployed by participants in order to mitigate their privilege is the claim that they have worked hard to attain their position in society and have done so on their own merit. In this formulation, privilege is only associated with inherited or unearned material wealth:

Extract 32.

'... I am not poor because I can feed myself and my family, but I don't have extra as I have to work really hard to meet my needs. I

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do not have savings either although I meet my need and my family

need to a degree'.

(P48, Black British female, age 48)

In the above extract, P48, who in a previous question defined herself as working class with a mother who attained middle class status during the participant's childhood, contrasted her economic position with one of poverty. Poverty itself was constructed in an extreme way; as being something that can only be claimed if people cannot feed themselves or their family. This means that the comparison with those in extreme poverty works to position her as a person who is appreciative of her earned privileges. In contrast to extract 31, above, in this extract the financial aspect of class becomes important. P78 distinguished herself from the greater privileges of the middle classes with a financial situation that limits her to meeting only the basic requirements for the survival of her family. There is a formulation here of having to struggle to survive, whilst indicating that her hard work has elevated her class position and therefore she has earned any privilege she might hold.

In extracts 33 and 34 below, the participants explicitly distanced themselves from unearned privilege by alluding to how hard work had elevated their class positions:

Extract 33.

'I was born into a working class family, though they might fall into

the lower brackets of middle class now (after years of hard work -

not from inheriting any money).'

(P26, White male, age 25)

Extract 34.

'[I am] A working professional who has acquired some savings

through work rather than been given it. A comfortable lifestyle...'

(P55, White female, age 64)

In extract 33, P26 downplayed his family's (earned) middle class status with an account that evokes 'years of hard work[ing]' struggle to climb their way up the class ladder. His display of uncertainty about being middle class works to mitigate class privilege. Although this participant conceded a middle class background, he did so with display of reticence and hesitation about fully assuming this identity. Extract 34 has a similar effect where the savings accumulated by P55 are minimised as 'some' savings, with another display of reticence about a 'comfortable' middle class lifestyle. In both of these extracts, privilege is constructed in an extreme way, only being associated with inheriting money. Paralleling the notion that poverty equates to not being able to afford food, and therefore not many people live in poverty, accumulating savings through 'hard work' is not privilege, and therefore not many people hold privilege.

This subtheme captures the variety of rhetorical devices deployed by participants to mitigate their class privilege. This included expressions of self-consciousness or embarrassment at any privilege they may hold, the construction of class membership as a choice through associating it with certain (classy) behaviours, the comparison of themselves with those with greater material wealth and the construction of any privilege they may hold as being unrelated to inherited wealth but as a result of their own hard work.

3.3 Distancing the self from the 'clueless middle-class therapist'

The third way in which participants appeared to distance themselves from their middle class status was through the construction of a 'typical', middle class therapist, who is often described as being a 'do-gooder' with little experience of the chaos and complexity of everyday working class life. These participants often contrasted themselves favourably with this evocation of a 'typical' middle class therapist that were reminiscent of Dickerson's (2000) argument that people use contrasts to distance themselves from members of particular groups; people construct who they are by describing who they are not. Many participants positioned themselves in contrast to this imaginary figure as a way to suggest

that they are a different kind of therapist. Some participants appeared to suggest that therapists who have been born into privilege might carry out ineffective or damaging therapy, and by deviating from this norm, they themselves are a more effective therapist:

> Extract 35.
> *'I shudder to think of any of my fellow Cambridge alumni with*
> *their silver spoons going into therapy as a profession thinking*
> *people 'are working class gone good' etc and having an instantly*
> *disparaging attitude of condescension towards their clients.'*
> (P64, White female, age 31)

In the above account, a 'shudder' works to indicate the depth of P64's revulsion and disapproval at her materially privileged peers' discriminatory worldviews, which were contrasted firmly with her own set of values.

Extract 19 is from P8's response to the question about how class matters in therapy:

> Extract 36.
> *'I'm sure there are potential clients who scan websites full of*
> *photos and details of private practitioners and assume that their*
> *problems - around sexuality or addiction, say - are not going to be*
> *sympathetically heard by grey-haired middle-class matrons... some*
> *of my peers are unable to recognise what its like to live with some*
> *of the experiences of individuals in the community.'*
> (P8, White male, age 45)

Here P8 compared himself to both his peers and to 'matrons', a group of older female therapists, who clients would assume to be judgemental of and easily shocked by arguably provocative subject matters in the therapy room. This account suggests that counsellors who represent the 'typical' middle class counsellor, unworldly and naïve to particular kinds of problems, will deter

clients with these problems. Thus there is the construction of himself as more experienced and knowledgeable and therefore more appealing to some clients.

The notion of being concerned on clients' behalves by the 'clueless other' therapist is also expressed by the following participant:

> Extract 37.
> *'I know many trainees who have no awareness of class whatsoever*
> *and become quite defensive when it is talked about. I think that*
> *this is potentially quite dangerous and it worries me what damage*
> *this ignorance could do to a client.'*
> (P75, White male, age 27)

The participant above contrasted himself with his fellow trainees in order to construct himself as a 'different' kind of therapist - one who would not damage his clients with his ignorance. He framed his fellow trainees' lack of awareness of class in an extrematised way (none 'whatsoever') (Pomerantz, 1986), which is juxtaposed with the implication that he does have an awareness about class and a non-defensive attitude about it.

In the following extract, P75 described a 'typical' group of counsellors who are middle class and perhaps less experienced and knowledgeable in the complexities and difficulties of life due to their firmly middle class status:

> Extract 38.
> *'I think that on the surface clients might perceive me as middle*
> *class because I am educated and well spoken. Once our*
> *relationship develops though I think it probably becomes more*
> *apparent that I come from a working class background. In my*
> *work with young people from disadvantaged backgrounds they*
> *have sometimes commented that they felt I 'understood them' and*
> *I think this is part of the reason why. I don't dress like a typical*

middle class counsellor either, I'm quite heavily tattooed and will
quite often just wear casual clothing when seeing clients.'
(P75, White male, age 27)

This participant constructed the initial perception of his middle class status as a superficial manifestation of class, which in time is removed to reveal his 'real', working class core. He claimed that this working class heritage is what enabled his disadvantaged clients to feel a rapport with him, with the implication being that these 'clueless' 'typical middle class counsellors' would not have had the same therapeutic success. He set himself apart from the norm through his 'heavily tattooed' appearance, which he constructed as more relaxed ('just casual)' than the 'typical' counsellor dress code.

The following extract describes a conversation the participant had with a colleague. She made a direct comparison between herself and a socially advantaged and naïve practitioner, 'shockingly' unaware of her own privilege:

> Extract 39.
> *'She argued that she was working class because she works! I was*
> *astonished as she was a public school educated white woman, in*
> *her early twenties living in the home counties of Surrey. I was so*
> *shocked I could not even reply at the time. However unlike myself*
> *has only applied for three jobs in her life time and was successful*
> *on all of them. This is in comparison to myself to applying to over*
> *2000 jobs. I am saddened to say, that this therapist in not unique*
> *in the field of psychology.'*
> (P30, British Indian female, age 39)

Through evocative representations of privilege, such as public school education, the 'home counties' and being a 'white woman in her early twenties', the construction of this 'clueless' character is directly contrasted with the participant herself, who described her astonishment at her colleague's unreasonable categorisation of herself as working class. Thus the participant, through this

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stark comparison and the description of her emotional reaction to the fact that the field is rife with these 'clueless' figures, is positioned as a different kind of therapist, significantly deviating from this norm.

This theme captures the discursive work done by participants in order to distance themselves from a middle class identity and includes three subthemes; 3.1 my working class heritage; 3.2 the mitigation of privilege; and 3.3 distancing the self from the 'clueless middle class therapist'. Within the first subtheme, participants attempted to locate themselves within the working classes by drawing on examples of their working class heritage, by implying that their middle class statuses can be called into question through certain behaviours and consumer choices and by deploying emotions and values as bottom line arguments when it comes to class membership, as opposed to material wealth and privilege. The second subtheme captures the way in which participants downplayed their financial or material privilege in order to distance themselves from a middle class identity. This included displays of discomfort about material privilege or self-deprecation about their middle class status and discourse around hard work being responsible for any privileges they may hold. Within the final subtheme, participants disavowed a middle class identity by contrasting themselves with the figure of a 'clueless', 'typically' middle class therapist, who is at best naïve, deterring potential clients from working with them and who is at worst, damaging to their clients with wilful ignorance of class issues. In doing so, participants were able to position themselves as different from a norm in the counselling world, implying that they are more successful and effective in their work by virtue of this difference.

Theme 4: Class differences can/cannot be transcended by the therapeutic relationship

The fourth and final theme captures participants' constructions of the therapeutic relationship as a vehicle to transcend or erase social class differences (or not) between the therapist and the client. Following on from this, this theme also captures the extent to which therapy itself is described as being

independent of the socio-political world because of the capacity of the therapeutic relationship to transcend class differences.

Two broad subthemes have been identified within the data: 4.1 class differences can and must be overcome in therapy, and 4.2 class cannot be escaped in therapy. The first subtheme captures a larger amount of data than the second, indicating that this was the dominant way of making sense of how class differences operate within the therapeutic relationship. Within this subtheme, therapists used many discursive techniques to describe how a good therapeutic relationship can and must overcome class differences. Class (and class differences) seemed to be made sense of as an initial barrier to a therapeutic alliance, which can be worked through and eradicated. By contrast, within the second subtheme, 'class cannot be escaped in therapy', participants framed social class differences as something that cannot be overcome and therefore must be openly acknowledged and worked with in therapy. These participants framed therapy as something that cannot be disentangled from the socio-political world and that can never be free from unequal power relations.

4.1 Class differences can and must be overcome in therapy

In this subtheme, class was often described as being transcended by the therapeutic relationship because it is nothing more materially significant than a perception or an impression that each party might initially have of the other. Some participants wrote about how class differences between therapist and client exist at the initial stages of the work and must be transcended in order for a good therapeutic relationship to develop. Other participants seemed to make sense of this process as working the other way round, where the class differences are transcended and become irrelevant once the therapeutic relationship has been established. In both versions of this process, class differences were presented as something that are inherently problematic and must be eradicated for effective therapy to take place.

In the following extract, the participant described their social status fading in the eyes of their client once their 'whole person' is discovered:

Extract 40.
'I think that initially, my clients see me as middle class. This is because I live in a more expensive area of the city, my accent is relatively neutral and because of what I do for a living which is generally seen as a professional role. My sense is that this impression may wain as we meet for longer and more of me as a whole person is revealed.'
(P10, White female, age 46)

Here, social class differences are constructed as something that recede into the background once the therapeutic relationship is established. This evokes the notion of middle class identity being a superficial impression (discussed in theme 3.1), which becomes insignificant as the relationship grows. Carl Rogers echoed this idea in his statement on international encounter groups, where he suggested that 'national, racial and cultural differences come to seem unimportant as the relationship develops' (quoted in Kirschenbaum and Henderson, 1990, p.445).

In the following extract, again the therapeutic relationship can overcome or transcend differences in social status:

Extract 41.
'[Class differences] *did not have an impact as far as I could tell. I do think that for those clients that perceived me as middle class, it was a barrier to overcome.'*
(P14, White male, age 58)

In this extract, differences in social class were constructed as a barrier to a good therapeutic alliance. Thus, the implication is that class differences are a problem and good therapeutic work cannot occur unless they are set aside

and their impact on the therapeutic relationship is minimised. Indeed the suggestion was that there was no impact of class difference because the 'barrier [was] overcome'. Discursive strategies seen in theme 1.1 are used here with P14's suggestion that he is only middle class by virtue of being perceived that way by others. In this way he is class neutral, and the 'problem' of class is located in the (working class) other. Here, class differences do not result from real or material differences in societal power or privilege, but they exist in the mind of the client and can be erased or transcended by the relationship.

The extract below again echoes the notion that differences become unnoticeable as the therapist gets to know the 'person' of the client. This time, however, the participant framed class as an aspect of difference located within the client that begins to diminish in his own eyes:

> Extract 42.
> *'I think the impact* [of class differences] *has always been the same and it is very much like any other stereotype I have experienced about clients. What I mean by this is that I notice differences in social class at the beginning of our relationship, I have never acted on it but I have noticed it and it has helped me formulate an understanding, possible mutated by my own counter-transferences. However, I have found as the relationship between myself and the client grows, as I get to know the individual more the social class becomes less and less significant until it becomes irrelevant. I have found this is a quick process.'*
> (P26. White male, age 25)

In this extract, class was once again reduced to a perception, and one that is assumed to be negative. The participant stating that 'the impact [of class differences] has always been the same' implies that the process of the relationship transcending social class (and other differences) is unchanging and does not require renewed consideration with each individual client. Furthermore, class differences were normalised (Potter, 1997) and therefore dismissed, being

reduced to 'any other stereotype' and nothing more materially significant. The notion of stereotypes generally refers to a set of beliefs about the characteristics, behaviours and attributes of members of certain groups, are argued to lie at the core of prejudicial attitudes, which when expressed behaviourally result in discrimination (Heilman and Haynes, 2017). Perhaps this participant was referring to discriminatory behaviour resulting from the use of stereotypes when he stated that he has 'never acted on it'. Whilst class was treated as therapeutically irrelevant and something that should be dismissed, it was also described as facilitating the 'formulation [of] an understanding' of his clients. The participant positioned himself as liberal and tolerant, by working to avoid discrimination by quickly rendering the cultural backdrop of the therapeutic encounter invisible. The suggestion is that to explicitly acknowledge class is to reduce a person to fixed and oversimplified ideas and to hold prejudiced views that present as barrier to seeing the 'real' person underneath their social class. People's 'realness' is implied to exist outside of social systems and social class is presented as a barrier to authentic human relating.

Another aspect of this subtheme is the notion that once class, as an initial barrier, is set aside, therapy happens outside of a socio-political context. To answer the question, 'How do you think class matters in therapy, if at all?' the next participant again articulated social class as something that may present an initial barrier but can be 'worked through':

Extract 43.
'Any difference, such as class, may initially hamper the development
of a therapeutic relationship, or create tensions, etc., but nothing
that cannot be worked through. To date, I've found other
'differences'/variables have been more apparent - at least, on an
explicit level - than class in therapy. For example, several clients
have mentioned my age - people typically assume I am in my 20s,
although I am actually in my 30s - and (assumed) religion. A
number of older clients (i.e., post-retirement) have mentioned my
age as an 'issue' and explicitly said that they assume, because of my

age, that I will not have had, or will not understand, certain

experiences.'

(P21, White female, age 31)

The use the inverted commas around the word 'difference' has the effect of contesting the ontological underpinnings of difference in therapy. Furthermore, class was associated with 'variables', which are evocative of something divorced from a social context that can be manipulated in laboratory conditions. Although this participant conceded that the development of the therapeutic relationship might be obstructed by class differences, she quickly shifted the focus onto her age, which she privileged as being a more significant and potentially alienating aspect of difference for her clients and the therapeutic relationship. There was a parallel drawn between aspects of difference that are arguably based in systemic and structural power imbalances and those based on chronological age. Drawing on the concept of age seems significant in this extract because it can be associated with power and age discrimination against both younger and older groups, although age discrimination is more commonly directed towards older people in the form of ageism (Sargeant, 2011). In this context, however, the participant drew on assumptions made by her clients that she is younger than she is, and therefore perhaps less powerful in the therapeutic space than if she were deemed to be older and more experienced. In this way, class is reduced to being one of many forms of difference influencing her client's perceptions of her, which are implied to be more important than her perceptions of her clients. With the suggestion that class is easier to ' work through' and transcend than other aspects of difference, transforming the therapeutic environment into an apolitical domain, social class is not articulated as a material reality. Overall, the rhetorical devices used in this extract work to dismiss the significance of social class in therapy.

The following participant implied his therapeutic work is apolitical (and therefore transcends differences in social status) by arguing that class differences have had no impact on his work:

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Extract 44.

'Our respective class similarities and differences have had no impact on my work with my clients. It is important to me that my work is as non-judgemental as possible, and if I felt I had a transference/countertransference response to a client that was in any way fuelled by prejudicial class assumptions, then I would keep it out of the room and pursue it with my supervisor and counsellor. Naturally clients want you to self-disclose, but I am most often asked questions about my marital status and whether or not I have children.'

(P37, White male, age 57)

This participant told a story of working hard to keep social class 'out of the room' in order to provide effective therapy, free from 'prejudicial class assumptions'. Again, class was framed as impacting the therapeutic relationship through potential discrimination or negative judgements from the therapist, with an account that seemed to assume that the client 'holds' the difference and will always be of a 'lower' class than the therapist (as discussed in theme 1.1). The argument seemed to be that a therapist being explicitly aware of class differences could compromise the relationship; therefore, the therapist must work to maintain a therapeutic environment that sits outside of the socio-political context. There is also the suggestion that only the aspects of a therapist's identity that are explicitly asked about are relevant to clients, such as marital or parental status, and a therapist can hide their class by not explicitly discussing it. In this way, the material reality of class is again minimised by being articulated as something that can consciously be kept out of the therapy, which itself sits outside of the socio-political world.

Often participants drew upon discourses around being a well-trained professional to describe how the relationship, by virtue of the therapist's professional conduct, transcends and erases class differences in the room. Several participants wrote about utilising Rogers' (1957) core conditions, and particularly of being non-judgemental, in order to bridge a class gap in the room:

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Extract 45.

'...I reckon that my acceptance of the person as they are without judgement and with empathy is what bridges us into connection across whatever differences between us they feel.'

(P15, White male, age 64)

In this extract, the participant drew upon discourse from person centred therapy and Roger's core conditions (1957) to argue that the work they do can facilitate a therapeutic alliance that surpasses difference. The implication seems to be that the therapist can relieve any feelings of alienation felt by the client due to their perception of a class difference between themselves and their therapist. P15 frames this non-judgemental and empathic attitude as something they have full insight into, rather than as a felt experience of the client. In this way, class was framed as being a problem located within the (arguably 'lower' class) client, as discussed in theme 1.1, which can be transcended by the therapist's professional conduct.

In the following extract, the professionalism of the counsellor is again constructed as being able to transcend differences in class:

Extract 46.

'It seems foolish to deny that social status is never an issue in the counselling relationship. But surely it's all about self-awareness, attention to the countertransference - just like sexuality, ethnicity, age etc. The therapeutic relationship has to be an honest, non-judgemental one, and proper supervision should pick up whether or not a counsellor or client is allowing lazy thinking based on class prejudice to enter the work.'

(P37, White male, age 57)

Again, discourse around the antagonistic nature of class awareness is being utilised, drawing on notions of stereotyping and prejudice with the argument

that class differences only manifest in the relationship when the therapist is not working hard enough to ensure that they recede into the background. In this extract, there was the normalisation of differences ('just like sexuality, ethnicity, age etc.') and class was again subsumed within a list of other differences and framed as being potentially problematic to acknowledge explicitly.

This subtheme captures the ways in which participants constructed the therapeutic relationship as able to transcend class differences and that this transcendence is essential for effective therapeutic work. The extracts presented in this subtheme exhibit the various rhetorical techniques used by participants to argue that therapists can erase class differences and work within a realm that attends only to our mutual humanity, transforming the therapeutic space into an apolitical arena.

4.2 Class differences cannot be escaped in therapy

The second subtheme captures the way in which some participants (notably far fewer than in the first subtheme) framed social power disparities as an inherent and inescapable feature of the therapeutic relationship. Many participants articulated the impossibility of erasing class differences and the therapy space was framed as being thoroughly entangled in the wider socio-political context. In the responses below, some participants appeared to challenge discourses prominent in some therapeutic modalities that are argued to disregard the inherent and insurmountable power imbalance in the therapeutic relationship (Sinclair, 2007; Totton, 2006), which are then exacerbated by differences in societal status (Shepley, 2013).

Some participants framed class is an integral part of our lives that cannot be escaped, even in the therapy room, and even when effort is put into being 'class-neutral':

Extract 47.

'Since I started practicing from home, clients say things more and more about my home (or what they see of it), what they think that must mean about me (money, style). Which is funny, as I put a lot of work into trying to make it a neutral space, yet clearly 'neutral' for me nonetheless is read as a particular display of class by my clients.'

(P72, White male, age 40)

In the above extract, P72 indicated his previous conflation of 'neutrality' and middle class tastes when designing his therapeutic space. This account is in line with dominant narratives of middle class 'normality' (Lawler, 2008) discussed in theme 1.1. P72 suggested that before reflecting on this and receiving feedback from his clients, he believed it was possible to create a class-neutral environment, later awakening to the notion that his middle class tastes and attributes necessarily influenced his choices. Like in theme 1.2, this account therefore seems to suggest that all choices and tastes are readable in class terms and transcending class, or working in a class-neutral environment, is impossible.

In order to suggest that we cannot escape or transcend class differences in therapy, some participants drew on examples from their work with clients of 'lower' class status, highlighting the inextricable link between their statuses as educated professionals and their privileged class status in relationships with clients:

Extract 48.

'I had a very poor client, who suffered from anxiety and depression. She seemed to work in a factory night shifts and not being educated. In my case even though I am a trainee and I have no income, I felt that our class and background was so different. So money here was not the issue, as she might have had more money from me (in terms of having an income). However, I felt that the class difference was coming from the educational level and her

family background.'
(P25, White female, age 44)

This participant framed class as associated with much more than economic status. She compared her financial position to that of her client's, articulating that although the client might have been perceived to be of a higher economic status, she considers their class backgrounds to be very different. This participant did not appear to downplay the fact that her educational opportunities and family background elevated her class position above her client's. This appears to be in contrast to previous discourses (reported in theme 3.2) that attempt to mitigate class privilege by suggesting that class privilege is related to (extremely privileged) economic status alone. This participant seemed to treat class as being tied to educational opportunities (and therefore arguably earning potential) and suggested that this meant she was inherently more privileged than her client.

The following participant articulated that, from her clients' perspectives, her class and her professional status are linked, leading to insurmountable class differences:

> Extract 49.
> *'I think that class will always impact on therapeutic work. When I worked in children's mental health I think families expected me to be middle class. When I worked in addiction it was sometimes I was acutely aware that a client may feel that I came from a privileged background and really and so wouldn't understand. I think this is important to bring into the room so that the difference can be helpful rather than an obstruction.'*
> (P24, White female, age 49)

In this extract P24 described being 'acutely aware' of her class background and the sense that clients might feel she lacked insight into their problems. However here, class differences could facilitate the therapeutic process rather than being a barrier to authentic human relating. This also seems in

contrast to previous discourses of oppression blindness (Ferber, 2012) evident in this dataset that worked to minimise the difficulties faced by members of marginalised groups. Here, therapy is located within the discursive and material space of class, and inequality is not disguised but articulated as being brought most productive when brought into the room.

A number of participants argued that class is impossible to escape in therapy because clients bring their (classed) histories with them and their previous experiences of working with other middle class professionals. The following participant described the impact of working with clients of a different (and in this case, 'lower') social class status:

> Extract 50.
> *'I suppose it makes it hard for me to see if there is any hope for her situation. Also she has a very different worldview to me when it comes to things like child-rearing. Some of the things she talks about with regards to how she raises her children make it difficult for me to take a non-judgemental stance. Sometimes I find I don't believe her when she talks about things, especially the way she talks about professionals being 'on her back', as if she has done nothing to deserve it. She has had very different experiences to me and I find challenging her difficult because I don't want to be yet another middle class professional trying to run her life'.*
> (P80, White-Jewish female, age 27)

What the above account suggests is that the therapeutic relationship cannot transcend class and social inequalities will not recede into the background with the use of therapeutic conditions such as empathy and rapport. Class is treated as a powerful force that can act as a barrier to challenging her client because she is aware of wanting to be seen as different from other middle class professionals who have previously exerted power over the client. Here, the non-judgemental stance and unconditional positive regard (Rogers, 1957) are articulated as

something that are not easily achieved but on the contrary, have to be worked at, are imperfect and can be challenged by differences in background.

The following respondent described both the inescapability of class markers, the inevitability of clients making class-based judgements about their therapists and articulated an account of clients inevitably bringing their class-related histories with them into therapy:

Extract 51.
'I was very aware of [class], particularly as I tried to tune in to her very strong accent and way of speaking. I was conscious of the contrast in our appearances - she cycled everywhere and smoked roll-ups so she often smelt of sweat and smoke, had rotten teeth and dirty old clothes. Is this about class, or more to do with her depression, lack of access to electricity to wash her clothes, etc.? It's all wrapped up together. She did comment on my "posh" accent, and I asked her what that meant to her - she said she'd been surrounded by professionals (social workers, support workers, GPs etc) who were all posh like me, basically judging her and telling her what to do, without understanding her life. I acknowledged that it was clear I came from a different background to her, and it might feel like I couldn't possibly understand. But I wanted to know what it was like for her, and to help her think about where she wanted to go with her life in the future. It was a rewarding and, I think, successful piece of work.'
(P76, White female, age 48)

This participant commented on the myriad ways that social class impacted her client's life and class is made sense of as being fundamentally linked to mental health through the acknowledgment that her client's presentation was both related to her depression and lack of access to resources – 'it's all wrapped up together'. She described explicitly acknowledging the differences between herself and her client and (as discussed in extract 49 above) class differences

were treated as something that were made explicit and utilised for a positive outcome. P76 also described wanting to provide more empathy and understanding than previous middle class professionals her client had described working with. She described attempting to empower her client through listening to her experience and in doing so she was different from other (middle class) professionals. The formulation of being a more effective 'successful' therapist was discussed in theme 3.3 where participants drew on contrasts with the 'typical' middle class therapists. Overall, here class was framed as being undoubtedly readable, inescapable and the therapeutic environment as intrinsically political.

The following extract also presents class as being fundamental to the therapist's formulations of the client's difficulties and class is framed as being a major factor in determining both the client's and therapist's values and worldviews:

> Extract 52.
> *'I think the biggest challenge to me when working with this client*
> *(and with clients from a different class in general) was our*
> *difference in values/education around a particular issue, i.e. the*
> *issue of nutrition for her children. This is not an issue that I would*
> *ever have predicted being problematic in what I see, essentially, as*
> *cross cultural counselling (as I believe different classes can be seen*
> *as different cultures) but, with this client, I found it almost*
> *impossible to offer her UPR [unconditional positive regard]*
> *regarding her attitudes to her son's eating. The client was*
> *morbidly obese and this was an issue that she talked about a lot in*
> *therapy, although it wasn't the presenting issue. She talked about*
> *how one of her two children was also obese, and how she couldn't*
> *see any way of curbing his eating. In fact, she told me that she'd*
> *said to him that, if he wanted to be as fat as she was, then to just*
> *go ahead and eat whatever he wanted. I felt it was wrong to make*
> *a young child (he was aged 8) responsible for his own eating and*
> *felt it necessary to address this with her. I did see her attitudes*

> *around this as a class issue.'*
> (P22, White female, age 59)

Here, class was articulated as being a potent form of difference, which P22 articulated as being 'essentially… cross-cultural counselling'. Class was again described as being unavoidable and inescapable and in contrast to subtheme 4.1, where class differences could be transcended by a good therapeutic relationship, here a strong therapeutic alliance was insufficient in bridging this ideological gap. The client's social class background was made sense of as being a fundamental contributor to her feelings about her son's eating and the therapist's challenge to her client was predicated on this difference in class-based values. Here class is linked to particular sets of morals and values; in this case the client's and therapist's differing values around parenting. Rather than the core conditions (Rogers, 1957) being framed as a panacea for social inequalities as they are mirrored in the therapeutic relationship (Trott & Reeves, 2018) (as discussed in subtheme 4.1), here class differences were framed as being an obstacle to achieving the core conditions.

This theme captures two very different accounts of the way in which the therapeutic relationship and social class operate. The first subtheme, which was the dominant way of making sense of the link between class and the therapeutic relationship, captures accounts of the relationship as a vehicle to transcend class differences in the room. In this subtheme, social class recedes into the background when certain therapeutic conditions are met. This narrative seems to be in line with those of oppression blindness (Ferber, 2012) that are often used by dominant groups to ignore the interlocking oppressions faced by marginalised individuals. Within this subtheme, there is the notion that distress can be alleviated by psychological insight alone and that a competent therapist can undo the harm caused by structural and social inequalities. Counter to this narrative was the sense-making captured in the second sub-theme, in which class was framed as pervasive and class differences in the relationship as something inescapable. The therapeutic environment seemed to be made sense of as

imperfect and inherently political, echoing Balmforth's (2009) statement that therapy cannot take place in 'an ideological vacuum' (p. 375).

Discussion

Summary and contextualisation of findings

The results of this study provide insight into the particular ways in which a relatively sizeable group of counsellors, psychotherapists and psychologists make sense of social class, the impact of socio-political factors on mental health, and of how class operates within the therapeutic relationship. Within themes 1, 2 and 4, broad oppositions were identified in the data (captured in the subthemes that constituted each theme). Theme 3, which captured participants' classed self-positioning, differed from this oppositional sense-making in the sense that all of the responses worked to disavow a middle class status, with no significant data to suggest that participants made attempts to construct or 'own' a middle class identity.

In line with recommendations for conducting a discourse analysis (Antaki et al., 2003) in the analysis of this data I attempted to take an approach that did not endorse or criticise participants' accounts. Instead, I focused on the effects of the particular rhetorical strategies used. However, within this discussion of the results, I will offer my own political, ethical and personal stance on the data in order to reflect on what they mean and their implications for the wider social context. This project is fundamentally about power in therapy. It is an attempt to illuminate the shortfalls of psychotherapy and counselling training, research and practice regarding the engagement with social class, through the analysis of the discourses drawn upon by 87 practicing therapists to make sense of how social class impacts upon mental health and the therapeutic relationship.

Liberal humanist discourses vs. social inequalities discourses

The analysis showed that the majority of the therapists taking part in this research drew upon discourses from the liberal humanist tradition, popular in some therapy traditions celebrating individualism and self-reliance (Sinclair, 2007). Within liberal humanism, individuals are defined as distinct, self-contained entities, and their capacity for freedom and choice is paramount

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(Jenkins, 2010). Experiences and the meanings attached to them are unchanging (irrespective of their circumstances or environment), are located 'within' their essential core and arise from fixed personal traits (such as introversion or masculinity) (Burr, 2015). Within liberal humanist therapy traditions the focus on clients' intra-psychic processes, as distinct from their socio-political context and positioning, is critiqued for minimising the importance of structural factors for mental health and underplaying the significance of the therapists' values and assumptions in therapy (Fowers & Richardson, 1996; Sinclair, 2007). In opposition, some therapists (who were in a minority in this research) engaged in discourse that has parallels with McClelland's (2013) social inequalities approach. This approach suggests that social hierarchies, differences of power and the socio-political context are intimately connected to people's mental health and wellbeing, where those with social privilege are empowered and those without it are limited and constrained. Within this approach, individual explanations of mental health are rejected in favour of focusing on the impact of social inequalities, particularly on 'low status' groups. The participants who appeared to subscribe to these ideas located individuals mostly within their social context; describing the impact of social deprivation on mental health and the therapeutic relationship as unable to obscure the power imbalance between a therapist and their client.

Not all individual responses could be neatly categorised as drawing exclusively on either liberal humanist discourses or social-inequalities discourses; these responses were often contradictory, reflecting a fundamental tenet of discourse analysis that people's accounts of phenomena are often varied, complex and inconsistent (Edley, 2001; Spong & Hollanders, 2005). For example, in some responses where participants worked to display recognition of their middle class privilege (theme 1.2), working class identities were nevertheless positioned as 'other', the material reality of class was downplayed and participants' own (middle) class status was often not taken ownership of. Furthermore, as mentioned above, for responses concerning class self-positioning (theme 3), the majority of the data reflected the participants' almost ubiquitous disavowal of a middle class status. Those participants who provided accounts suggesting social

inequalities and contextual factors are important for therapy and mental health also attempted to construct for themselves an authentic working class heritage or mitigate their own class privilege in various ways.

The intention of this research was to gain an understanding of the importance therapists attach to class and to gain an insight into the sense-making that might explain the varying degree to which therapists engage with social class in their work (e.g., Balmforth, 2007; Thompson et al., 2012; Trott & Reeves, 2018). In this way, this research offers something new. In the rigorous interrogation of therapists' accounts of social class in therapy I have been able to gain a deeper understanding of therapists' sense-making around social class, such as its relationship to mental health and power in the therapeutic relationship, and constructions of therapists' own class backgrounds. The principal finding, that class was overwhelmingly dismissed as an important factor in therapists' work, has parallels with some existing US research exposing the class blindness common amongst many therapists (Liu et al., 2013).

Parallels with research on white privilege

Because of a lack of research on class in counselling and therapy, contextualising my findings in relation to research on white privilege is useful to fully explore the significance and implications of this data. For example, the finding that participants constructed accounts of working class heritages in order to minimise the privileges inherent within a middle class identity has parallels with research on white culture and privilege for counselling students (Rothman et al., 2012). Rothman et al. investigated the experiences of counselling students on a course on 'whiteness' in therapy and found that using genograms to connect white counsellors to their ethnic histories was a useful way to alleviate feelings of guilt about white privilege. This in turn facilitated a more sophisticated understanding of the impact of racial privilege and oppression and an openness to attending to issues of race. However, the authors cautioned that attempts to focus on a non-white family history could be used as a means of denying the privileges inherent in whiteness. Rothman et al.'s (2012) cautions are pertinent

to this research where a focus on a non-middle class cultural history was a commonly used rhetorical strategy by therapists to minimise any suggestion of their holding class privilege. Perhaps part of what motivated the participants in the current study to connect to a working class culture was a defensive attempt to mitigate guilt or discomfort about middle class privilege; indeed this survey did provoke some defensive responses, which will be discussed in more detail below.

Ryde (2009) suggested that guilt amongst white people in the helping professions is endemic and argued that white therapists distance themselves from the perceived 'typical' white therapists in an attempt to appear non-racist. Similarly, psychotherapist Lynne Jacobs (2000), in a personal reflection on her whiteness, admitted to wanting to be seen as different to 'those other whites' (p.7) by being more racially conscious. This distancing from the 'typical' figures of social privilege was certainly reflected in the data here, where many participants appeared to contrast themselves favourably (Dickerson, 2000) to the construction of a 'typical' middle class therapist, as a way of suggesting that they had more class-consciousness than other (middle class) therapists. The parallels between literature on racial privilege and racism in therapy and the rhetorical strategies displayed by the participants in my study suggests that in order to cultivate true class consciousness and openness to the topic of class in therapy, therapists need to honestly and openly explore our defensiveness, guilt and discomfort about class privilege.

Interpretative repertoires of class blindness

Identifying and analysing the interpretative repertoires used by participants was a valuable way of gaining an insight into the tools available for class to be made sense of and talked about. Interpretative repertoires are part of a community's common sense, providing a basis for a shared understanding about phenomena, being analogous to public library books that can be borrowed when it is necessary to construct a credible account of something (Edley 2001; Spong & Hollanders, 2005; Wetherell & Potter, 2001). Within the broad liberal humanist

discourses discussed above, interpretative repertoires around being a 'blank canvas' in class terms (by virtue of being middle class) were commonly used. These repertoires appeared to be used as a means to deny middle class privilege. As Ferber (2012) suggested when discussing white privilege, those who possess this privilege are often unaware of it and their social location becomes the norm. Constructions of having 'classlessness' had a similar impact: middle class identities were positioned as socially neutral (theme 1.1), 'classlessness' was constructed as a means to create an apolitical therapeutic relationship that transcends the class system (theme 4.1) and being a 'blank canvass' was used as an argument to mitigate a middle class identity and its inherent privilege (theme 3). These findings echo notions of white people having the privilege to ignore race in their own lives, being argued to think of their lives as 'morally neutral, normative, and average, and also ideal…' (McIntosh, 1988, p. 4).

Previous research analysing the interpretative repertoires used by counsellors in relation to the social context of counselling has highlighted that many construct social power and the therapeutic environment as separate, drawing on psychological explanations rather than social or structural explanations for clients' experiences (Spong & Hollanders, 2005). Similarly, in the current study, most practitioners individualised and personalised mental health difficulties, constructing them as unrelated to social inequalities. This way of making sense of class and mental health is reminiscent of a 'colour blind' ideology in relation to race, which is argued to minimise racial inequality through the assumption that racism is a thing of the past, and the attribution of material success or failure to personal traits rather than to racial oppression or privilege (Bonita-Silva, 2010). Oppression blindness (Ferber, 2012) extends this concept and occurs when the difficulties of marginalised groups are denied or minimised by more privileged groups through using individual explanations for structural problems (Wright, 1993). These sociocultural beliefs about free choice and individualism are 'inscribed in institutions and practices… and daily experiences (such as reading the newspaper, watching television and taking a test)…' (Plaut, 2010, p.82), and thus become the (dominant) discourses that are available to us for making sense of people's experiences.

Interpretative repertoires are used in specific contexts (Edley, 2001). In this study, various interpretative repertoires were used in the context of discussions explicitly around social class to normalise class as a form of difference and minimise its significance as just one of many forms of difference in the therapeutic relationship (Potter, 1997). Class was often subsumed within lists of other areas of difference in therapy (such as gender, race and sexuality), rendering it all but invisible. Repertoires around how 'all difference matters' also accomplished this normalisation and minimisation of class as an important factor in therapy. The emphasis on not privileging social class over other, 'more important', areas of difference, is reminiscent of the 'all lives matter' discourse, which claims that the 'black lives matter' movement prioritises black lives over white lives (Newall, 2017). The 'all lives matter' response has been criticised for dismissing the claim to particular forms of social marginalisation and sustaining white supremacy by denying its existence (Atkins, 2018).

The intention of this study is not to claim that social class matters more than other areas of difference and diversity, but to highlight the lack of attention and recognition afforded social class in the field of counselling psychology and in the sense-making of therapists specifically. To borrow an analogy criticising the 'all lives matter' movement, by cartoonist Kris Straub (2016): all houses matter, but at the moment we need to direct our attention to the one that is on fire. Right now class needs attention alongside race because it is a highly meaningful aspect of personal identity (Fouad & Brown, 2001; Liu et al., 2004) and it is a major factor determining our life chances and our mental health (e.g., Adler, 2007; Liu et al., 2004; Smith, 2005; Sue & Lam, 2002). Despite the fact that poverty and economic inequality in the UK is a growing problem (ONS, 2014; SMC, 2018), class is still under-researched in counselling and psychology (Kaiser & Prieto, 2018) and as my findings and previous research has demonstrated, counsellors are largely class-blind (Kearney, 2010; Liu et al, 2013a; 2013b).

Broad implications for middle class professionals

This research focuses on the need for a change in class-consciousness at the heart of the field of counselling and psychotherapy. However, there are broader implications here, particularly for all middle class individuals working in the helping professionals (or in positions of authority such as in teaching or local government). All helping relationships are political and related to imbalances in power (Reynolds, 2010) and therefore there is a need to explicitly acknowledge the dynamics of class privilege and oppression, through training, continuing professional development and supervision. If dominant discourses on individual responsibility for mental health reflect a prevailing ideology (Hare-Mustin, 1994) on mental health and wellbeing, the resulting victim-blaming is likely to be apparent across a wide spectrum of helping professions. The importance of middle class professionals cultivating class-consciousness and an understanding of the impact of socio-political factors on mental health should be woven into mental health policy, service provision and government spending. If the class-blindness displayed by some of the participants in this study is abundant amongst middle class professionals, increasing class-consciousness can only improve the experiences and outcomes for socially marginalised individuals using mental health and social support services.

These broader implications, however, are not the focus of this project. This project is about power in therapy and therefore it was necessary to focus on how individual therapists work with clients and address how power manifests 'in the room'. The aim of this project was to understand therapists' sense-making on social class in an attempt to understand why therapists often seem reluctant to engage with the subject (Ballinger and Wright, 2007; Thompson et al., 2012). In terms of my own practice and engagement with the subject of social class in therapy, I often reflect on the incident with the ring from Asda, described at the beginning of this thesis. Mistakes like mine, where middle class therapists miss cues from working class clients due to unexamined middle class worldviews have rarely been acknowledged in the literature (Hargaden & Summers, 2000), but perhaps we have all had our 'Asda ring moments'.

In constantly thinking about class in relation to therapeutic practice, my practice has been shaped by this research. I recognise some of the rhetorical strategies used by the participants in this research in some of my own previous sense-making around class, particularly the notion of my own 'classlessness' and the idea that somehow providing a supportive and accepting environment for clients meant my therapeutic practice could transcend disparities of social power. Furthermore, as a result of, and during the process of conducting this research, I have been compelled to reflect on the ways in which other aspects of my identity intersect with my class status, such as my race, gender and sexuality (the concept of intersectionality (Crenshaw, 1993) will be discussed further below). As a white, middle class, heterosexual and able-bodied person, I am aware of the fact that I have many privileges in the world, but as a woman I have experienced sexism and discrimination - these identities interact to inform my experience. Furthermore, as a trainee counselling psychologist practicing integrative therapy, it was essential that I was mindful of how this impacts my practice and identity as a professional by, for example, not endorsing the biomedical approach to psychological distress. It was important that I was careful not to align myself to responses that I agreed with, from participants whose professional and personal identities resembled my own. I held all of these intersecting identities in mind when conducting the analysis so as not to have expectations or make assumptions about the meanings being conveyed by participants occupying various positions of power, privilege and oppression.

As a result of delving deeply into this topic, I feel that I am now explicitly aware of the power I have in the room and am less likely to make race, gender or class-related assumptions. However, this requires a constant process of reflection and the knowledge that I might be an 'imperfect ally', who with the best of intentions might still be at risk of enacting oppressions in the therapeutic relationship (Reynolds, 2010).

This research has highlighted implications for the way in which therapists formulate and theorise mental health problems, implications for counselling training and in turn, how we practice in the room with clients. Related to all

three of these areas is the argument that when middle class therapists reject the importance of class and draw on oppression blind discourses, like many of the participants in this study did, a disservice is potentially done to our clients.

Implications for formulating mental health problems

Starting with how therapists formulate mental health problems; it is important that we depart from an approach that is predicated on purely individualistic explanations of mental health and diagnostic assumptions (Johnstone & Boyle, 2018; McClelland, 2013). This means that we need to consider both clients' internal experiences and their relationship to their socio-political environment when carrying out assessments and formulations. The most widely accepted individualistic model of mental health, the biomedical model, assumes that mental health difficulties are simply the result of biological processes and brain abnormalities, and has dominated psychiatry since the middle of the twentieth century (Pearlin, Avison, & Fazio, 2007).

This is now being increasingly challenged, in favour of models that take into account the impact of socio-political factors and systemic inequality on mental health and wellbeing (McClelland, 2013). For example, the British Psychological Society is offering a new way of interpreting mental health 'symptoms' through what is known as the 'power, threat, meaning framework' (Johnstone & Boyle, 2018). This approach provides an alternative to traditional, medicalised psychiatric diagnoses by conceptualising distress from the 'outside in', taking account the role of social power in people's lives.

Crucially, this framework asks why the poorest among us experience greater rates of diagnosis of depression and anxiety and identifies social class and poverty, income inequalities, unemployment and belonging to subordinate social groups as some of the most important factors in the development and maintenance of psychological, emotional and behavioural problems. For therapists addressing class in therapy, this framework provides alternatives about the causes of distress and enables the conceptualisation of experiences

such as depression and anxiety as coherent and valid responses to social inequalities and social oppression, rather than attributing this distress to individual pathology.

This framework is useful for therapists addressing class 'in the room' by emphasising that what might be interpreted by professionals as paranoia, suspicion, defensiveness and lack of cooperation are the result of the feelings of shame, powerlessness, lack of safety and security and social isolation experienced by people on low incomes. Furthermore, the adoption of negative coping strategies, such as alcohol and drug use (seen more frequently in low-income populations; Murali & Oyebode, 2004) are conceptualized as protective and as a way to cope with anxiety and improve mood, thus reducing the stigma associated with them. This framework therefore facilitates therapists' formulations around clients' distress by allowing them to link it to adverse life experiences, past and present, in a way that does not hold clients personally responsible.

The importance of discourse in the therapy room, for how we understand human distress, has been emphasised by Hare-Mustin (1994) with her metaphor of the therapy room as a mirrored room that can only reflect back what is voiced within it. Therapists must be cognisant of the cultural lenses being used by clients, being aware, reflective and critical of using dominant discourses that reproduce prevailing ideologies (such as liberal humanist, or oppression blind discourses) to the detriment of more marginalised but socially progressive discourses (such as those that connect mental health and systemic inequalities). Hare-Mustin argued that if therapists engage in only dominant discourses in the therapy room, we sustain a particular worldview and engage in social control rather than social change. In terms of social class, if therapists dismiss its importance for people with marginalised identities, we risk promoting and sedimenting dominant ideologies of individual responsibility in our practice, shaming clients and replicating oppressive experiences.

If we engage with social class and make genuine efforts to understand clients' experiences in the context of their social class, class differences could be a

facilitative aspect of the therapeutic relationship (Thompson et al., 2012; Trott & Reeves, 2018). In practice, this might look like the merging of both meaningful action and reflecting on difference. For example, practitioners might challenge class discrimination or even go beyond the remit of psychotherapy by taking on an advocacy role when appropriate, whilst problematising the socio-political context in which clients live, explicitly bringing this into the room to formulate their distress (Afuape, 2016). In a paper arguing the need to oppose the individualising discourses of mainstream psychology, psychiatry and social policy, Afuape (2016) advocates an approach called solidarity practice. This is an approach to therapy associated with activism and social justice that counters the pervasive discourses of individual responsibility for making sense of and responding to psychological distress. Solidarity practice is a 'more social view of wellbeing that highlights the importance of collective responsibility' (Afuape, 2016, p.407). This approach requires therapists to help clients think about the various levels of context in their lives (for example, culturally, spiritually or politically) and the reciprocal nature of the client's relationship to their environments. This is a key point for training courses in order for therapists to avoid engaging in oppression blind, or 'victim-blaming' discourses and unintentionally collude with harmful cultural practices (Sinclair, 2007). I will now specifically focus on the implications of this research for training.

Implications for training

In terms of implications for training within counselling, psychology and psychotherapy, the findings of this research suggest that, 12 years on from Ballinger and Wright's (2007) study, issues of social class remain inadequately addressed in training. Furthermore, this data suggests that training has been contaminated by the middle class values of individualism and personal choice, arguably resulting from most trainers and trainees occupying middle class positions (Kearney, 2003; Vontress, 2011). In this study, there did not appear to be a relationship between the types of accounts provided (e.g. oppression blind or social inequalities discourses) and the level of professional training individual participants had. Practitioners with professional doctorates, PhDs and diplomas

all drew upon oppression blind discourses to make sense of social class in therapy.

However, there did seem to be some patterns in how the theoretical assumptions of particular therapeutic modalities informed the responses given. For example, those who engaged in humanistic or person centred therapy tended to provide accounts that suggest therapy can erase and overcome issues of power and class differences. This interpretation of difference in the therapeutic relationship has been criticised by Chantler (2004), who argued that within person-centred therapy, cultural or racial differences themselves are seen as the barrier between people, not the power and privilege inherent in these differences. By brushing over these power imbalances, and focusing on the uniqueness of the individual, Chantler argued that therapy is decontextualized and 'risks missing important cues from the client' (p. 119).

Humanistic narratives of individual freedom and choice, seen in many therapy traditions, have been criticised for not serving social justice agendas effectively (Hare-Mustin, 1994; Sinclair, 2007) and producing 'therapists who are ill equipped to consider the cultural constraints placed on clients' (Sinclair, 2007, p. 150). However, in this study, no practitioner from any particular therapeutic modality was immune to engaging in oppression blind narratives and it appears that participants from any therapeutic modality can become inculcated into discourses that distinguish the individual's inner processes from the cultural and political context. After all, liberal humanist discourses have dominated mainstream psychology and counselling for the last few decades (McClellend, 2013).

The findings of this study suggest that class needs to be addressed more explicitly at all levels of counselling and psychotherapy training, including counselling psychology, and within all therapeutic modalities. Training courses can facilitate practitioners' class-consciousness through open conversations and exercises, dedicated specifically to issues of social class. We can apply Ryde's (2009) suggestions on working with racial diversity in the therapeutic relationship to reflections on social class differences. According to Ryde, this would involve practitioners allowing classist thoughts to enter the mind and be

reflected on. Although these thoughts might run counter to our profession's values of recognising the inherent worth of all individuals (BPS, 2017), by reflecting on them they are less likely to drive our actions.

Some training courses (such as my own) already use exercises such as Burnham's GGRRAAACCEEESSS (2013) and McIntosh's (1988) *Invisible Knapsack* to think about difference and social privilege. McIntosh's list of examples of white privilege was intended to enable white people to examine their roles in systems of oppression and be aware of how their white privilege has put them at an advantage. It includes items such as, 'I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed' and 'I can turn on the television or open to the front page of the paper and see people of my race widely represented' (p.4). Research exploring white counselling students' reactions to McIntosh's list in a classroom exercise has highlighted the multiplicity of attitudes towards white privilege (from the denial of privilege, to 'higher order awareness' of privilege) and the importance of designing multicultural training for counselling students who occupy positions of social privilege, such as those who are white or middle class (Ancis & Syzmanski, 2001).

Because of the importance of class, and its tendency to be overlooked by therapists and training providers, as we have seen in this data, I argue that these exercises should be extended and used to reflect on class privilege specifically. They should be incorporated into training courses in the UK, from the start, to enhance class-consciousness and improve multicultural competence. A discussion of an *Invisible Knapsack* for class has, in fact, already been initiated by a US non-profit organisation, Class Action, which seeks to promote class-consciousness and raise awareness of classism within individuals, organisations and institutions in the US. It has produced a list of middle class privileges, some of which include, 'the "better people" are in my social class; I know this because they are the ones reported on and valued in the media and in school' and 'I can swear, or dress in second-hand clothes, or not answer letters, without having people attribute these choices to the bad morals, the laziness, poverty, or illiteracy of my class' (Braun, 2015).

The acronym GGRRAAACCEEESS (representing gender, geography, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexual orientation and spirituality) is a tool to enable practitioners to be more mindful of the range of differences they work with and the ways in which differences contribute to individuals' experiences, identity and social and political contexts (Burnham, 2013). Exercises using the acronym involve trainees and practitioners asking themselves questions about which aspects of the GGRRAAACCEEESS feel prominent (or not), and why this might be. Burnham (2013) advocated that training programmes facilitate each aspect having its 'turn' for a rigorous exploration of each one, rather than trainees only attending to the aspects with which they are comfortable. By reflecting on the ways in which they are socially privileged through the introduction of training material such as this, therapists can take responsibility for their own locations on the spectrum of power and gain a more complex and nuanced sense of empathy with their clients.

Challenges to the development of class-consciousness in therapeutic training

Although the 'contamination' of counsellor training with middle class values (Kearney, 2003) is arguably a major obstacle for therapists' engagement with class, there seem to be three wider factors presenting a challenge to therapists' cultivation of class-consciousness. The first factor is the notion that 'class-blindness' is an ideal way of relating to those with lesser class privilege. This was seen in this study data where therapy was described as a vehicle to transcend class differences (theme 4.1). In a similar way to 'colour-blind' racism often being a well-meaning but misguided attempt at 'unconditionality' (Milton, 2018), in this study class differences were skimmed over and portrayed as a barrier to authentic human relating. As mentioned above, a noteworthy finding in this research was that occasionally the survey provoked suspicious or defensive responses and the assumption that class differences were being claimed to be inherently problematic. For example:

'This is not a very good questionnaire.'
(P27. White female, aged 68)

'I'm puzzled why your study items seem to assume that class differences are a problem in therapy.'
(P82. White female, aged 61)

'I hope you don't have any preconception that counsellors initiating mention of class difference in the counselling room is therapeutically desirable.'
(P15. White male aged 64)

These responses reflect the 'normalised absence/pathologised presence' position (Phoenix, 1987), which assumes that when differences are evident enough to warrant discussion, this must always and necessarily be problematic (Milton, 2018). Throughout the data in my study, class awareness was frequently constructed as nothing more than class prejudice and it was often argued that it was important to be blind to class differences for acceptance of the client and effective therapy to take place.

The second challenge to class-consciousness is therapists' discomfort about their own class privilege, which was displayed most explicitly in the data (in theme 3.2) when participants attempted to mitigate their privilege by expressing embarrassment about it. Perhaps some therapists are overwhelmed by the inequalities that manifest in the relationship and avoid discussing class out of fear of 'getting it wrong'. This has parallels with white therapists' own racial identities manifesting in the experience of 'white anxiety' about their privilege and a heightened concern about practicing competently when working with people of colour (Jacobs, 2005). This is where training courses introducing the concept of being an 'imperfect ally' (Reynolds, 2010) is vital. For middle class therapists, that means accepting that there are higher stakes in the relationship for a working class client faced with a 'double whammy' of professional and social power (Shepley, 2013). We may never truly understand the lived

experiences of some people but being an imperfect ally means knowing that we must take an explicit and intentional position against classism whilst having a commitment to learning and critique, and being accountable if we 'get it wrong'.

The final obstacle to therapists' class-consciousness is the possibility that therapists feel such helplessness at structural inequalities, they become paralysed and unable to engage with them. Ryde (2009) described this phenomenon in relation to white therapists who feel powerless to change the social situation of people of colour and are unable to find a way to talk about it. When we are faced with our own impotence in relation to vast social inequalities and their impact on the people at the 'bottom' (McClelland, 2013; Wilkinson & Pickett, 2009), perhaps it is a defensive strategy to dismiss class differences, or to try to convince ourselves that we can overcome these differences through establishing a good therapeutic alliance. Although these three challenges are related to what happens in the microcosm of the therapeutic relationship, they are all ultimately challenges for training. Trainee therapists should be better supported in managing these difficulties so that counselling is not just an elite activity where privileged individuals make tokenistic claims about every persons' value, only for these to be contradicted by the everyday practice of counselling and psychotherapy (Kearney, 2010).

Implications for therapeutic practice

In terms of individual therapists' practice, as well as the importance of therapists being cognisant of the intersecting identities and socio-political contexts in clients' lives, and how they contribute to distress, as previously discussed, we must reflect on our own class positions. This is ultimately about self-awareness and anti-discriminatory practice. Our social class is a major determinant of our life experiences, our attitudes, tastes, values and expectations and necessarily shapes what we bring to therapy whether we are a client or a therapist (Kearney, 2003). Rather than attempting to disavow our middle class identities and deny our social privilege, as seen frequently in this study data, we must reflect on them and acknowledge the ways in which they have elevated us to our current

positions. Not only will this allow us to have a more honest relationship with ourselves as socially-classed people (Liu et al., 2013), and avoid the 'othering' of working class identities (as seen in theme 1.1), but it will facilitate an understanding of what our clients experience through their social class-lens. This class-conscious way of working involves having solidarity with people from socially marginalised backgrounds, knowing that we might never truly understand their experiences (Afuape, 2016).

It is important to note that in undertaking this project, I am not calling into question the integrity of individual therapists. We are all raised in a patriarchal, racially and class hierarchical society where dominant liberal humanist discourses are taken for granted (Hare-Mustin, 1994). Training courses are of course located within this context, and marginalised discourses that depart from the ideas endorsed by mainstream psychology are often obscured from us. If we make mistakes or assumptions because we disregard a client's social position, we must be humble, willing to set aside our preconceptions and be accountable for our errors (Reynolds, 2010). We must hold in mind that we have the majority of the power in the therapeutic relationship, and it is therefore our responsibility to endeavour to always connect the personal and the political.

Implications beyond psychotherapeutic training and practice

Beyond implications for training and therapeutic practice, there are those related to power, authority and structural factors 'in the room'. These implications present challenges for professionals further 'upstream' from the way in which individual therapists work with class deprived people and relate to some of the theories discussed at the beginning of this thesis.

Not only do the participants in this research have 'role power' by virtue of their professional status (Proctor, 2002) but in terms of Savage et al.'s (2013) class theory, they also possess power and authority from a structural perspective by virtue of their arguably greater social, cultural and economic capital (and indeed these forms of capital were often referred to by participants in the data).

According to Bourdieu (1984; 1986), these forms of capital interact within the field, a structured social space (here, the therapy room or even more broadly, the service within which a therapist works and a client seeks help) with its own rules, constant permanent inequalities and oppressors and the oppressed (O'Donoghue, 2013). Power and authority permeate the field because the therapy room is necessarily the therapist's terrain, with rules and social codes that are very familiar to the therapist but may be brand new to a client. Furthermore, a therapist is imbued with the institutional power and authority of an organisation with which they work (Totton, 2006). The systems within which we all operate (within society more broadly and replicated in the therapeutic environment) are critical to our wellbeing and according to Marxist theory, separating the individual from the system within which they live and blaming individuals for the distress that befalls them absolves the system of responsibility and is, as previously discussed, an oppressive act (Rosenthal, 2016).

When a client encounters a therapist from a more class-privileged background, relative deprivation theory provides fruitful insights into the impact of this power dynamic on the client's mental health and wellbeing. Put simply, relative deprivation theory postulates that one feels deprived when comparing oneself to others who possess resources that we want, feel entitled to and perceive ourselves to lack (Koomen & Frankel, 1992). Deprivation can operate at an individual level (e.g. a client may perceive that they lack the economic or social resources of their therapist) or at a collective or group level (e.g. a client may feel that working class people, women, people of colour or disabled people lack resources of their more privileged counterparts). Feeling (and being) worse off than others is argued to result in emotional responses such as anger and resentment and is related to diminished physical and mental health (Koomen & Frankel, 1992). Relative deprivation theory can illuminate some of the findings of previous research on class in therapy (e.g. Thompson et al., 2012) where clients reported feelings of jealousy and anger towards their class-privileged therapists, which often obstructed the therapeutic potential of the work. In the current research, participants often described occasions when class-deprived

clients explicitly compared their relative forms of class capital 'in the room' suggesting the clients were experiencing feelings of relative deprivation. Frequently participants described feeling uneasy about the obvious class disparities between themselves and their clients and the ways in which these differences manifest (for example a therapist described their discomfort at returning from a break with a 'deep tan') and wanting to avoid inflicting feelings of deprivation onto the client. The results of this research suggest, therefore, that class might impact the client and practitioner relationship in ways that are ever-present (irrespective to the particular therapeutic model) and related to privilege, power and authority more broadly.

Perhaps the answers to tackling structural challenges for therapy 'in the room' and disparities of power and authority, lie somewhere 'upstream' from how therapists work with individual clients, to how institutions like the British Psychological Society are structured and how they engage with class. Glass ceilings are still as apparent in the upper-echelons of psychology and psychotherapy as in other industries (Denman, 2006) and as previously discussed, training courses are overly subscribed to by white middle class candidates and are 'contaminated' with middle class values of individualism and choice (Kearney, 2003). If the higher tiers of large organisations such as the BACP and BPS reflected the communities they claim to work for, an understanding of the impact of social class on mental health, from the 'inside' might be facilitated. This could work towards remedying a major critique of mainstream psychology, that by being predicated on a biomedical model of human distress, it acts as being a form of social control, supporting the ruling classes by disregarding the need for social change.

In order for counselling psychologists to effect social change, there is potential to intervene 'beyond the 50-minute hour' (Goodman et al., 2013), advocating for clients, becoming agents of social justice and taking part in political activism. This is the basis of community psychology, (Kagan et al., 2011) which asks the uncomfortable question of whether psychotherapy, with its focus on individual change, is an appropriate intervention for the most socially marginalised in

society. Community psychology is a critical, research-based practice, analysing the individual within multiple social systems, firmly believing that we cannot be understood apart from our context (Kagan, 2007). Community psychologists aim to uncover the power relations within communities, attempting to both alleviate human distress and take transformative action against its causes (Burton & Kagan, 2015; Kagan, 2007; Kagan et al., 2011). In this way it is the collaboration of psychology and activism, working with many local organisations such as tenants associations, health services, schools and community organisations (Kagan, 2007) being orientated to social change and the liberation of oppression and disadvantage. The reality of community psychology work is small and time-limited (Burton & Kagan, 2015) but attempts to bridge the gap between local projects and broader agenda of social change by being committed to experimentation ('in partnership and solidarity' p. 186) and developing innovations, whilst learning and anticipating a better world. Perhaps there is a place for counselling psychologists to take part in 'politically informed action' (Lees & Freshwater, 2006), through involvement in and collaboration with projects that tackle the root causes of psychological distress, weaving this into psychological theory and practice. As Lees and Freshwater (2006) suggest, like class-consciousness, in Marxist terms, aims for 'the revolution', there is the potential for counselling psychologists to use the current concerns about mental health theory, research and practice as an opportunity for change and transformation. It is hoped that this work offers something towards this necessary task.

I now turn to a discussion of the use of qualitative for this research and for counselling psychology research more broadly.

The use of qualitative surveys in counselling psychology research

This research demonstrates the value of the relatively novel technique of online qualitative surveys for counselling psychology research. Due to the amount of rich data collected and the relatively sizeable number of participants recruited, it can be said that online qualitative surveys were a very successful method for

collecting therapists' accounts of social class. Online qualitative surveys are a useful method for investigating topics that are sensitive and little understood, such as many of the issues discussed within counselling psychology (e.g., Davey, Clarke & Jenkinson, 2018). The online survey format provided the only practical way to gather such a diverse range of responses, from around the UK and abroad, within the material constraints of this research. This was an efficient way of gaining an insight into the sense-making processes of a large and diverse group of therapists, which would not have been possible with other more labour, resource and time intensive methods of qualitative data collection such as interviews. Their ability to overcome issues of geographical distance and gain a wide-angle lens into a topic (Terry & Braun, 2017), whilst retaining the depth of understanding offered by other qualitative methods, means they are ideal for use within counselling psychology.

In this study, most participants provided rich and detailed responses to the questions. Although the lengths of the responses varied greatly between participants (many people wrote a paragraph of two for each question but others kept their answers very brief), generally each participant's responses to question one (What is social class?) and the penultimate question eight (How do you think class matters in therapy, if at all?) were about the same length. This suggests little evidence of 'roll-off' (where participants become fatigued by the survey and the later questions produce less data, Terry & Braun, 2017). However, about twice as many participants started the survey as those who completed it, completing the consent form but not answering the survey questions. Because of the anonymity of the online format, it was not possible to find out why this was. Furthermore, as is widely noted in the qualitative survey literature, the online format of the survey meant that it was not possible to probe further into certain responses or ask follow-up questions (e.g. Davey et al., 2018; Frith & Gleeson, 2008). For example, this meant that occasionally it was not possible to ask participants to elaborate on the reasons why 'the look of [their] front room' meant they are seen as middle class, or on short responses such as class differences having 'no impact'. On one occasion it appeared that a participant had pressed 'enter' before finishing a response so that it was incomplete and I

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was unable to read the account of the participant's work, which started by introducing a working class woman they had worked with.

Frustrating issues such as this would undoubtedly have been avoided if I had used a different method of data collection, such as interviews or focus groups, although it is unlikely that I would have collected many of the responses gathered through online surveys to begin with. The anonymity of the online format was highly advantageous and some participants stated that the anonymity made them feel more comfortable (or less uncomfortable) about discussing their class privilege. As noted above, previous research has highlighted therapists' concerns about others' perceptions of their fitness to practice when discussing their work (Rance, Moller & Douglas, 2010. Furthermore, class is a sensitive subject, generating guardedness and reticence to open discussion (Sayer, 2002). It was for these two reasons that I decided that preserving the anonymity of participants was paramount. It is possible that many people who chose to compete an online survey would not have volunteered to participate in face-to-face research. However, even with this attempt to mitigate the inhibiting effect of face-to-face formats, the analysis showed that therapists still used rhetorical devices to present themselves in a favourable light. One can only imagine that this tendency would have been a greater inhibitor to frank discussions on class in an interview or focus group format. Furthermore, the defensive, suspicious and occasionally hostile responses in this survey, which proved to be a fruitful way of gaining insight into some of the strategies used to deny privilege, would probably not have been elicited through a face-to-face data collection method.

An aspect of online surveys that may have had implications for the data collected is that participants submit their responses without knowing exactly where or how they will be used or in which way they will be interpreted or analysed. Although participants were given my name and place of study, we did not interact or communicate, unlike with other data collection methods such as focus groups or interviews. Perhaps the fact that participants did not know who would be reading their responses had an inhibiting, or indeed emboldening effect. Of

course we cannot know exactly the impact that 'writing into the void' had on individual participants but it is important to acknowledge it may have been a factor that influenced participants' responses.

The openness of the online survey allowed for participants to write as much as they wanted to, imposing no preconceived ideas about, for example, what social class is or how they should define themselves (Terry & Braun, 2017). Nevertheless, as previously noted, some participants were suspicious of the 'agenda' of the research. The standardisation of questions provided an opportunity to relatively easily compare the responses across the data set (Braun, Tricklebank & Clarke, 2013), which was compatible with a thematic discourse analysis, which identifies patterns of meaning and discourses in the responses. It would not have been possible to collect the same amount of, or the same quality and type of data, without the scope afforded by this method.

As previously noted, the primary limitation of this study was the inability to probe or follow up on responses, although I believe this was greatly outweighed by the advantages of online surveys.

A further potential limitation to this research is the possibility that there may have been some diversity in the ways in which participants interpreted the word 'class'. This was indeed reflected in the responses to question 1 ('What is social class?') for which participants provided a variety of definitions, ranging from structural definitions based on income and occupation, to the more 'bottom up' dimensions of class, such as the attainment of social and cultural capital (Savage, et al., 2013). It is worth acknowledging that perhaps for some participants there may have been a tendency to interpret 'class' in terms of the social and cultural definitions and some of the more 'oppression blind' responses, dismissing the importance of social class in therapy, may have been a relic of this. Perhaps if an opening statement within this research had alluded to economic deprivation or the structural barriers present in class-deprived individuals' lives, participants may have shown greater sensitivity to the impact of economic deprivation and austerity. Or perhaps a more specific survey question about poverty might have

been interpreted differently and more participants may have displayed a greater understanding of a social inequalities approach to mental health and therapeutic work (McClelland, 2013). However it is also possible to argue that a tendency to interpret the word 'class' (if it was indeed relatively ambiguous and open to interpretation) in terms of purely social and cultural capital, thus overlooking the relationship between class, economic hardship and structural barriers is indeed a form of oppression blindness in itself – the analysis of this data was always looking for the '…ever present possibility of alternative descriptions…' (Potter & Wetherell, 1987, p. 3) and class was often portrayed as immaterial and unimportant.

The final limitation was the relative homogeneity of the participants, being mostly white, female and practicing from an integrative theoretical background. This leads us to my recommendations for future research.

Recommendations for future research

The psychotherapeutic literature has been argued to overlook the experiences of marginalised people, for example, taking a 'colour-blind' position or seeing the world through 'heterosexual eyes' (Kitzinger & Coyle, 2002). It has been more recently argued that to gain a fuller understanding of social inequalities we must understand how gender, race, class and various other aspects of an individual's identity intersect (Crenshaw, 1993). The way in which particular social categories depend on each other for meaning and the fact that every individual occupies multiple categories of difference simultaneously (e.g. race, gender, class, sexuality, etc.) is now theorised through the concept of intersectionality (Crenshaw, 1993), a term coined by legal scholar and critical race theorist Kimberley Crenshaw (1993). Crenshaw highlighted that frequently, black women's unique experiences were not addressed by either anti-racist or feminist theory. These women did not always experience sexism similar to white women or racism similar to black men, but a particular kind of discrimination based on their identities as black women (Cole, 2009). Only considering each of these

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categories in isolation does not allow us to reflect on the complexities of people's lives and identities.

Therefore, a future analytic consideration for further research on the topic of class in therapy would be the intersection of other aspects of participants' identities with their social class. Although the intention in this research was to focus solely on class due to it being a highly neglected area of research on difference in therapy, perhaps a consideration of participants' race and gender might have impacted the analysis in this research. For example, perhaps participants who occupy positions of both power and oppression, such as middle class women of colour, might have had broadly different patterns in their responses to those occupying positions of greater privilege, such as white middle class men. Furthermore, perhaps the markers of class would be different across different sexualities, races and ethnicities or genders, which would be an important question to consider in order to enhance future research on class in therapy. Therefore, more comprehensive and all encompassing research explicitly attending to intersection of class and other aspects of difference such as race and gender in therapy is needed to gain insights into how class in therapy is operationalized for both clients and therapists.

Furthermore, in this study, the majority of practitioners described themselves as practicing integrative therapy but data about the specific modalities that were integrated into their practice was not captured. In future research an in-depth analysis of how the theoretical assumptions of different therapeutic modalities inform accounts of class in therapy would usefully guide and inform training courses and supervision.

In order to determine what factors may serve to increase class-consciousness, Rothman et al.'s (2012) study could be replicated for middle class trainees. Rothman et al. (2012) explored counselling students' white racial identity development (defined as the development of awareness of a white individual's own race, the presence of racism and the understanding of the effect of race) after completing a course on the culture of whiteness. The course included

components such as: the history of race; systemic racial inequalities; white culture, power and privilege; and personal racism. The authors reported students' racial awareness and consciousness increased as a result of course participation, with one of the greatest changes being an increased awareness of racial privilege. It would be interesting to apply an intervention such as this to middle class counselling trainees, with a course focusing on, for example, the history of class, systemic class-related inequalities, social (and economic) power and personal classism (and class privilege) and explore how this might affect class-consciousness in therapists.

Counselling psychology is a field that aspires to have a social justice agenda and developing an awareness of our own social power and privilege is central to the training of counselling psychologists (Baluch et al., 2004; DCoP, 2006; Eleftheriadou, 2010; Goodman et al., 2004; Smith, 2008). Yet, counselling psychologists seemed no less likely to dismiss social class as an important factor in therapy than therapists with other training backgrounds. In order to put the claim that counselling psychology is defined by a social justice agenda into practice, we need to vastly improve our class-consciousness as a profession. Issues of class and classism, in line with other areas of difference and diversity, should be at the heart of our research and training, and the need to acknowledge the impact of class and social inequalities on mental health in our every day practice infused into teaching right from the start.

Conclusion

In exploring therapists' accounts of social class in therapy this research contributes to a barely addressed area of literature in counselling psychology, and counselling more broadly, and attempts to answer the question of why therapists are reluctant to engage with social class. I have highlighted the dominant and widely available 'oppression blind' discourses (Ferber, 2012) that are often employed by therapists, and have drawn parallels with literature on counsellors' white privilege and working with racial diversity in therapy (e.g. Ancis & Syzmanski, 200; Rothman, Malott & Paone, 2012; Ryde, 2009). In doing

so, I have made some potentially controversial claims pertaining to therapists' class-blindness. It is important to note that I do not claim to have all the answers, but I believe we need to start asking the important (and uncomfortable) questions about why we as a profession largely ignore the importance of class and our own class privilege.

This research exposes the fact that some or most psychotherapy and counselling training appears to be inadequate, as most of the participants seemed ill equipped to honestly reflect on their own class privilege. If we hold beliefs that political neutrality is either possible or desirable, or if we are unable to question discourses that perpetuate conservatism and the status quo when it comes to mental health, then we will be greatly limited in our ability to help our clients and risk re-enacting their historical oppressions. This research also highlights that some therapists might feel uncomfortable, impotent and overwhelmed when it comes to social inequalities or their own class privilege, perhaps triggering a defensive reaction to deny their existence or the degree to which they are relevant to our work. In using discourses in therapy that ignore, dismiss or downplay social inequality it seems many of us are not attuned to the real social and economic backdrops of our clients' distress (Milton, 2018).

The therapeutic relationship cannot and should not obscure the power imbalance in the room and I argue strongly that there is no possibility of 'classlessness' or political neutrality in therapy since politics permeates our social experience (Totton, 2006). Furthermore, as counsellors, psychotherapists and psychologists, working with some of the most vulnerable in society, we should be at the forefront of acknowledging the impact of social inequalities on mental health (Johnstone & Boyle, 2018; Wilkinson & Pickett, 2009). This research, however, has highlighted an uncomfortable reality: perhaps our class-consciousness has not improved since research now decades old (Chalifoux, 1996; Thompson et al., 2012) and through our class-blindness, we might be complicit in the oppression of socially marginalised individuals. This has to change, and I hope this research aids in this complex and challenging endeavour.

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Appendices

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Appendix 1: Participant information sheet

An investigation into therapists' perceptions of the importance of social class in therapy

Participant Information Sheet

Who are the researchers and what is the research about?

My name is Charlotte McEvoy and I am completing a Professional Doctorate in Counselling Psychology in the Department of Health and Social Sciences, at the University of the West of England, Bristol. I am completing this research for my doctoral thesis. My research is supervised by Dr Victoria Clarke and Dr Zoe Thomas (Victoria Clarke is my Director of Studies; see below for her contact details). Thank you for your interest in this research exploring the views of therapists, and therapists-in training, on the meaning and importance of social class in therapy, and the therapeutic relationship.

What does participation involve?

You are invited to complete an online qualitative survey. It should take around 20 minutes to complete. There are *no right or wrong answers* – I am interested in the range of opinions and thoughts that people have. You can write as much as you want, but **it would be very helpful for my research if you could provide detailed answers, and provide examples from your practice where relevant**.
After you have completed the survey questions, there are also some demographic questions for you to answer (some of these will be tick box questions). This is for me to gain a sense of who is taking part in the research. You also need to answer a consent question, to confirm that you agree to participate, before beginning the survey.

Who can participate?

Anyone who is a fully qualified and accredited counsellor, psychotherapist or psychologist, or is currently completing an accredited training course, and has at least a year's experience of working in a one-to-one capacity therapeutically with clients.

How will the data be used?

The data will be anonymised (i.e., any information that can identify you, or your clients, will be removed) and analysed for my research project. This means extracts from your answers may be quoted in my thesis and in any publications and presentations arising from the research. The demographic data for all of the participants will be compiled into a table and included in my thesis and in any publications or presentations arising from the research. The information you provide will be treated confidentially and personally identifiable details will be stored separately from the data.

What are the benefits of taking part?

You will get the opportunity to participate in a research project on an important social and psychological issue, and one that has been barely addressed in the therapeutic literature.

How do I withdraw from the research?

If you decide you want to withdraw from the research please contact me via email Charlotte2.mcevoy@live.uwe.ac.uk quoting the unique participant code you will be asked to

create before completing the survey. Please note that there are certain points beyond which it will be impossible to withdraw from the research – for instance, when I have submitted my thesis for examination. Therefore, I strongly encourage you to contact me within three months of participation if you wish to withdraw your data. I'd like to emphasise that participation in this research is voluntary and all information provided is anonymous.

Are there any risks involved?

We don't anticipate any particular risks to you with participating in this research; however, there is always the potential for research participation to raise uncomfortable and distressing issues. For this reason we have provided information about some of the different resources which are available to you. If you are a UWE student you can also use the university counselling service, see:

http://www1.uwe.ac.uk/students/healthandwellbeing/wellbeingservice.aspx

or email wellbeing@uwe.ac.uk, or telephone 0117 3286268.

If you are not a student at UWE or you would prefer an off campus counselling service the following websites lists free or low cost counselling services in the Bristol and South Gloucestershire area:

http://www.bristolmind.org.uk/bsn/counselling. https://lift.awp.nhs.uk/bristolandsglos/contact-us/

If you live outside of Bristol/South Gloucestershire, the following websites can help:

http://www.mind.org.uk/

http://www.samaritans.org/

If you have any questions about this research please contact my research supervisor: Dr Victoria Clarke, Department of Health and Social Sciences, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY

Email: Victoria.clarke@uwe.ac.uk

This research has been approved by the Faculty Research Ethics Committee (FREC)

If you agree to participate in the study, please click on the two boxes below.

THIS SURVEY WILL CLOSE ON 30TH SEPTEMBER 2017.

Appendix 2: Main Survey Questions

1. HOW DO YOU DEFINE SOCIAL CLASS

2. HOW DO YOU DEFINE YOURSELF IN TERMS OF SOCIAL CLASS? PLEASE EXPLAIN YOUR ANSWER.

3. HOW DO YOU THINK CLIENTS PERCEIVE YOU IN TERMS OF SOCIAL CLASS? PLEASE EXPLAIN YOUR ANSWER (YOU MAY WISH TO REFLECT ON THINGS SUCH AS YOUR CLOTHING AND APPEARANCE, YOUR ACCENT AND, IF YOU PRACTICE AT HOME, YOUR HOME ENVIRONMENT).

4. PLEASE DESCRIBE A TIME WHEN YOU HAVE WORKED WITH A CLIENT WHOSE CLASS AND CLASS BACKGROUND WAS DIFFERENT FROM YOURS?

5. HOW DID THIS CLASS DIFFERENCE IMPACT ON THE WORK YOU DID WITH THE CLIENT, IF AT ALL?

6. CAN YOU DESCRIBE A TIME WHEN YOU HAVE ADDRESSED SOCIAL CLASS IN ANY WAY WITH A CLIENT?

7. PLEASE CAN YOU TELL ME ABOUT YOUR REASONS FOR ADDRESSING SOCIAL CLASS WITH A CLIENT (OR NOT DOING SO)?

8. HOW DO YOU THINK CLASS MATTERS IN THERAPY, IF AT ALL? PLEASE EXPLAIN IN DETAIL.

9. IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?

Appendix 3: Survey Demographic Questions

Now to help me understand the range of people taking part in the research, I'd like to ask some questions about you. First, how old are you?

How would you describe your gender?

How would you describe your racial/ethnic background?
(e.g., White; Black; White Jewish; Asian Muslim)

Which of the following best describes your sexuality?

- ○ Heterosexual
- ○ Lesbian
- ○ Gay man
- ○ Bisexual
- ○ Other (please specify)

Do you consider yourself to be disabled?

- ○ Yes
- ○ No

Which of the following best describes your occupation?

- ○ Full-time employed
- ○ Full-time student
- ○ Part-time employed
- ○ Part-time student
- ○ Other (please specify)

Please list your highest and/or most recent therapeutic qualification (e.g., MSc, Professional Doctorate, Diploma). If you are currently training, please list both your highest qualification and the one you are currently training for.

What is the theoretical orientation of the psychological therapy that you currently practice?

Where do you currently practice? (e.g., in private practice, the NHS)

Thank you for completing my survey. If you know other therapists who may be interested in this research, please tell them about my survey.

Appendix 4: Paper

This paper focuses on therapists' accounts of the importance of social class in therapy. Therapists' descriptions of relationship between social class and mental health and of how social class operates within therapy, and its impact on the therapeutic relationship were explored using a critical thematic analysis.

'Rarely discussed but always present': Exploring therapists' accounts of the relationship between social class, mental health and therapy

Charlotte McEvoy, Victoria Clarke & Zoe Thomas

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'Rarely discussed but always present': Exploring therapists' accounts of the relationship between social class, mental health and therapy

Abstract

Despite a few exceptions (e.g. Ballinger & Wright, 2007; Balmforth, 2009; Kaiser & Prieto, 2018; Thompson, Cole & Nitzarim, 2012; Trott & Reeves, 2018), the topic of social class in therapy has rarely been addressed in counselling literature. This study seeks to address this omission by exploring therapists' accounts of how social class operates within therapy, its impact on the therapeutic relationship, and the relationship between social class and mental health. Eighty-seven practicing psychologists, counsellors and psychotherapists, from trainees to experienced practitioners, completed an online qualitative survey about social class in therapy. Thematic discourse analysis was used to analyse the data. Oppositional sense-making was identified in the data, with one (smaller) group of therapists located individuals' mental health difficulties within their socio-political context and described class differences in therapy as something that cannot be transcended by the therapeutic relationship. Another (larger) group of therapists drew upon 'oppression-blind' (Ferber, 2012) discourses that removed clients from their socio-political context and dismissed social class as an important factor in therapy. The results point to a need for a change in class-consciousness at the heart of counselling, psychotherapy and psychology, so that we are more cognisant of the relationship between mental health and clients' socio-political context, and our own social power in the therapeutic relationship.

Introduction

Research has consistently demonstrated that social class is a major factor determining our life chances and can have a significant impact on our mental health (e.g., Adler, 2007; Liu et al., 2004; Smith, 2005). Income and wealth inequalities are related to higher levels of psychosocial problems and have been shown to have a substantial effect on the most economically marginalised (Wilkinson & Pickett, 2009). A recent review for the Joseph Rowntree Foundation found that the poorest fifth of the population are twice as likely to develop mental health problems as those on average incomes (Elliott, 2016). Furthermore, the inverse relationship between both mental and physical health and socio-economic status (SES) has been found to be as much related to an individual's psychosocial sense of 'feeling poor' as any objective measure of SES (Adler, et al., 2007). This claim is supported with evidence from health psychology, where individuals who considered themselves to be 'low' social status contracted the influenza virus more often than those who considered themselves of 'high' social status (Cohen et al. 2008), which was argued to be the result of greater stress and poorer quality sleep (Manstead, 2018).

In contemporary UK society, social class is argued to operate through vast inequalities and members of different social classes 'inhabit worlds that rarely intersect, let alone overlap' (Manstead, 2018: 268). The UK's Office for National Statistics (ONS, 2014) reported that the wealthiest 10 per cent of households in the UK owned 45 per cent of household wealth, whereas the

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least wealthy 50 per cent of households owned less than 9 per cent. Furthermore, a recent study devised by the Social Metrics Commission (SMC), found that 14 million people, including 4.5 million children, are now living in poverty in the UK (SMC, 2018). The UK's societal inequalities can be mirrored in the therapeutic relationship (Trott & Reeves, 2018), in that many clients, especially in the National Health Service and charitable organisations, can be from 'lower' class backgrounds and are generally less materially privileged than their therapists (Proctor, 2006). It has been argued that a therapist who fails to recognise the inherent power imbalance in the room reinforces existing disparities of power and risks perpetuating a system that further disadvantages their clients (Spong & Hollanders, 2003; Totton, 2006).

Class is neglected in psychotherapeutic literature

Despite the effects of social inequality on mental health and well-being being widely acknowledged, it has been argued that the psychotherapeutic literature lacks a 'fully developed consideration of classism within the spectrum of oppressions' (Smith, 2008: 895). In discussions oppression in therapy in UK counselling literature, social class is particularly ignored (Kearney, 2003). In 2007, Ballinger and Wright observed the neglect of the topic over the last 30 years, and over ten years on, this observation remains pertinent. One explanation for the neglect of class within UK counselling literature is that the 'energy for its exploration seems to come from counsellors with some working class affinities' (Ballinger & Wright, 2007: 161), compounded by the fact that the majority of counsellors are from middle class backgrounds or enjoy some degree of class privilege (e.g. Kearney, 2003; Smith, 2005; Vontress, 2011).

Defining social class in sociology and psychology

The failure to meaningfully address class in counselling research could also be due to difficulties in producing a robust definition of class in psychology (Ballinger & Wright, 2007; Balmforth, 2009). Historically, the task of defining social class has been a challenging one because there has been an abundance of theories and definitions of social class (Kearney, 1996). 'Top down' definitions, such as traditional Marxist ideas based on individuals' relationship to production and property ownership, have competed with 'bottom up' definitions based on wider cultural and social activities (Savage, Devine, Cunningham, Taylor & Li, 2013). Furthermore, traditional theories of social class are argued to overlook gender and ethnicity-related inequalities (Craib, 2002).

Relatively recently, a group of academics (Savage, et al., 2013) attempted to take into account both the traditional, structural definitions of class (based on factors such as household income and ownership of property) and the more nuanced and 'everyday' definitions (such as cultural interests and social circles), and conducted a class survey in conjunction with the BBC. The large number (161,400) of responses from the public suggests that social class still feels relevant in people's lives. By drawing on the work of Pierre Bourdieu (1984) to create seven social class categories based on varying levels of economic, social and cultural capital, Savage and colleagues were able to create an inductive class schema highlighting the levels of inequality in the UK.

US counselling psychologists Liu et al. (2004) argued that both counselling and psychology research lack consistency when it comes to conceptualising social class and classism and attempted to provide a psychologically informed

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definition of the concepts, which they termed The Social Class Worldview

Model (SCWM) and Modern Classism Theory (MCT) respectively (Liu et al.

2004). They suggested that strict hierarchical measures of social class not

only fail to capture how people see themselves but crucially, they also fail to

explain what motivates people to act in certain social class environments. In

order to explain these motivations, they described the Capital Accumulation

Paradigm (CAP), which suggested that within capitalist societies socialisation

is aimed at the accumulation of social class symbols and proxies, becoming a

major life goal for most individuals. The notion that people have varying

conceptualisations of what it means to belong to a particular social class

category is the foundation of the SCWM, an intrapsychic framework for social

class, which captures the lenses through which people perceive their world.

The authors also explained how classism exists in terms of the SCWM

through the MCT, which is conceptualised as a strategy that people use to

accumulate certain types of capital needed in their particular economic

culture. According to this theory, classism functions as a way to keep people

in or out of a particular culture and that by including upwards and lateral

classism, we are able to grasp the network of oppressions and prejudicial

attitudes that exist across the spectrum of social class.

For this study, both the contemporary social class theory of Savage et al.'s

(2013) study, and Liu et al.'s (2004) frameworks of social class were helpful in

informing an understanding of social class. It is hoped that by engaging with a

sociological theory of social class that takes into account the UK's social class

inequalities, as well as Liu et al.'s psychological theory, this research will

occupy a progressive position in tackling classism within the profession.

Existing literature on class in therapy

The limited empirical research on SES and class in therapy, from both the US
(e.g. Chalifoux, 1996; Thompson, Cole & Nitzarim, 2012) and the UK (e.g.
Balmforth, 2009; Trott & Reeves, 2018), has revealed that for low income or
working class clients, class differences can produce feelings of discomfort,
shame and powerlessness, and a power imbalance that they perceive to
permeate the therapeutic experience (Balmforth, 2009). For counsellors
having their own therapy with a therapist they perceived to be a 'higher' social
class, societal power relations were felt by the client to be re-enacted in the
therapeutic environment, leading to defensive attitudes, mistrust and
disconnection (Trott & Reeves, 2018). In US research, class-related struggles
have been described by 'low-income' clients to be in stark contrast to the
privileges afforded to their therapists and feelings of jealousy toward the
therapists have been a common theme (Thompson et al., 2012).

Crucially, social class differences have been found to be more problematic
when the therapists were perceived to have little understanding of the clients'
class-related experiences (Balmforth, 2009; Thompson et al., 2012; Trott &
Reeves, 2018). Therapy often has a socio-political element for clients and can
be an oppressive experience if therapists ignore or dismiss the impact of
poverty on their lives or the class differences between them (Chalifoux, 1996;
Thompson et al., 2012). Some clients have experienced a sense that their
therapists would judge them on certain aspects of their lives and reflected that
they would not disclose to a middle class therapist what they would to a
therapist from a working class background (Trott & Reeves, 2018). However,
some clients have reported that when therapists made genuine efforts to

understand their experiences in the context of their social class, class differences were a facilitative aspect of the relationship (Thompson et al., 2012; Trott & Reeves, 2018).

Research into classist bias in trainee clinical and counselling psychologists in the US (Smith, Mao, Perkins & Ampuero, 2011), identified a relationship between a hypothetical clients' social class background, the trainees' 'belief in a just world' (BJW), and their early diagnostic impressions and expectations of future work with the client. BJW is a belief that the world is just and fair and the difficulties faced by others are deserved (Lerner, 1980). This means that classism operates though the belief that people on the 'lower' end of the socio-economic spectrum deserve to be there through personal failures. In Smith et al.'s (2011) study, trainee psychologists who were given vignettes where a client was from a working class background had less favourable hypotheses of future work with the client. Furthermore, when participants believed that the poorer 'clients' deserved their circumstances, they anticipated they would find the work with these clients less meaningful and comfortable. The authors suggested that these findings coincide with previous literature, now decades old (e.g. Jones, 1974; Lorion, 1974), on negative attitudes towards the poor, which might be related to poor treatment outcomes. Studies such as this, revealing therapists' potentially harmful attitudes towards people from socially marginalised backgrounds, is why it is essential to further investigate therapists' accounts of social class in therapy.

Aims of the current study

The intention of this research is to contribute to an enhanced understanding of social class in line with counselling psychology's tenets of inclusivity and anti-

oppressive practice (DCoP, 2006). It is hoped that this research will invite counselling psychologists and other professionals practicing psychotherapeutically to reflect on the importance of including social class within discussions of difference and diversity. This study aims to explore:

5. Therapists' accounts of working with clients they perceive to be from a different social class background to themselves;

6. The way(s) in which therapists make sense of the relationship between socio-political factors and mental health;

7. Therapists' accounts of how social class operates within and its impact on the therapeutic relationship.

Method

Ethical approval for the study was granted by the relevant Faculty Research Ethics Committee at the authors' university.

Qualitative survey

Data on therapists' accounts of social class were collected using an online qualitative survey. The use of an online survey allowed for the collection of data from a large, geographically dispersed sample (Terry & Braun, 2017), and the exploration of a wide a range of sense-making practices from therapists from different professional backgrounds, and from trainees to experienced practitioners. Online surveys also provided maximum (felt) anonymity for participants (Terry & Braun, 2017), which was important because of the potential for class to be a sensitive subject (Sayer, 2002) and issues of social desirability identified in research asking therapists about their practice (Rance, Moller & Douglas, 2010). The survey was piloted to ensure

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that the questions were clearly understood and generated meaningful data, and some questions were amended for the main survey.

Participants and recruitment

To ensure a large and diverse sample, participants were recruited in a number of ways including through course directors of counselling and psychotherapy training programmes and various NHS and third sector services. Responses were sought from qualified psychotherapists, counsellors, and counselling or clinical psychologists, and trainees on accredited programmes who had at least one year's experience of working in a one-to-one capacity with clients. Including the four pilot survey responses, the survey generated a total of 87 responses. Most participants were white British, heterosexual women between the ages of 26 and 55, practicing in the NHS or charitable sector. The most common theoretical orientations were integrative and psychodynamic therapy.

Researcher statement

This research was prompted by the first author's experiences of working with clients in a predominantly working-class area of Bristol and her realisation of her middle class privilege. She became aware of the importance of class-consciousness in therapy and how differences might silence or alienate clients from working-class background when working with a middle-class therapist. The first author self-defines as white and middle class and is a counselling psychologist in training currently working in private practice. The second author is a qualitative researcher who teaches and supervises on a counselling psychology training programme, particularly in relation to

difference, and identifies as white and middle class, and the third author is a counselling psychologist and teaches working therapeutically with difference on a counselling psychology training programme, and identifies as white and working class.

Data analysis

This research used a thematic analysis (TA) (Braun & Clarke, 2006) to identify patterns of meaning in the data whilst also drawing on insights from discourse analysis (Potter & Wetherell, 1987); this hybrid approach has been described as thematic discourse analysis (Taylor & Ussher, 2001). Taylor and Ussher (2001) described an analytic process involving coding and (discursive) theme development and the identification of discourses or underlying systems of meaning. They identify thematic discourse analysis as a constructionist approach (Burr, 2015) closest to the work of Potter and Wetherell (1987). 'Data-driven' or inductive analysis was used following the process outlined in Braun and Clarke (2006). Data were coded and clustered into two themes pertaining to participants' sense making around the relationship between social class and therapy, and social class and mental health. Some data extracts have been edited for brevity purposes (indicated by […]).

Analysis

The relationship between social class and mental health

 This theme captures oppositional sense-making around social class and mental health. Predominantly, participants decontextualized mental health from the wider socio-political environment, a conceptualisation consistent with some therapy traditions (Jenkins, 2001), and wider discourses of mental

health, such as the biomedical model (Pearlin, Avison, & Fazio, 2007). Less common, was the construction of mental health through a socio-political lens and an articulation of the impact of systemic oppression on wellbeing. This theme has therefore been separated into two subthemes: individualising and psychologising mental health; and contextualising mental health.

Individualising and psychologising mental health

Many respondents minimised the impact of socio-political factors on mental health and downplayed the relevance of class by describing only taking account of their clients' mental health 'symptoms' when understanding their difficulties. Participants often articulated their clients' distress as being entirely separate from their socio-political environment:

> *'I have never considered the class background a client came from. I just focus on the presenting issues of my client.'*

(P46, Black British female, age 48)

> *'[Social class] is such a tiny part of the story […] It was not relevant to the presenting issue […] and was therefore not explored in the client-led work.'*

(P58, White female, age 42)

In the above extracts, the suggestion seems to be that not only is it possible to understand a person's difficulties without having an understanding of their wider social context but that it would be distracting or derailing to attend to it. The implication is that any exploration (or consideration) of class from the therapist would undermine the principles of being non-directive in client-led work (McLeod, 2009).

Class was occasionally described as immaterial and unrelated to clients' distress due to it being an out-dated concept. The following participant stated that class is not important to clients and thus they rarely wish to address it:

'Clients rarely wish to talk about social class - I think that's because it's an out-dated concept that does not fit contemporary British culture. I once had a client who was ashamed of her "working class" roots but that was more related to her shame about her father being a drug addict. She wanted to "rise above" this history in order to be a good mother to her own child.'

(P45, White female, age 51)

The suggestion here is that the therapist uncovered the real issue underlying the client's distress and shame – the client is described as being ashamed of her working-class roots, but the therapist appeared to dismiss this account and located the problem entirely within the client, distinct and separate from its social context. This account is reminiscent of what Davies (1986) called 'problem reformulation' whereby a client's problems are stripped of their social significance and transformed into a 'typical' therapy problem (i.e. a problem of individual suffering and distress, not a problem arguably caused or exacerbated by structural inequalities). The effect of this account is that mental health issues, including addiction, seem to be made sense of as being entirely separate from their social context; the client's problems were constructed as unrelated to social inequalities but about drug addiction and poor parenting.

Contextualising mental health

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In contrast to the previous subtheme, a (smaller) number of the participants offered accounts of the causes of mental health difficulties that connected these with structural inequalities and the wider social context. The following participant described the various ways in which her male working class client's mental health and wellbeing had been impacted by his social-class:

'He felt controlled by being working class. He felt he had to temper his expectations of his life, doff his cap to others and not get to big for his boots. To try to do a non-trade job or seek creative freedom seemed to him to be unacceptable for a man of his class. He was angry and felt limited by it and that it reduced his self esteem and his hopefulness about life. He felt depressed and apathetic in the face of it.'

(P71, White female, age 35)

Through rhetorically potent language, the extract above is a powerful portrayal of the substantial impact of class on the client's life. What this account suggests is that class matters – not only materially but also psychologically; this participant made a clear causal link between her client's social class status and his mental health, with his lack of creative freedom (with creative freedom here associated with middle class status) placing limitations on his life that resulted in anger, depression, hopelessness and low self-esteem.

Some participants offered accounts of how social class is linked to wellbeing in general, emphasising the recognition of the impact of economic and social factors on human wellbeing, such as in the extracts below:

'I think class is very important. I think a huge amount of experience is determined by privilege and economic hierarchy [...]'

(P1, White female, age 24)

'[My client was] living on a tiny amount of benefits each week, and literally had to choose between heating and eating [...] it's hard to imagine what that does to you, year after year.'

(P76, White female, age 48)

Within these extracts, human distress is firmly located within a socio-political context. In the second extract in particular, an image of the daily grind of poverty is evoked through the use of powerful language expressing the extremity of the client's situation.

Class differences can/cannot be transcended by the therapeutic relationship

The second theme captures participants' constructions of the therapeutic relationship as a vehicle to transcend or erase social class differences (or not) between the therapist and the client. Following on from this, this theme also captures the extent to which therapy itself is described as being independent of the socio-political world because of the capacity (or not) of the therapeutic relationship to transcend class differences.

Two broad subthemes have been identified within the data: class differences can and must be overcome in therapy; and class cannot be escaped in therapy. The first subtheme captures the dominant way of making sense of how class differences operate within the therapeutic relationship. Within this subtheme, therapists used many discursive techniques to describe how a good therapeutic relationship can and must overcome class differences. Class (and class differences) seemed to be made sense of as an initial barrier to a therapeutic alliance, which can be worked through and eradicated. By

contrast, the second subtheme captures the ways in which participants framed social class differences as something that cannot be overcome and therefore must be openly acknowledged and worked with in therapy. These participants framed therapy as something that cannot be disentangled from the socio-political world and that can never be free from unequal power relations.

Class differences can and must be overcome in therapy

Often, class differences were presented as something that are inherently problematic and must be eradicated for effective therapy to take place. In the following extract, the participant described their social status fading in the eyes of their client once their 'whole person' is discovered:

> *'I think that initially, my clients see me as middle class […] I live in a more expensive area of the city, my accent is relatively neutral and because of what I do for a living which is generally seen as a professional role. My sense is that this impression may wain as we meet for longer and more of me as a whole person is revealed.'*
>
> (P10, White female, age 46)

By suggesting class differences recede into the background once the therapeutic relationship is established, the notion of middle class identity being a superficial impression is evoked.

In the extract below, the participant framed class as something located within the client that begins to diminish in his own eyes:

> *'I think the impact* [of class differences] *has always been the same and it is very much like any other stereotype I have experienced about clients*

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[…] I notice differences in social class at the beginning of our relationship, I have never acted on it but […] it has helped me formulate an understanding, possibly mutated by my own counter-transferences. However, I have found as the relationship between myself and the client grows, as I get to know the individual more the social class becomes less and less significant until it becomes irrelevant. I have found this is a quick process.'

(P26. White male, age 25)

Here, class was reduced to a perception, and one that is assumed to be negative. The participant stating that 'the impact [of class differences] has always been the same' implies that the process of the relationship transcending social class (and other differences) is unchanging and does not require renewed consideration with each individual client.

Furthermore, class differences were reduced to nothing more materially significant than a 'stereotype'. Stereotypes, referring to beliefs about the characteristics, behaviours and attributes of members of certain groups, are argued to lie at the core of prejudicial attitudes, which when expressed behaviourally result in discrimination (Heilman & Haynes, 2017). Perhaps this participant was referring to discriminatory behaviour resulting from the use of stereotypes when he stated that he has 'never acted on it'. Whilst class was treated as therapeutically irrelevant and something that should be dismissed, it was also described as facilitating the 'formulation [of] an understanding' of his clients. The participant positioned himself as liberal and tolerant, by working to avoid discrimination by quickly rendering the cultural backdrop of the

therapeutic encounter invisible. The suggestion is that to explicitly acknowledge class is to reduce a person to fixed and oversimplified ideas and to hold prejudiced views that present as barrier to seeing the 'real' person underneath their social class. People's 'realness' is implied to exist outside of social systems and social class is presented as a barrier to authentic human relating.

Another aspect of this subtheme is the notion that once class, as an initial barrier, is set aside, therapy transcends the socio-political context. The following participant articulated social class as something that may present an initial barrier but can be 'worked through':

> *'Any difference, such as class, may initially hamper the development of a therapeutic relationship, or create tensions, etc., but nothing that cannot be worked through. To date, I've found other 'differences'/variables have been more apparent […] than class in therapy. For example, several clients have mentioned my age - people typically assume I am in my 20s, although I am actually in my 30s - and (assumed) religion. A number of older clients […] have mentioned my age as an 'issue' […]'*
>
> (P21, White female, age 31)

The use the inverted commas around the word 'difference' has the effect of contesting the ontological underpinnings of difference in therapy. Furthermore, class was associated with 'variables', which are evocative of something divorced from a social context that can be manipulated in laboratory conditions. Although this participant conceded that the development of the therapeutic relationship might be obstructed by class

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differences, she quickly shifted the focus onto her age, which she privileged as being a more significant and potentially alienating aspect of difference for her clients and the therapeutic relationship. There was a parallel drawn between aspects of difference that are arguably based in systemic and structural power imbalances and those based on chronological age. Drawing on the concept of age seems significant in this extract because it can be associated with power and age discrimination against both younger and older groups, although age discrimination is more commonly directed towards older people in the form of ageism (Sargeant, 2011). In this context, however, the participant drew on assumptions made by her clients that she is younger than she is, and therefore perhaps less powerful in the therapeutic space than if she were deemed to be older and more experienced. In this way, class is reduced to being one of many forms of difference influencing her client's perceptions of her, which are implied to be more important than her perceptions of her clients. With the suggestion that class is easier to 'work through' and transcend than other aspects of difference, transforming the therapeutic environment into an apolitical domain, the material reality and significance of social class is dismissed.

Class differences cannot be escaped in therapy

Some participants framed class is an integral part of our lives that cannot be escaped, even in the therapy room, and even when effort is put into being 'class-neutral':

> *'Since I started practicing from home, clients say things more*
> *and more about my home […] what they think that must mean*
> *about me (money, style). Which is funny, as I put a lot of work*

into trying to make it a neutral space, yet clearly 'neutral' for

me nonetheless is read as a particular display of class by my

clients.'

(P72, White male, age 40)

Here, this participant indicated his previous conflation of 'neutrality' and middle-class tastes when designing his therapeutic space, reflecting dominant narratives of middle-class 'normality' (Lawler, 2008). He suggested that before receiving feedback from his clients, he believed it was possible to create a class-neutral environment, later awakening to the notion that his middle class tastes and attributes necessarily influenced his choices. This account suggest that all choices and tastes are readable in class terms and transcending class, or working in a class-neutral environment, is impossible.

A number of participants argued that class is impossible to escape in therapy because clients bring their (classed) histories with them and their previous experiences of working with other middle class professionals. The following participant described the impact of working with clients of a different (and in this case, 'lower') social class status:

'I suppose it makes it hard for me to see if there is any hope

for her situation. Also she has a very different worldview to

me when it comes to things like child-rearing. Some of the

things she talks about with regards to how she raises her

children make it difficult for me to take a non-judgemental

stance. Sometimes I find I don't believe her when she talks

about things, especially the way she talks about

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professionals being 'on her back', as if she has done nothing

to deserve it […] I don't want to be yet another middle class

professional trying to run her life'.

(P80, White-Jewish female, age 27)

What the above account suggests is that the therapeutic relationship cannot transcend class and social inequalities will not recede into the background. Class is treated as a powerful force that can act as a barrier to challenging clients because of the participant's desire to be experienced as different from other middle-class professionals who have previously exerted power over clients. Here, the non-judgemental stance and unconditional positive regard (Rogers, 1957) are articulated as something that are not easily achieved but on the contrary, have to be worked at, are imperfect and can be challenged by differences in background.

Discussion

The results of this study provide insight into the particular ways in a relatively large sample of therapists make sense of the relationship between social class and mental health and of how class operates within the therapeutic relationship. Broad oppositions characterised the data, captured by the subthemes. In the first theme, in which mental health was contextualized, some therapists (who were in a minority in this research) engaged in discourse that has parallels with McClelland's (2014) social inequalities approach. This approach suggests that social hierarchies, differences of power and the socio-political context are intimately connected to people's mental health and wellbeing, where those with social privilege are empowered

and those without it are limited and constrained. Within this approach, individual explanations of mental health are rejected in favour of focusing on the impact of social inequalities, particularly on 'low status' groups. The participants who appeared to subscribe to these ideas located individuals mostly within their social context; describing the impact of social deprivation on mental health and the therapeutic relationship as unable to obscure the power imbalance between a therapist and their client.

The dominant form of sense making when it came to class and therapy, however, were those that drew upon the more problematic, 'oppression-blind' (Ferber, 2012) discourses, which will be the focus of this discussion. In the subtheme capturing therapists' individualising and psychologising of mental health, therapists drew upon discourses from the liberal humanist tradition, popular in some therapy traditions celebrating individualism and self-reliance (Sinclair, 2007). Within this tradition, people are defined as distinct, self-contained entities, with a capacity for freedom and choice (Jenkins, 2010). The focus on clients' intra-psychic processes, as distinct from their socio-political context, is critiqued for minimising the importance of the widely acknowledged (e.g., Adler, 2007; Liu et al., 2004; Smith, 2005) relationship between clients' socio-political context and their mental health (Sinclair, 2007). Within this subtheme, the influence of class on mental health was dismissed through the construction of it being an out-dated (and therefore irrelevant) concept, necessitating the repackaging of the client's distress into something appropriate for psychological therapy. Participants' stories of being able to isolate clients' particular mental health 'symptoms' in their work also

stripped clients' distress of its social significance, disconnecting mental health and social class.

In the second theme, therapy was framed as a vehicle to transcend class differences and 'class-blindness' presented as an ideal way of relating to those with lesser class privilege. Here, the material reality of class was dismissed; class was unrelated to differences in social power and privilege, and to systemic oppression. It was constructed as a mere perception, and a form of difference that becomes invisible and irrelevant in therapeutic work. Class differences were skimmed over and portrayed as a barrier to authentic human relating, echoing notions of 'colour-blind' racism being a well-meaning but misguided attempt at 'unconditionality' (Milton, 2018). These responses took a position that assumes it must always and necessarily be problematic when differences are evident enough to warrant discussion (Milton, 2018). Class awareness was constructed as nothing more than class prejudice and it was argued that it was important to be blind to class differences for effective therapy to take place.

The responses captured by these two subthemes draw on problematic 'oppression-blind' discourses (Ferber, 2012), through which privileged groups are able to minimise and deny structural power relations and the difficulties of marginalised groups by using individual explanations for structural problems (Totton, 2006; Wright, 1993). The intention of this study is not to claim that social class matters more than other areas of difference and diversity, but to highlight the lack of attention and recognition afforded social class in therapeutic discourse and therapists' concomitant class-blindness (Kearney, 2010; Liu et al., 2013).

Implications for practice

This study highlights the need for a change in class-consciousness at the heart of counselling and psychotherapy training and practice.

The results of this study suggest that within counselling training, social class remains inadequately addressed. Furthermore, training has been contaminated by the middle-class values of individualism and personal choice, arguably resulting from most trainers and trainees occupying middle class positions (Kearney, 2003; Vontress, 2011) and the liberal humanist discourses dominating mainstream psychology and counselling for the last few decades (McClellend, 2014). There are two main reasons why class should be addressed more explicitly in counselling and psychotherapy training, and within all therapeutic modalities, so that training courses can facilitate practitioners' class-consciousness when it comes to their practice.

First, in order to avoid oppression and class-blindness, we must depart from approaches predicated on purely individualistic explanations of mental health (McClelland, 2014), in favour of models that take into account the impact of socio-political factors and systemic inequality (Johnstone & Boyle, 2018; McClelland, 2014). Therapists must be critical of using dominant discourses that reflect prevailing ideologies, such as the most widely accepted individualistic model of mental health, the biomedical model. In terms of social class, if therapists dismiss its importance for people with marginalised identities, we risk propelling dominant ideologies of individual responsibility, shaming clients and replicating oppressive experiences.

Second, by suggesting that we can create an apolitical therapeutic relationship, unencumbered by power differences, or that we can overcome social inequalities through establishing a good therapeutic alliance, we fail to recognise the power imbalance in the room and risk re-enacting clients' oppressive experiences (Spong & Hollanders, 2003; Totton, 2006). An honest position is one where we accept that there are higher stakes in the relationship for a working-class client faced with a 'double whammy' of professional and social power (Shepley, 2013). Training courses should support a class-conscious way of working, and encourage open conversations in classrooms and supervision, especially when we are faced with our own impotence in relation to vast social inequalities and their impact on the people at the 'bottom' (Wilkinson & Pickett, 2009). Training courses should facilitate our solidarity with people from socially marginalised backgrounds, and our understanding that we might never truly understand their experiences (Afuape, 2016).

Limitations and recommendations for future research

A limitation of this study was the inability to probe or follow up on responses, although this was greatly outweighed by the advantages of an online survey. Several participants commented that they would not have responded as they had if the data collection was not anonymous. Another limitation was the relative homogeneity of the participants, who were mostly white women. Therefore, further research exploring the accounts of therapists with different social positionings is needed to gain insights into how class in therapy functions and intersects with other aspects of difference. Furthermore, the majority of participants reported practicing integrative therapy and data about

the specific modalities that were integrated into their practice was not captured. In future research, an in-depth analysis of how the theoretical assumptions of different therapeutic modalities shape accounts of class in therapy would guide and inform training courses and supervision.

Conclusion

We argue that the therapeutic relationship cannot and should not obscure the power imbalance in the room and 'classlessness' or political neutrality is not possible for therapists since politics permeates our social experience (Totton, 2006). Furthermore, as practitioners, working with some of the most vulnerable in society, we should be at the forefront of acknowledging the impact of social inequalities and mental health (Wilkinson & Pickett, 2009). This research, however, has highlighted an uncomfortable reality: through our class-blindness, we might be complicit in the oppression of socially marginalised individuals.

Acknowledgements:

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