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

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Abstract

With a few exceptions, the subject of social class has rarely been addressed in counselling and psychotherapy research. This study seeks to contribute to redressing 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. Critical thematic analysis was used to analyse the data and explore the therapists' sense-making around social class. One (smaller) group of therapists located individuals' mental health difficulties within the wider socio-political context and positioned class differences in therapy as something that cannot be transcended by the therapeutic relationship. Another (larger) group of therapists framed psychological distress in individual and psychological terms and as separate from the wider socio-political context and constructed class differences as something that *can* be transcended in therapy. We take a political stance in interpreting this analysis and argue that the dominance of 'oppression-blind' sense-making arguably points to a need for a change in class-consciousness at the heart of counselling, psychotherapy and psychology, so that therapists are more cognisant of the relationship between mental health and clients' socio-political context, and their own social power in the therapeutic relationship.

Key words: Class consciousness; "oppression blind", qualitative survey; thematic analysis

Implications for practice:

- It has been argued that therapy training has been dominated by middle class values of liberal individualism and personal choice, potentiallyas a result of

most trainers and trainees occupying middle class positions. The current study and other research suggests that class tends to be overlooked in therapeutic training, and therefore issues of class consciousness and an awareness of class privilege should be incorporated into training courses in the UK, from the start, to enhance self awareness, class-consciousness and improve multicultural competence and anti-discriminatory practice.

- If therapists fail to be aware, reflective and critical of using dominant discourses that reproduce prevailing ideologies of individual responsibility for distress, to the detriment of more marginalised but socially progressive discourses (such as those that connect mental health and systemic inequalities), we risk engaging in 'victim-blaming', shaming clients and replicating oppressive experiences.

- There is an urgent need for therapy training to centralise class-consciousness to enhance an understanding of the relationship between social and economic deprivation and psychological distress. Therapists need to consider both clients' internal experiences and their relationship to their socio-political environment when formulating mental health problems and carrying out assessments. We must depart from an approach that is predicated on purely individualistic explanations of mental health and diagnostic assumptions. Training must provide therapists with 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.

Implications for policy:

- One route to increasing class-consciousness and an understanding of the impact of social class on mental health is through professional bodies such as the BACP reflecting the communities they work for (e.g. through a client advisory group representing the diversity of perspectives of client groups).

Introduction

Research has consistently demonstrated that social class and socio-economic status are major factors determining our life chances and can have a significant impact on our mental health (e.g., Adler, 2007; Delgadillo, 2018; 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 (Ballinger, 2017; Wilkinson & Pickett, 2009, 2018). 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). In contemporary UK society, social class is argued to operate through significant inequalities and members of different social classes 'inhabit worlds that rarely intersect, let alone overlap' (Manstead, 2018, p. 268). The UK's Office for National Statistics reported that 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 (ONS, 2014). Furthermore, a recent study

devised by the Social Metrics Commission found that 14 million people, including 4.5 million children, are now living in poverty in the UK (SMC, 2018). A UK think tank, The Organisation for Economic Co-operation and Development, suggests that child poverty is at risk of worsening as those who were already economically disadvantaged have been hit the hardest by the coronavirus pandemic (OECD, 2020). 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, 2017). 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 counselling and psychotherapy research

Even though the impact of social inequality on mental health and well-being is widely acknowledged, Smith (2008, p. 895) argued that the psychotherapeutic literature lacks a 'fully developed consideration of classism within the spectrum of oppressions'. In discussions of oppression in therapy in UK counselling and psychotherapy literature, social class is particularly ignored (Ballinger, 2017; Kearney, 2010). 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 (see Ballinger, 2017). 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, p. 161) and the majority of counsellors are thought to come from middle-class backgrounds or enjoy some degree of class privilege (e.g., Kearney, 2010; Smith, 2005; Vontress, 2011). Social class is also given little attention in training programmes (e.g., Kaiser & Prieto, 2018).

Defining social class in sociology and psychology

The failure to meaningfully address class in counselling research could also result from difficulties in producing a robust definition of class in psychology (Ballinger & Wright, 2007; Balmforth, 2009). There are an abundance of theories and definitions of social class (Kearney, 2018); 'top down' definitions, such as traditional Marxist ones based on individuals' relationship to production and property ownership, have competed with 'bottom up' definitions based on wider cultural and social activities (Savage et al., 2013). Furthermore, theories of social class are argued to often overlook gender and ethnicity-related inequalities (Craib, 2002).

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 more nuanced and 'everyday' definitions (based on an individual's cultural interests and social networks), 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 some people's lives. By drawing on the work of

Bourdieu (1984) to create seven social class categories based on varying levels of economic, social and cultural capital, Savage et al. created an inductive class schema highlighting the levels of inequality in the UK. The seven categories were – the elite, established middle-class, 'technical' middle-class, new affluent workers, traditional working-class, emergent service workers and precariat.

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 definition of these concepts, which they termed the social class worldview model (SCWM) and modern classism theory (MCT) (Liu et al., 2004). They argued that strict hierarchical measures of social class not only fail to capture how people see themselves but, crucially, also fail to explain what motivates people to act in certain social class environments. In order to explain these motivations, they outlined the capital accumulation paradigm (CAP), which captures the ways in which socialisation in capitalist societies is aimed at the accumulation of social class symbols and proxies, and this accumulation becomes 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 in definitions of 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 political position in tackling classism within the therapy profession.

Existing literature on class in therapy

The limited empirical research on socio-economic status and class in therapy (including a special section on *Social inequalities and psychological care* in this journal, Delgadillo, 2018), from both the US (e.g., Chalifoux, 1996; Thompson et al., 2012) and the UK (e.g., Balmforth, 2009; Trott & Reeves, 2018), shows how class status impacts the experience of therapy (Moloney, 2013). Historically, people living in poverty have been less likely to be offered and to access therapy (Ballinger, 2017) and when they do access it they are less likely to recover from problems like depression and anxiety (Behn et al., 2018; Delgadillo et al., 2016). 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; Moloney, 2013). 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 reported feeling that their therapist 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 positioning, 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 et al., 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 featuring a client 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 working with these clients less meaningful and comfortable. The authors argued 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 our field of counselling psychology's tenets of inclusivity and anti-

oppressive practice (British Psychological Society, 2006). It is hoped that this research will encourage therapists to reflect on the importance of including social class within discussions of difference and diversity around therapeutic training and practice, and on their own class positionings and narratives and how these intersect with those of their clients. This study aimed to explore:

1. Therapists' accounts of working with clients they perceive to be from a different social class background to themselves;
2. The way(s) in which therapists make sense of the relationship between socio-political factors and mental health;
3. 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 Faculty Research Ethics Committee at our university.

Qualitative survey

Therapists' accounts of social class were collected using the relatively novel technique of an online qualitative survey. This allowed for the collection of data from a large, geographically dispersed sample (Braun et al., 2020; Terry & Braun, 2017), and the exploration of a wide a range of sense-making practices from therapists from different professional backgrounds, and with different levels of experience. Online surveys also provided a high level of (felt) anonymity for participants (Braun et al., 2020; Terry & Braun, 2017), which was important because of the potential for class to be a sensitive subject (Sayer, 2002) and issues of 'face' and social desirability identified in research asking therapists about their practice (Rance et al., 2010). The survey was piloted to ensure that the questions were clearly understood and generated meaningful data, and some questions were amended for the main survey. See Box 1 for the main survey questions.

[Insert Box 1 about here]

Participants and recruitment

To ensure a large and diverse sample, participants were recruited in a number of ways including through course directors of 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 (77 participants), heterosexual (70 participants), female (68 participants), aged between 26 and 55 years (62 participants), practicing in the NHS or the charitable sector (64 participants). The most common theoretical orientations of the participants were integrative (47 participants) and psychodynamic (13 participants).

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 growing consciousness of her middle-class privilege. She became aware of the importance of class-consciousness in therapy and how class 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 at the time of conducting the research was a counselling psychologist in training with a small private practice. The second author is a qualitative researcher who teaches and supervises on a counselling psychology training programme, particularly around difference, and identifies as white and middle-class. The third author is a counselling psychologist and teaches around working therapeutically with difference on a counselling psychology training programme, and identifies as white and working-class.

Data analysis

This research used reflexive thematic analysis (TA) (Braun & Clarke, 2006) to develop patterns of meaning from the data whilst also drawing on insights from discourse analysis (e.g., Potter & Wetherell, 1987); this hybrid approach has been dubbed 'thematic discourse analysis' (TDA) (Taylor & Ussher, 2001). Taylor and Ussher (2001) outlined an analytic process involving coding and (discursive) theme development and the elaboration of discourses or underlying systems of meaning. They identified TDA as a constructionist approach (Burr, 2015) closest to the work of Potter and Wetherell (1987).

Inductive analysis was used following the process outlined in Braun and Clarke (2006); however, inductive should not be interpreted as absent of meta-theoretical underpinnings – we approached the analysis through a constructionist lens, viewing the participants' sense-making as reflecting the discourses they have available to them in their social contexts. The first author led the analytic process. The authors familiarized themselves with the data and met to discuss their initial impressions. The first author then coded the data and clustered the codes into initial thematic patterns. The authors met again to discuss these initial patternings and were struck by the strikingly different ways the participants made sense of the relationship between social class and therapy, and between social class and mental health. We decided to structure the analysis around these different accounts and organised the data into two themes – each with two subthemes. Figure 1 provides an overview of the analysis. Some data extracts have been edited for brevity purposes (indicated by […]) and spelling and grammatical errors have been corrected to aid readability and comprehension. Extracts are tagged with the relevant participant number.

[Insert Figure 1 about here]

Analysis

The relationship between social class and mental health

This theme captures two rather different ways of making sense around social class and mental health. Predominantly, participants viewed mental health as separate or

separable 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 et al., 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 organised into two subthemes: individualising and psychologising mental health; and contextualising mental health.

Individualising and psychologising mental health

Many respondents produced accounts of their client work that centred clients' mental health 'symptoms' particularly those clients present as important. Participants often framed their clients' distress as 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)

> *'[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)

The implication of these accounts is that not only is it possible to understand a client's difficulties without locating these in their wider social context but that it would be distracting or derailing to attend to this context. 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 because it is an out-dated concept. The following participant wrote that class is not important to clients:

> *'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)

The implication here is that the therapist uncovered the 'real' issue underlying the client's distress and shame – the 'problem is located within the client. This account is arguably reminiscent of what Davies (1986) called 'problem reformulation' by which a client's presenting problems, ones that arguably reflect structural inequalities, are transformed into a 'typical' therapy problem (i.e. a problem of individual suffering and distress, not a problem caused or exacerbated by structural inequalities). The effect of this account is that mental health issues are made sense of within a therapeutic/psychological frame as related to psychological responses to the stigma and trauma of drug addiction and poor parenting.

Contextualising mental health

In contrast to the previous subtheme, a (smaller) number of the participants offered accounts 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 too 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)

The rhetorically potent language evoking cultural commonplaces (e.g. 'doff his cap', 'too big for his boots') in this extract works to convey the impact of class on the client's life. What this account implies is that class matters – not only materially but also psychologically; this participant presented a 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 need for therapists to recognise the impact of economic and social factors on human wellbeing:

> *'I think class is very important. I think a huge amount of experience is determined by privilege and economic hierarchy.'* (P1)

> *'[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)

Within these extracts, human distress is 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 rhetorically potent language ('tiny amount', 'literally had to choose', 'year after year') 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. This theme also captures the extent to which therapy itself is presented as independent of the socio-political world.

This encompasses two sub-themes: 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. Participants provided accounts of the ways in which a good therapeutic relationship can and must overcome class differences. Class (and class differences) were 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 therefore 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 clients' initial 'impression' of them as middle-class (note how the word 'impression' frames this as a subjective perception) recedes 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)

By suggesting class differences recede into the background once the therapeutic relationship is established, the notion of class as a minor and trivial aspect of the self is evoked. Therapy is understood as a process that can and should transcend these superficialities so the client and therapist can truly connect as individuals and an effective therapeutic relationship can develop.

In the extract below, the participant frames class as something located within the client, the impact of which begins to diminish once he is (quickly) acquainted with the individuality of the client:

> *'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 […] 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)

Here, class is framed as a perception, and one that is assumed to be negative. The participant's formulation 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 are presented simply as 'stereotypes'. 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 could be disregarded, it was also described as facilitating the 'formulation [of] an understanding' of his clients. The participant positioned himself as liberal and tolerant, and working to avoid discrimination by quickly working towards socio-cultural markers of class receding into the background as the therapeutic relationship and the individuality of the client comes to the fore. 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 the veneer of 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)

The use the inverted commas around the word 'difference' has the effect of contesting the ontological underpinnings of difference in therapy. Furthermore, class is presented as one of a number of 'variables'; this term is 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 describes 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 perceived to be older and more experienced. In this way, class is framed as 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, and thus transforming the therapeutic environment into an apolitical domain, the material dimensions of social class are presented as unimportant to the therapeutic encounter.

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)

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:

> *'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 […] I don't want to be yet another middle class professional trying to run her life'.* (P80)

What the above account is premised on 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

This study provides insight into the particular ways in which a relatively large group of therapists made sense of the relationship between social class and mental health and of how class operates within the therapeutic relationship. In contextualizing and considering the implications of these themes we do so through an overtly socio-political lens and take a partial position on the accounts of social class articulated by the participants. We could choose to align with the position that the therapeutic relationship can and should transcend social markers of difference and prioritise the individuality of the client. However, we align instead with longstanding critiques of the individualizing and depoiliticising effects of therapeutic discourses and criticisms of 'class blindness' within therapy (see Ballinger, 2017).

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 (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.

The dominant form of sense making around class and therapy, however, drew on what are for us more problematic, 'oppression-blind' (Ferber, 2012) discourses; these will be the focus of the remainder of this discussion. In the subtheme capturing therapists' individualising and psychologising of mental health, therapists drew upon liberal humanist discourses, popular in some therapy traditions, celebrating individualism and self-reliance (Sinclair, 2007). Within these discourses, people are positioned as distinct, self-contained entities, with a capacity for freedom and choice (Jenkins, 2001). 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, and through the formulation of the client's distress as something appropriate for psychological therapy. We argue that participants' stories of focusing on clients' particular mental

health 'symptoms' in their work with them stripped clients' distress of its social significance, and thus severed the ties between mental health and social class.

In the second theme, therapy was framed as a vehicle to transcend class differences and 'class-blindness' (Ballinger, 2017) was presented as an ideal way of relating to those with lesser class privilege. Here, the material dimensions of class were downplayed; class was presented as unrelated to differences in social power and privilege, and to systemic oppression. It was constructed as simply a perception, and a form of superficial difference that becomes invisible and irrelevant in therapeutic work. Class differences were 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 accounts were underpinned by an assumption that it is always and necessarily problematic when differences are evident enough to warrant discussion (Milton, 2018). Class awareness was equated with class prejudice; in these accounts, 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). Our argument here is not that social class matters more than other areas of difference and diversity, but we are troubled by the lack of attention and recognition afforded social class in therapeutic discourse and therapists' concomitant class-blindness (Kearney, 2010; Liu, 2013).

Implications for practice

We argue this study highlights the need for a change in class-consciousness in counselling and psychotherapy training and practice. The dominance of 'class blind' discourses suggest that within counselling and psychotherapy training, social class remains inadequately addressed. Furthermore, training has been shaped by middle-class values of individualism and personal choice, arguably as a result of the middle-class positioning of most trainers and trainees (Kearney, 2010; Vontress, 2011) and the liberal humanist discourses dominating mainstream psychology and counselling in the last few decades (McClellend, 2014). We think 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 the development of therapists' class-consciousness in their practice.

First, in order to avoid oppression and class-blindness, we must question and challenge approaches predicated on purely individualistic explanations of mental health (McClelland, 2013), and prioritise models that take account of the impact of socio-political factors and systemic inequality (Johnstone & Boyle, 2018; McClelland, 2013). Therapists must be critical of 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 reinforcing 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 help us to recognise 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 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 sense-making around 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 that '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:

References

Adler, N.E., & Stewart, J. (2007). *The MacArthur scale of subjective social status.* https://www.macses.ucsf.edu/

Afuape, T. (2016). Beyond awareness of 'difference' and towards social action: 'Solidarity practice' alongside young people. *Clinical Child Psychology and Psychiatry, 21*(3), 402-415. https://doi.org/10.1177/1359104516645642

Ballinger, L. (2017). Social class. In C. Feltham, T. Hanley & L. A. Winter (Eds.), *The Sage handbook of counselling and psychotherapy* (4th ed., pp. 43-47). Sage.

Ballinger, L., & Wright, J. (2007). 'Does class count?' Social class and counselling. *Counselling and Psychotherapy Research, 7*(3), 157-163. https://doi.org/10.1080/14733140701571316

Balmforth, J. (2009). 'The weight of class': Clients' experiences of how perceived differences in social class between counsellor and client affect the therapeutic relationship. *British Journal of Guidance and Counselling, 37*(3), 375-386. https://doi.org/10.1080/03069880902956942

Behn, A. J., Errázuriz, P. A., Cottin, M., & Fischer, C. (2018). Change in symptomatic burden and life satisfaction during short-term psychotherapy: Focusing on the role of family income. *Counselling and Psychotherapy Research*, *18*(2), 133-142. https://doi.org/10.1002/capr.12158

Bourdieu, P. (1984). *Distinction: A social critique of the judgement of taste.* Routledge & Kegan Paul.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2020). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*. https://doi.org/10.1080/13645579.2020.1805550

British Psychological Society (2006). *Division of counselling psychology: Professional practice guidelines.* BPS.

Burr, V. (2015). *Social constructionism* (3rd ed.). Routledge.

Chalifoux, B. (1996). Speaking up: White, working class women in therapy. *Women & Therapy, 18,* 25-34. https://doi.org/10.1300/J015v18n03_04

Craib, I. (2002). What is social class? *Group Analysis, 35*(3), 342-350. https://doi.org/10.1177/0533316402035003607

Davies, K. (1986). The process of problem (re)formulation in psychotherapy. *Sociology of Health and Illness, 8*(1), 44-74.

https://doi.org/10.1111/1467-9566.ep11346469

Delgadillo, J. (2018). World's apart: Social inequalities and psychological care. *Counselling and Psychotherapy Research*, *18*(2), 111-113.

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https://doi.org/10.1002/capr.12168

Delgadillo, J., Asaria, M., Ali, S., & Gilbody, S. (2016). On poverty, politics and psychology: The socioeconomic gradient of mental healthcare utilisation and outcomes. *British Journal of Psychiatry, 209*, 429–430. https://doi.org/10.1192/bjp.bp.115.171017.

Elliott, I. (2016). *Poverty and mental health: A review to inform the Joseph Rowntree Foundation's anti-poverty strategy*. Mental Health Foundation.

Ferber, A. L. (2012). The culture of privilege: Color-blindness, postfeminism, and Christonormativity. *Journal of Social Issues, 68*(1), 63-77. https://doi.org/10.1111/j.1540-4560.2011.01736.x

Heilman, M., & Haynes, M. (2017). Stereotyping. In S. G. Rogelberg (Ed.), *The Sage encyclopaedia of industrial and organizational psychology* (2nd ed., pp.1510-1511). Sage. http://dx.doi.org/10.4135/9781483386874

Jenkins, A. H. (2001). Humanistic psychology and multiculturalism: A review and reflection. In K. J. Schneider, J. F. T. Bugental & J. F. Pierson (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research and practice (*pp.19-38). Sage. http://dx.doi.org/10.4135/9781412976268

Johnstone, L., & Boyle, M. (2018) The power threat meaning framework: An alternative nondiagnostic conceptual system. *Journal of Humanistic Psychology*. https://doi.org/10.1177/0022167818793289

Jones, E. (1974). Social class and psychotherapy A critical review of research. *Psychiatry: Journal for the Study of Interpersonal Processes, 37*, 307-320.

Kaiser, D. J., & Prieto, L. R. (2018). Trainee estimates are working alliance with upper- and working-class clients. *Counselling and Psychotherapy Research, 18*(2), 154-165. https://doi.org/10.1002/capr.12170

Kearney, A. (2010). Class and counselling. In C. Lago & B. Smith (Eds.), *Anti-discriminatory practice in counselling & psychotherapy* (2nd ed., pp. 115-124). Sage.

Kearney, A. (2018). *Counselling, class and politics – Undeclared influences in therapy* (2nd ed.). PCC Books.

Lawler, S. (2008). The middle class and their aristocratic others: Culture as nature in classification struggles. *Journal of Cultural Economy, 8*(1), 245-261. https://doi.org/10.1080/17530350802476954

Lerner, M. J. (1980). *The belief in a just world: A fundamental delusion*. Springer. https://doi.org/10.1007/978-1-4899-0448-5

Liu, W. M. (2013). Developing a social class and classism consciousness. In E. Altmaier & J. I. Hansen (Eds.), *The Oxford handbook of counseling psychology* (pp. 326-345). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780195342314.001.0001

Liu, W. M., Ali, S. R., Soleck, G., Hopps, J., Dunston, K., & Pickett Jr., T. (2004). A new framework to understand social class in counseling: The social class worldview and modern classism theory. *Journal of Multicultural Counseling and Development, 32,* 95-122. https://doi.org/10.1002/j.2161-1912.2004.tb00364.x

Lorion, R. P. (1974). Patient and therapist variables in the treatment of low-income patients. *Psychological Bulletin, 81,* 344-354. https://doi.org/10.1037/h0036484

Manstead, A. S. R. (2018). The psychology of social class: How socioeconomic status impacts thought, feelings, and behavior. *British Journal of Social Psychology, 57*, 267-291. https://doi.org/10.1111/bjso.12251

McClelland, L. (2013). Reformulating the impact of social inequalities. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy: Making sense of people's problems* (2nd ed., pp.121-144). Routledge. https://doi.org/10.4324/9780203380574

McLeod, J. (2009). *An Introduction to counselling* (4th ed.). McGraw Hill.

Milton, M. (2018) *The Personal is political. Stories of difference and psychotherapy.* Red Globe Press.

Moloney, P. (2013) *The therapy industry: The irresistible rise of the talking cure, and why it doesn't work*. Pluto Press.

Office for National Statistics. (2014). Wealth in Great Britain wave 4: 2012 to 2014. https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/compendium/wealthingreatbritainwave4/2012to2014

Organisation for Economic Co-operation and Development (2020). OECD employment outlook 2020. Worker security and the COVID-19 crisis: How does the United Kingdom compare? Organisation for Economic Co-operation and Development. https://read.oecd-ilibrary.org/view/?ref=134_134947-lyixdpsqh2&title=Employment-Outlook-UnitedKingdom-EN

Pearlin, L. I., Avison, W. R., & Fazio, E. M. (2007). Sociology, psychiatry, and the production of knowledge about mental illness and its treatment. In W. R. Avison, J. D. McLeod, & B. A. Pescosolido (Eds.), *Mental health, social mirror* (pp. 33-53). Springer. https://di.org/10.1007/978-0-387-36320-2

Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.

Proctor, G. (2017). *The dynamics of power in counselling and psychotherapy: Ethics, politics and practice* (2nd ed.). PCCS Books.

Rance, N. M., Moller, N. P., & Douglas, B. A. (2010). Counsellors with eating disorder histories: A story of being "normal". *Eating Disorders: The Journal of*

Treatment & Prevention, *18(5),* 377-392.
https://doi.org/10.1080/10640266.2010.511901

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Counseling Psychology, 21,* 95-103.
https://doi.org/10.1037/h0045357

Sargeant, M. (Ed.), (2011). *Age discrimination and diversity: Multiple discrimination from an age perspective*. Cambridge University Press.
https://doi.org/10.1017/CBO9780511777196

Savage, M., Devine, F., Cunningham, N., Taylor, M., Li, Y., Hjellbrekke, J., Le Roux, B., Friedman, S., & Miles, A. (2013). A new model of social class? Findings from the BBC's Great British class survey experiment. *Sociology, 47*(2), 219-250. https://doi.org/10.1177/0038038513481128

Sayer, A. (2002). What are you worth? Why class is an embarrassing subject. *Sociological Research Online, 7*(3), 1-17.
https://journals.sagepub.com/doi/abs/10.5153/sro.738?journalCode=sroa

Shepley, R. (2013). We need to talk about class. *Therapy Today.*
http://www.therapytoday.net/article/show/3712/we-need-to-talk-about-class/

Sinclair, S. L. (2007). Back in the mirrored room: The enduring relevance of discursive practice. *Journal of Family Therapy, 29,* 147-168.
https://doi.org/10.1111/j.1467-6427.2007.00378.x

Smith, L. (2008). Positioning classism within counseling psychology's social justice agenda. *The Counseling Psychologist, 36*(6), 895-924.
https://doi.org/10.1177/0011000007309861

Smith, L., Mao, S., Perkins, S., & Ampuero, M. (2011). The relation of clients' social class to early therapeutic impressions. *Counselling Psychology Quarterly, 24*(1), 15-27. https://doi.org/10.1080/09515070.2011.558249

Smith, L. (2005). Psychotherapy, classism and the poor: Conspicuous by their absence. *American Psychologist, 60*(7), 687-696.
https://doi.org/10.1037/0003-066X.60.7.687

Social Metrics Commission (2018). A new measure of poverty in the UK.
https://socialmetricscommission.org.uk/MEASURING-POVERTY-FULL_REPORT.pdf

Spong, S., & Hollanders, H. (2003). Cognitive therapy and social power. *Counselling and Psychotherapy Research, 3*(3), 216-222.
https://doi.org/10.1080/14733140312331384382

Taylor, G. W. & Ussher, J. M. (2001). Making sense of S&M: A discourse analytic account. *Sexualities, 4*(3), 293-314.
https://doi.org/10.1177/136346001004003002

Terry, G. & Braun, V. (2017) Short but Often Sweet. In V. Braun, V. Clarke & D. Gray

(Eds.), *Collecting qualitative data. A practical guide to textual, media and virtual techniques.* Cambridge University Press. https://doi.org/10.1017/9781107295094

Thompson, M., N., Cole, O., D. & Nitzarim, R., S. (2012). Recognizing social class in the psychotherapy relationship: A grounded theory exploration of low-income clients. *Journal of Counselling Psychology, 59*(2), 208-221. https://doi.org/10.1037/a0027534

Totton, N. (Ed.), (2006). *The politics of psychotherapy: New perspectives.* Open University Press.

Trott, A., & Reeves, A. (2018) Social class and the therapeutic relationship: The perspective of therapists as clients. A qualitative study using a questionnaire survey. *Counselling and Psychotherapy Research, 18*(2), 166-177. https://doi.org/10.1002/capr.12163

Vontress, C. E. (2011). Social class influences on counselling. *Counseling and Human Development, 44*(1), 1-12.

Wilkinson, R., & Pickett, K. E. (2009). *The spirit level: Why equality is better for everyone.* Penguin Books.

Wilkinson, R., & Pickett, K. E. (2018). *The inner level: How more equal societies reduce stress, restore sanity and improve everyone's wellbeing.* Penguin Books.

Wright, S. (1993). Blaming the victim, blaming society or blaming the discipline: Fixing responsibility for poverty and homelessness. *The Sociological Quarterly, 34*(1), 1-16. https://doi.org/10.1111/j.1533-8525.1993.tb00127.x

Box 1: Social class in therapy qualitative survey main 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. 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?

Figure 1: Thematic map

The relationship between social class and mental health

Individualising and psychologising mental health

Class differences can/cannot be transcended by the therapeutic relationship

Contextualising mental health

Class differences can and must be overcome in therapy

Class differences cannot be escaped in therapy